

WCIO Workers Compensation Data Specifications

WORKERS COMPENSATION POLICY REPORTING SPECIFICATIONS (WCPOLS)

Changed Record Type Applicability

Record		Change Reason
Minnesota Owner or Contractor-Controlled Insurance Program (OCIP/CCIP) Endorsement Record		DCO Requirement Change
From Not Applicable in:	To Not Applicable in: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI	
Anniversary Rating Date Endorsement Record		DCO Requirement Change
From Not Applicable in: CA, NCCI, NY, WI	To Not Applicable in: CA, MI, NCCI, NY, WI	
Nonappropriated Fund Instrumentalities Act Coverage Endorsement Record		DCO Requirement Change
From Not Applicable in: CA, NCCI, NJ	To Not Applicable in: CA, NCCI	

Changed Record Type Description

Record	Change Reason
11 - This Record is Reserved For Future Use	DCO Requirement Change
Changed From Record Description: Rate Change Endorsement Record	

Changed Record Type Optional States

Record		Change Reason
Anniversary Rating Date Endorsement Record		DCO Requirement Change
From Optional in: MI	To Optional in:	

Added Data Element Note

Record	Field Name	Change Reason
30	FIRST PREMIUM DISCOUNT LAYER (73-76)	DCO Requirement Change
New Note: Enter amount in thousands of dollars.		

Added Data Element Reporting Requirement

Record	Field Name	Change Reason
EG	NAME OF INSURED (255-288)	DCO Requirement Change
New Reporting Requirement : Report all or a portion of the name of the insured as accommodated by this field.		

Added New Code

Record	Field Name	Change Reason
HD	OCIP/CCIP ADDRESS TYPE CODE (171-171)	
New Code: 1 New Code Description: Project Sponsor Mailing Address		
HD	OCIP/CCIP ADDRESS TYPE CODE (171-171)	
New Code: 2 New Code Description: General Contractor or Construction Manager Mailing Address		

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Added New Code

Record	Field Name	Change Reason
HD	OCIP/CCIP ADDRESS TYPE CODE (171-171)	
New Code: 3 New Code Description: Workplace Address		

Added New Field

Record	Field Name	Change Reason
EK	LINK DATA (1-43)	
EK	STATE CODE (44-45)	
EK	RECORD TYPE CODE (46-47)	
EK	RESERVED FOR FUTURE USE (48-50)	
EK	ENDORSEMENT NUMBER (51-58)	
EK	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) (59-59)	
EK	RESERVED FOR FUTURE USE (60-70)	
EK	Name of Wrap-Up Sponsor (71-190)	
EK	RESERVED FOR FUTURE USE (191-254)	
EK	NAME OF INSURED (255-288)	
EK	ENDORSEMENT EFFECTIVE DATE (289-296)	
EK	RESERVED FOR FUTURE USE (297-300)	
HD	LINK DATA (1-43)	
HD	STATE CODE (44-45)	
HD	RECORD TYPE CODE (46-47)	
HD	RESERVED FOR FUTURE USE (48-50)	
HD	ENDORSEMENT NUMBER (51-58)	
HD	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) (59-59)	
HD	CARRIER VERSION IDENTIFIER (60-70)	
HD	NAME OF PROJECT (71-120)	
HD	PROJECT SPONSOR, GENERAL CONTRACTOR, OR CONSTRUCTION MANAGER NAME (121-170)	
HD	OCIP/CCIP ADDRESS TYPE CODE (171-171)	
HD	ADDRESS - STREET (172-231)	
HD	ADDRESS - CITY (232-261)	
HD	ADDRESS - STATE (262-263)	
HD	ADDRESS - ZIP CODE (264-272)	
HD	RESERVED FOR FUTURE USE (273-288)	
HD	ENDORSEMENT EFFECTIVE DATE (289-294)	
HD	RESERVED FOR FUTURE USE (295-300)	

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Added Product Code List Note

Record	Field Name	Change Reason
03	ADDRESS TYPE CODE (48-48)	DCO Requirement Change
Note added to Code: 1 New Note: If the mailing address is also a location of operations, the address should also be reported as an Address Type Code 2 – Location, as well as the mailing address.		
03	ADDRESS TYPE CODE (48-48)	DCO Requirement Change
Note added to Code: 2 New Note: This code is for all workplace addresses, even if the address was also reported a mailing address.		
03	ADDRESS TYPE CODE (48-48)	DCO Requirement Change
Note added to Code: 2 New Note: As many of these records as are needed may be reported.		
89	ADDRESS TYPE CODE (71-71)	DCO Requirement Change
Note added to Code: 1 New Note: If the mailing address is also a location of operations, the address should also be reported as an Address Type Code 2 – Location, as well as the mailing address.		
89	ADDRESS TYPE CODE (71-71)	DCO Requirement Change
Note added to Code: 2 New Note: This code is for all workplace addresses, even if the address was also reported a mailing address.		
89	ADDRESS TYPE CODE (71-71)	DCO Requirement Change
Note added to Code: 2 New Note: As many of these records as are needed may be reported.		
90	ADDRESS TYPE CODE (71-71)	DCO Requirement Change
Note added to Code: 1 New Note: If the mailing address is also a location of operations, the address should also be reported as an Address Type Code 2 – Location, as well as the mailing address.		
90	ADDRESS TYPE CODE (71-71)	DCO Requirement Change
Note added to Code: 2 New Note: This code is for all workplace addresses, even if the address was also reported a mailing address.		
90	ADDRESS TYPE CODE (71-71)	DCO Requirement Change
Note added to Code: 2 New Note: As many of these records as are needed may be reported.		

Changed Code List Note State Applicability

Record	Field Name	Change Reason
03	ADDRESS TYPE CODE (48-48)	DCO Requirement Change
Note: 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.		
From Not Applicable in: MA, MI, NJ, NY	To Not Applicable in: MA, NY	
03	ADDRESS TYPE CODE (48-48)	DCO Requirement Change
Note: This code is for other workplace addresses not reported as the mailing address.		
From Not Applicable in:	To Not Applicable in: CA	

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Changed Code List Note State Applicability

Record	Field Name	Change Reason
89	ADDRESS TYPE CODE (71-71)	DCO Requirement Change
Note: 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.		
From Not Applicable in: MA, MI, NJ, NY	To Not Applicable in: MA, NY	
89	ADDRESS TYPE CODE (71-71)	DCO Requirement Change
Note: This code is for other workplace addresses not reported as the mailing address.		
From Not Applicable in:	To Not Applicable in: CA	
90	ADDRESS TYPE CODE (71-71)	DCO Requirement Change
Note: 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.		
From Not Applicable in: MA, MI, NJ, NY	To Not Applicable in: MA, NY	
90	ADDRESS TYPE CODE (71-71)	DCO Requirement Change
Note: This code is for other workplace addresses not reported as the mailing address.		
From Not Applicable in:	To Not Applicable in: CA	

Changed Code List State Applicability

Record	Field Name	Change Reason
00	TRANSACTION CODE (42-43)	DCO Requirement Change
Code: 03		
From Not Applicable in: CA, MA, MI, MN, NJ, NY	To Not Applicable in: CA, MA, MI, MN, NJ, NY, WI	

Changed Data Element Note State Applicability

Record	Field Name	Change Reason
01	ORIGINAL POLICY NUMBER IDENTIFIER (226-243)	DCO Requirement Change
Note: 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.		
From Not Applicable in: MA, MN, WI	To Not Applicable in: MA, MI, MN, WI	
08	CANCELLATION/REINSTATEMENT ID CODE (48-48)	DCO Requirement Change
Note: 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.		
From Not Applicable in: CA, DE, MI, MN, NC, NJ, PA	To Not Applicable in: CA, DE, MN, NC, NJ, PA	
10	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in:	To Not Applicable in: WI	
13	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in:	To Not Applicable in: WI	
15	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: NJ, NY	To Not Applicable in: NJ, NY, WI	

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Changed Data Element Note State Applicability

Record	Field Name	Change Reason
16	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: NJ, NY	To Not Applicable in: NJ, NY, WI	
17	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: NJ, NY	To Not Applicable in: NJ, NY, WI	
18	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: NJ, NY	To Not Applicable in: NJ, NY, WI	
19	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: NJ, NY	To Not Applicable in: NJ, NY, WI	
20	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: NJ, NY	To Not Applicable in: NJ, NY, WI	
21	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: NJ, NY	To Not Applicable in: NJ, NY, WI	
23	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: NJ, NY	To Not Applicable in: NJ, NY, WI	
24	NAME OF INSURED (255-288)	DCO Requirement Change
Note: The field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: CA, NJ, NY	To Not Applicable in: CA, NJ, NY, WI	
25	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: NJ, NY	To Not Applicable in: NJ, NY, WI	
27	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: NY	To Not Applicable in: NY, WI	
28	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: NY	To Not Applicable in: NY, WI	
29	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: NY	To Not Applicable in: NY, WI	
30	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: NJ, NY	To Not Applicable in: NJ, NY, WI	

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Changed Data Element Note State Applicability

Record	Field Name	Change Reason
31	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: NJ, NY	To Not Applicable in: NJ, NY, WI	
32	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: NJ, NY	To Not Applicable in: NJ, NY, WI	
33	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: NJ, NY	To Not Applicable in: NJ, NY, WI	
34	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: NJ, NY	To Not Applicable in: NJ, NY, WI	
36	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: NY	To Not Applicable in: NY, WI	
37	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: NY	To Not Applicable in: NY, WI	
38	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in:	To Not Applicable in: WI	
39	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in:	To Not Applicable in: WI	
40	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in: NY	To Not Applicable in: NY, WI	
42	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when this record is submitted using Transaction Code 03.		
From Not Applicable in:	To Not Applicable in: WI	
44	NAME OF INSURED (255-288)	DCO Requirement Change
Note: This field is required when the record is submitted using Transaction Code 03.		
From Not Applicable in: NCCI, NJ	To Not Applicable in: NCCI, NJ, WI	

Changed Data Element Optional States

Record	Field Name	Change Reason
01	BUSINESS SEGMENT IDENTIFIER (110-116)	DCO Requirement Change
From Optional in: CA, MN	To Optional in: CA	
13	ENDORSEMENT EFFECTIVE DATE (289-294)	DCO Requirement Change
From Optional in:	To Optional in: MI	

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Changed Data Element Reporting Requirement

Record	Field Name	Change Reason
EH	NAME OF INSURED (255-288)	DCO Requirement Change
From : 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.	To : Report all or a portion of the name of the insured as accommodated by this field.	
EJ	PRIMARY NAME OF INSURED (255-288)	DCO Requirement Change
From : Report all or a portion of the primary name of the insured as accommodated by this field. This field is required when this record is submitted using Transaction Code 03.	To : Report all or a portion of the primary name of the insured as accommodated by this field.	

Changed Data Elements State Applicability

Record	Field Name	Change Reason
01	BUSINESS SEGMENT IDENTIFIER (110-116)	DCO Requirement Change
From Not Applicable in: DE, MI, NC, NCCI, NJ, NY, PA, WI	To Not Applicable in: DE, MI, MN, NC, NCCI, NJ, NY, PA, WI	
02	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) (149-157)	DCO Requirement Change
From Not Applicable in: NJ	To Not Applicable in:	
04	ANNIVERSARY RATING DATE (160-165)	DCO Requirement Change
From Not Applicable in: CA, MN, NC, NCCI, NY, WI	To Not Applicable in: CA, MI, MN, NC, NCCI, NY, WI	
13	ENDORSEMENT EFFECTIVE DATE (289-294)	DCO Requirement Change
From Not Applicable in: MI	To Not Applicable in:	
28	RECORD TYPE CODE (46-47)	DCO Requirement Change
From Not Applicable in: CA, NCCI, NJ	To Not Applicable in: CA, NCCI	
28	ENDORSEMENT NUMBER (51-58)	DCO Requirement Change
From Not Applicable in: CA, NCCI, NJ	To Not Applicable in: CA, NCCI	
28	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER) (59-59)	DCO Requirement Change
From Not Applicable in: CA, NCCI, NJ	To Not Applicable in: CA, NCCI	
28	CARRIER VERSION IDENTIFIER (60-70)	DCO Requirement Change
From Not Applicable in: CA, NCCI, NJ, WI	To Not Applicable in: CA, NCCI, WI	
28	DESCRIPTION AND LOCATION OF WORK (71-195)	DCO Requirement Change
From Not Applicable in: CA, NCCI, NJ	To Not Applicable in: CA, NCCI	
28	ENDORSEMENT SEQUENCE NUMBER (253-254)	DCO Requirement Change
From Not Applicable in: CA, NCCI, NJ	To Not Applicable in: CA, NCCI	
28	NAME OF INSURED (255-288)	DCO Requirement Change
From Not Applicable in: CA, NCCI, NJ	To Not Applicable in: CA, NCCI	
28	ENDORSEMENT EFFECTIVE DATE (289-294)	DCO Requirement Change
From Not Applicable in: CA, NCCI, NJ	To Not Applicable in: CA, NCCI	

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Changed Product Code List Note

Record	Field Name	Change Reason
03	ADDRESS TYPE CODE (48-48)	DCO Requirement Change
Code: 2		
From : This code is for other workplace addresses not reported as the mailing address. As many of these records as are needed may be reported.	To : This code is for other workplace addresses not reported as the mailing address.	
89	ADDRESS TYPE CODE (71-71)	DCO Requirement Change
Code: 2		
From : This code is for other workplace addresses not reported as the mailing address. As many of these records as are needed may be reported.	To : This code is for other workplace addresses not reported as the mailing address.	
90	ADDRESS TYPE CODE (71-71)	DCO Requirement Change
Code: 2		
From : This code is for other workplace addresses not reported as the mailing address. As many of these records as are needed may be reported.	To : This code is for other workplace addresses not reported as the mailing address.	

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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
	Minnesota Owner or Contractor-Controlled Insurance Program (OCIP/CCIP) Endorsement Record	232-261
	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
	Minnesota Owner or Contractor-Controlled Insurance Program (OCIP/CCIP) Endorsement Record	262-263
	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
	Minnesota Owner or Contractor-Controlled Insurance Program (OCIP/CCIP) Endorsement Record	172-231
	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
	Minnesota Owner or Contractor-Controlled Insurance Program (OCIP/CCIP) Endorsement Record	264-272
	Policy Information Page Address Change Endorsement Record	165-173
	Wisconsin Employee Leasing Endorsement - Wisconsin Record	223-231
	Wisconsin Franchisor-Franchisee Coverage Endorsement	223-231

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
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
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
	Wisconsin Named Insured Cancellation Endorsement	161-240
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

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
ADDRESS REVISION CODE	Policy Information Page Additional Address Change Endorsement Record	254-254
	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 Additional Address Change Endorsement Record	71-71
	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	State Premium Record	166-169
ASSIGNED RISK BINDER NUMBER - FIRST SEVEN POSITIONS	Header Record	212-218
ASSIGNED RISK BINDER NUMBER - LAST ELEVEN POSITIONS	Header Record	276-286
ASSIGNMENT DATE	Header Record	270-275
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

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Audit Noncompliance Charge Endorsement	59-59
	Benefits Deductible 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
	Defense Base Act Coverage Endorsement Record	59-59
	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
	Endorsement Identification Record	199-199
	Endorsement Identification Record	219-219
	Endorsement Identification Record	239-239
	Endorsement Identification Record	259-259
	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
	Executive Officers Endorsement - New York Record	59-59
	Experience Rating Modification Change Endorsement Record	59-59
	Federal Employers' Liability Act Endorsement Record	59-59
	Federal Mine Safety & Health Act Coverage	59-59

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Endorsement Record	
	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 - California Record	59-59
	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 Owner or Contractor-Controlled Insurance Program (OCIP/CCIP) Endorsement Record	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

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	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
	Retrospective Premium Endorsement Short-Term Record	59-59
	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
	Wisconsin Named Insured Cancellation Endorsement	59-59
	Wisconsin Wrap-Up Sole Agent and Assignment of Consent Endorsement	59-59
BUSINESS SEGMENT IDENTIFIER	Header Record	110-116
C		
CANCELLATION EFFECTIVE DATE	Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record	111-116
	Wisconsin Named Insured Cancellation Endorsement	243-250
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
CANCELLATION/REINSTATEMENT ID CODE	Cancellation/Reinstatement Record	48-48
CANCELLATION/REINSTATEMENT TRANSACTION SEQUENCE NUMBER	Cancellation/Reinstatement Record	259-260
CARRIER CODE	Link Data Common to All Records	1-5
	Policy Information Page Data Element(s)	71-75

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Change Endorsement Record	
	State Premium Record	88-92
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
	Audit Noncompliance Charge Endorsement	60-70
	Benefits Deductible Endorsement - New York Record	60-70
	Contingent Experience Rating Modification Factor Endorsement Record	60-70
	Corporation Coverage/Exclusion Endorsement - California Record	60-70
	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

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	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 - New York Record	60-70
	Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record	60-70
	Foreign Voluntary Compensation and Employers Liability Coverage Endorsement – New York Record Continuation	60-70
	Group Insurance Coverage Information - California Record	60-70
	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 Owner or Contractor-Controlled Insurance Program (OCIP/CCIP) Endorsement Record	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)	200-210

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Change Endorsement Record	
	Policy Information Page Name 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
	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
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
	Policy Information Page Class and/or Rate Change and Other Endorsement Record	78-81
CLASSIFICATION CODE REVISION CODE	Policy Information Page Class and/or Rate Change and Other Endorsement Record	77-77

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
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
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		
DATE SENT	Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record	249-254
	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

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
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
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	225-266
	Policy Information Page Additional Address Change Endorsement Record	84-150
EMAIL ADDRESS - CONTINUED	Address Record	162-186
EMPLOYEE LEASING POLICY TYPE CODE	Header Record	75-75
EMPLOYEES SUBJECT TO THIS ENDORSEMENT	New Jersey Voluntary Compensation Federal Employers' Liability Act Coverage	71-190

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Endorsement Record	
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
	Contingent Experience Rating Modification Factor Endorsement Record	289-294
	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	289-294

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Record	
	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
	Foreign Voluntary Compensation and Employers Liability Coverage Endorsement – New York Record Continuation	101-106
	Group Insurance Coverage Information - California Record	289-294
	Labor Contractor Endorsement - New York Record	289-294
	Limited Liability Company Coverage/Exclusion Endorsement	289-294
	Maritime Coverage Endorsement Record	289-294
	Massachusetts Employee Leasing Endorsement - Massachusetts Record	295-300
	Massachusetts Qualified Loss Management Program Endorsement - Massachusetts Record	211-216
	Medical Benefits Reimbursement Endorsement - New York Record	289-294
	Minnesota Employee Leasing Endorsement	289-294
	Minnesota Independent Contractors Coverage Endorsement	289-294
	Minnesota Owner or Contractor-Controlled Insurance Program (OCIP/CCIP) Endorsement Record	289-294
	Minnesota Third Degree Of Kindred Family Member Exclusion Endorsement	289-294
	Multipurpose Text - California Record	289-294
	New Jersey Certified Managed Care Program Endorsement Record	289-294
	New Jersey Employee Leasing Endorsement Record	289-294
	New Jersey Large Risk - Large Deductible Endorsement Record	289-294
	New Jersey Voluntary Compensation	289-294

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Federal Employers' Liability Act Coverage Endorsement Record	
	Nonappropriated Fund Instrumentalities Act Coverage Endorsement Record	289-294
	Other Policies Subject To Retrospective Rating Or Premium Discount Record	289-294
	Outer Continental Shelf Lands Act Coverage Endorsement Record	289-294
	Partners, Officers And Others Exclusion Endorsement Record	289-294
	Partnership Coverage/Exclusion Endorsement - California Record	289-294
	Policy Information Page Additional Address Change Endorsement Record	289-294
	Policy Information Page Address Change Endorsement Record	289-294
	Policy Information Page Class and/or Rate Change and Other Endorsement Record	289-294
	Policy Information Page Data Element(s) Change Endorsement Record	289-294
	Policy Information Page Name Change Endorsement Record	289-294
	Policy Period Endorsement Record	289-294
	Preferred Provider Organization Endorsement - New York Record	289-294
	Premium Discount Endorsement Record	289-294
	Principal As Additional Insured - Pennsylvania Record	289-294
	Real Estate Management Endorsement - Pennsylvania Record	289-294
	Retrospective Premium Endorsement Aviation Exclusion Record	289-294
	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
	Retrospective Premium Endorsement Short-Term Record	289-294
	Sole Proprietors & Partners Endorsement - New York Record	289-294
	Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record	289-294
	Statutory Employer Endorsement - Pennsylvania Record	289-294
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	289-294
	Voluntary Compensation And Employers Liability Coverage Endorsement Record	289-294
	Voluntary Compensation Maritime Coverage Endorsement Record	289-294
	Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record	289-294
	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	289-294

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Leased Employee Inclusion Endorsement	
	Wisconsin Employee Leasing Endorsement - Wisconsin Record	289-294
	Wisconsin Franchisor-Agreement Termination Endorsement	289-294
	Wisconsin Franchisor-Franchisee Coverage Endorsement	289-294
	Wisconsin Named Insured Cancellation Endorsement	289-296
	Wisconsin Wrap-Up Sole Agent and Assignment of Consent Endorsement	289-296
ENDORSEMENT EXPIRATION DATE	Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting - California Record	295-300
	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
ENDORSEMENT LINE	Multipurpose Text - California Record	75-154
	Multipurpose Text - California Record	155-234
ENDORSEMENT NUMBER	Aircraft Premium Endorsement Record	51-58
	Alternate Employer Endorsement Record	51-58
	Amendatory Endorsement - Farming Operations - Delaware Record	51-58
	Anniversary Rating Date Endorsement Record	51-58
	Assumption of Liability Endorsement Record – Wisconsin Record	51-58
	Audit Noncompliance Charge Endorsement	51-58
	Benefits Deductible Endorsement - New York Record	51-58
	Contingent Experience Rating Modification Factor Endorsement Record	51-58
	Corporation Coverage/Exclusion Endorsement - California Record	51-58
	Deductible Endorsement - Delaware Record	51-58
	Deductible Endorsement (Small or Large)	51-58
	Deductible Endorsement Record	51-58
	Defense Base Act Coverage Endorsement Record	51-58
	Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record	51-58
	Designated Workplaces Exclusion Endorsement Record	51-58
	Domestic And Agricultural Workers Exclusion Endorsement Record	51-58
	Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record	51-58
	Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) - California Record	51-58
	Employer Assessment Endorsement - Pennsylvania Record	51-58
	Employers Liability Coverage Endorsement Record	51-58
	Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting - California Record	51-58
	Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record	51-58

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record	51-58
	Endorsement Identification Record	51-58
	Endorsement Identification Record	71-78
	Endorsement Identification Record	91-98
	Endorsement Identification Record	111-118
	Endorsement Identification Record	131-138
	Endorsement Identification Record	151-158
	Endorsement Identification Record	171-178
	Endorsement Identification Record	191-198
	Endorsement Identification Record	211-218
	Endorsement Identification Record	231-238
	Endorsement Identification Record	251-258
	Excess Medical Coverage Endorsement - New York Record	51-58
	Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record	51-58
	Exclusion Of Employees Endorsement - Pennsylvania Record	51-58
	Exclusion Of Executive Officers Endorsement - Pennsylvania Record	51-58
	Executive Officers Endorsement - New York Record	51-58
	Experience Rating Modification Change Endorsement Record	51-58
	Federal Employers' Liability Act Endorsement Record	51-58
	Federal Mine Safety & Health Act Coverage Endorsement Record	51-58
	Fire/Ambulance District Liability Exclusion (For County Or Town Policies) Endorsement - New York Record	51-58
	Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record	51-58
	Foreign Voluntary Compensation and Employers Liability Coverage Endorsement – New York Record Continuation	51-58
	Group Insurance Coverage Information - California Record	51-58
	Labor Contractor Endorsement - New York Record	51-58
	Limited Liability Company Coverage/Exclusion Endorsement	51-58
	Maritime Coverage Endorsement Record	51-58
	Massachusetts Employee Leasing Endorsement - Massachusetts Record	51-58
	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 Owner or Contractor-Controlled Insurance Program (OCIP/CCIP) Endorsement Record	51-58
	Minnesota Third Degree Of Kindred Family Member Exclusion Endorsement	51-58
	Multipurpose Text - California Record	51-58
	New Jersey Certified Managed Care Program Endorsement Record	51-58
	New Jersey Employee Leasing	51-58

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Endorsement Record	
	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
	Policy Information Page Data Element(s) Change Endorsement Record	51-58
	Policy Information Page Data Element(s) Change Endorsement Record	191-198
	Policy Information Page Name Change Endorsement Record	51-58
	Policy Period Endorsement Record	51-58
	Preferred Provider Organization Endorsement - New York Record	51-58
	Premium Discount Endorsement Record	51-58
	Principal As Additional Insured - Pennsylvania Record	51-58
	Real Estate Management Endorsement - Pennsylvania Record	51-58
	Retrospective Premium Endorsement Aviation Exclusion Record	51-58
	Retrospective Premium Endorsement Changes Record	51-58
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	51-58
	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	51-58
	Retrospective Premium Endorsement Short-Term Record	51-58
	Sole Proprietors & Partners Endorsement - New York Record	51-58
	Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record	51-58
	Statutory Employer Endorsement - Pennsylvania Record	51-58
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	51-58
	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
	Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement - New York Record	51-58
	Waiver Of Our Right To Recover From Others Endorsement Record	51-58
	Wisconsin Change Of Insurance Carrier Name Endorsement - Wisconsin Record	51-58

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record	51-58
	Wisconsin Employee Leasing Company Leased Employee Inclusion Endorsement	51-58
	Wisconsin Employee Leasing Endorsement - Wisconsin Record	51-58
	Wisconsin Franchisor-Agreement Termination Endorsement	51-58
	Wisconsin Franchisor-Franchisee Coverage Endorsement	51-58
	Wisconsin Named Insured Cancellation Endorsement	51-58
	Wisconsin Wrap-Up Sole Agent and Assignment of Consent Endorsement	51-58
ENDORSEMENT NUMBER REVISION CODE	Policy Information Page Data Element(s) Change Endorsement Record	251-251
ENDORSEMENT SEQUENCE NUMBER	Alternate Employer Endorsement Record	253-254
	Defense Base Act Coverage Endorsement Record	253-254
	Designated Workplaces Exclusion Endorsement Record	253-254
	Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record	253-254
	Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) - California Record	253-254
	Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting - California Record	253-254
	Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record	253-254
	Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record	253-254
	Maritime Coverage Endorsement Record	253-254
	Multipurpose Text - California Record	253-254
	Nonappropriated Fund Instrumentalities Act Coverage Endorsement Record	253-254
	Outer Continental Shelf Lands Act Coverage Endorsement Record	253-254
	Policy Information Page Data Element(s) Change Endorsement Record	253-254
	Statutory Employer Endorsement - Pennsylvania Record	253-254
	Voluntary Compensation And Employers Liability Coverage Endorsement Record	253-254
	Voluntary Compensation Maritime Coverage Endorsement Record	253-254
ENDORSEMENT SERIAL NUMBER	Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record	71-72
	Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) - California Record	71-72
	Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting - California Record	71-72
	Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record	71-72
	Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location	71-72

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Coverage/Exclusions) - California Record	
	Multipurpose Text - California Record	71-72
ENDORSEMENT TYPE CODE	Other Policies Subject To Retrospective Rating Or Premium Discount Record	48-48
ENTITIES RECEIVING THIS FORM	Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record	197-248
	Wisconsin Franchisor-Agreement Termination Endorsement	197-248
ESTIMATED ANNUAL PREMIUM AMOUNT	Minnesota Independent Contractors Coverage Endorsement	239-248
ESTIMATED EXCESS MEDICAL PREMIUM AMOUNT	Excess Medical Coverage Endorsement - New York Record	100-109
	Excess Medical Coverage Endorsement - New York Record	129-138
	Excess Medical Coverage Endorsement - New York Record	158-167
	Excess Medical Coverage Endorsement - New York Record	187-196
	Excess Medical Coverage Endorsement - New York Record	216-225
	Excess Medical Coverage Endorsement - New York Record	245-254
ESTIMATED EXPOSURE AMOUNT	Exposure Record	95-106
	Minnesota Independent Contractors Coverage Endorsement	212-221
	Policy Information Page Class and/or Rate Change and Other Endorsement Record	94-105
ESTIMATED PREMIUM AMOUNT	Aircraft Premium Endorsement Record	102-106
	Aircraft Premium Endorsement Record	138-142
	Aircraft Premium Endorsement Record	174-178
	Aircraft Premium Endorsement Record	210-214
	Aircraft Premium Endorsement Record	246-250
	Exposure Record	107-116
	Policy Information Page Class and/or Rate Change and Other Endorsement Record	106-115
ESTIMATED STANDARD PREMIUM AMOUNT - 100%	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	188-197
ESTIMATED STANDARD PREMIUM AMOUNT - 150%	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	198-207
ESTIMATED STANDARD PREMIUM AMOUNT - 50%	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	178-187
ESTIMATED STATE STANDARD PREMIUM TOTAL	State Premium Record	108-117
ESTIMATED TOTAL ANNUAL REMUNERATION AMOUNT	Excess Medical Coverage Endorsement - New York Record	85-94
	Excess Medical Coverage Endorsement - New York Record	114-123
	Excess Medical Coverage Endorsement - New York Record	143-152
	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
EXCEPTIONS	Fire/Ambulance District Liability Exclusion (For County Or Town Policies) Endorsement - New York Record	71-110
	Fire/Ambulance District Liability Exclusion (For County Or Town Policies) Endorsement - New York Record	111-150
	Fire/Ambulance District Liability Exclusion (For County Or Town Policies) Endorsement - New York Record	151-190

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Fire/Ambulance District Liability Exclusion (For County Or Town Policies) Endorsement - New York Record	191-230
EXCESS AMOUNT	Excess Medical Coverage Endorsement - New York Record	71-80
EXCESS LOSS FACTOR - FEDERAL (F-CLASSES ONLY)	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	211-213
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
EXCESS LOSS PREMIUM FACTOR CHANGE - EFFECTIVE DATE	Retrospective Premium Endorsement Changes Record	77-82
EXCESS LOSS PREMIUM FACTOR CHANGE - FEDERAL (F-CLASSES ONLY)	Retrospective Premium Endorsement Changes Record	74-76
EXCESS LOSS PREMIUM FACTOR CHANGE - STATE (OTHER THAN F-CLASSES)	Retrospective Premium Endorsement Changes Record	71-73
EXCESS MEDICAL RATE PER $100 OF REMUNERATION	Excess Medical Coverage Endorsement - New York Record	95-99
	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
EXCESSIVE EXPERIENCE MODIFICATION FACTOR	Experience Rating Modification Change Endorsement Record	82-85
	State Premium Record	170-173
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
EXPENSE CONSTANT AMOUNT	State Premium Record	118-127
EXPERIENCE MODIFICATION FACTOR	Experience Rating Modification Change Endorsement Record	77-80
EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR	State Premium Record	93-96
EXPERIENCE MODIFICATION/MERIT RATING FACTOR EFFECTIVE DATE	State Premium Record	154-159
EXPERIENCE MODIFICATION/MERIT RATING STATUS CODE	Experience Rating Modification Change Endorsement Record	81-81
	State Premium Record	97-97
EXPERIENCE RATING CODE	Header Record	48-48
EXPIRATION DATE	Policy Period Endorsement Record	77-82
	Policy Period Endorsement Record	89-94
	Policy Period Endorsement Record	101-106
EXPOSURE ACT/ EXPOSURE COVERAGE CODE	Exposure Record	67-68
	Policy Information Page Class and/or Rate Change and Other Endorsement Record	82-83
EXPOSURE PERIOD CODE	Exposure Record	117-117
	Policy Information Page Class and/or Rate	230-230

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Change and Other Endorsement Record	
EXPOSURE PERIOD EFFECTIVE DATE	Exposure Record	79-84
	Policy Information Page Class and/or Rate Change and Other Endorsement Record	71-76
EXPOSURE RECORD LINK FOR EXPOSURE CODE	Exposure Record	226-230
	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 Additional Address Change Endorsement Record	77-81
	Policy Information Page Address Change Endorsement Record	179-183
F		
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	Name Record	149-157
	Policy Information Page Name Change Endorsement Record	165-173
	Wisconsin Employee Leasing Endorsement - Wisconsin Record	232-240
	Wisconsin Franchisor-Franchisee Coverage Endorsement	232-240
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OF LABOR CONTRACTOR	Wisconsin Employee Leasing Company Leased Employee Inclusion Endorsement	149-157
FIRST PREMIUM DISCOUNT LAYER	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
	Premium Discount Endorsement Record	226-229
	Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record	71-74
FIRST PREMIUM DISCOUNT PERCENTAGE	Premium Discount Endorsement Record	77-79
	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
	Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record	75-77
FOREIGN ADDRESS INDICATOR	Address Record	49-49
	Policy Information Page Address Change Endorsement Record	218-218
FOREIGN VOLUNTARY COVERAGE PREMIUM AMOUNT	Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record	71-80
G		
GEOGRAPHIC AREA	Address Record	209-224
	Policy Information Page Address Change Endorsement Record	219-234
GROUP COVERAGE STATUS CODE	Header Record	219-219
GROUP INSURANCE EFFECTIVE DATE	Group Insurance Coverage Information - California Record	162-167
GROUP INSURANCE EXPIRATION DATE	Group Insurance Coverage Information - California Record	168-173
H		
HAZARD GROUP CODE	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	84-84
HEADER RECORD TOTALS	File Control Record	58-65
I		
IDENTIFY EMPLOYEES	Voluntary Compensation And Employers	71-170

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Liability Coverage Endorsement Record	
INCLUSION/EXCLUSION CODE	Other States Coverage Record	48-48
INDEPENDENT DCO RISK ID NUMBER/ FILE NUMBER/ ACCOUNT NUMBER	State Premium Record	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
INSURER PREMIUM DEVIATION FACTOR	State Premium Record	103-106
INTERSTATE RISK ID NUMBER	Header Record	49-57
	Policy Information Page Data Element(s) Change Endorsement Record	241-249
ITEM 3.A/3.C. CODE	Policy Information Page Data Element(s) Change Endorsement Record	128-128
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
LEASING ADDRESS TYPE CODE	Minnesota Employee Leasing Endorsement	121-121
LEGAL NATURE OF ENTITY CODE	Name Record	161-162
LEGAL NATURE OF INSURED CODE	Header Record	106-107
	Policy Information Page Data Element(s) Change Endorsement Record	106-107
LINK DATA	Address Record	1-43
	Aircraft Premium Endorsement Record	1-43
	Alternate Employer Endorsement Record	1-43
	Amendatory Endorsement - Farming Operations - Delaware Record	1-43
	Anniversary Rating Date Endorsement Record	1-43
	Assumption of Liability Endorsement Record – Wisconsin Record	1-43
	Audit Noncompliance Charge Endorsement	1-43
	Benefits Deductible Endorsement - New York Record	1-43
	Cancellation/Reinstatement 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	1-43

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Restricting This Insurance - California Customized Limiting and Restricting - California Record	
	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
	Excess Medical Coverage Endorsement - New York Record	1-43
	Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record	1-43
	Exclusion Of Employees Endorsement - Pennsylvania Record	1-43
	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
	Exposure Record	1-43
	Federal Employers' Liability Act Endorsement Record	1-43
	Federal Mine Safety & Health Act Coverage Endorsement Record	1-43
	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
	Foreign Voluntary Compensation and Employers Liability Coverage Endorsement – New York Record Continuation	1-43
	Group Insurance Coverage Information - California Record	1-43
	Header Record	1-43
	Labor Contractor Endorsement - New York Record	1-43
	Limited Liability Company Coverage/Exclusion Endorsement	1-43
	Maritime Coverage Endorsement Record	1-43
	Massachusetts Employee Leasing Endorsement - Massachusetts Record	1-43
	Massachusetts Qualified Loss Management Program Endorsement - Massachusetts Record	1-43
	Medical Benefits Reimbursement Endorsement - New York Record	1-43
	Minnesota Employee Leasing Endorsement	1-43
	Minnesota Independent Contractors Coverage Endorsement	1-43
	Minnesota Owner or Contractor-Controlled Insurance Program (OCIP/CCIP) Endorsement Record	1-43
	Minnesota Third Degree Of Kindred Family Member Exclusion Endorsement	1-43
	Multipurpose Text - California Record	1-43
	Name Record	1-43
	New Jersey Certified Managed Care Program Endorsement Record	1-43
	New Jersey Employee Leasing Endorsement Record	1-43
	New Jersey Large Risk - Large Deductible	1-43

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Endorsement Record	
	New Jersey Voluntary Compensation Federal Employers' Liability Act Coverage Endorsement Record	1-43
	Nonappropriated Fund Instrumentalities Act Coverage Endorsement Record	1-43
	Noncompliance/Compliance of Policy Terms and Conditions Record	1-43
	Other Policies Subject To Retrospective Rating Or Premium Discount Record	1-43
	Other States Coverage Record	1-43
	Outer Continental Shelf Lands Act Coverage Endorsement Record	1-43
	Partners, Officers And Others Exclusion Endorsement Record	1-43
	Partnership Coverage/Exclusion Endorsement - California Record	1-43
	Policy Information Page Additional Address Change Endorsement Record	1-43
	Policy Information Page Address Change Endorsement Record	1-43
	Policy Information Page Class and/or Rate Change and Other Endorsement Record	1-43
	Policy Information Page Data Element(s) Change Endorsement Record	1-43
	Policy Information Page Name Change Endorsement Record	1-43
	Policy Period Endorsement Record	1-43
	Preferred Provider Organization Endorsement - New York Record	1-43
	Premium Discount Endorsement Record	1-43
	Principal As Additional Insured - Pennsylvania Record	1-43
	Real Estate Management Endorsement - Pennsylvania Record	1-43
	Retrospective Premium Endorsement Aviation Exclusion Record	1-43
	Retrospective Premium Endorsement Changes Record	1-43
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	1-43
	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	1-43
	Retrospective Premium Endorsement Short-Term Record	1-43
	Sole Proprietors & Partners Endorsement - New York Record	1-43
	Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record	1-43
	State Premium Record	1-43
	Statutory Employer Endorsement - Pennsylvania Record	1-43
	This Record is Reserved for Future Use	1-43
	This Record is Reserved for Future Use	1-43
	This Record is Reserved for Future Use	1-43
	This Record is Reserved for Future Use	1-43
	This Record is Reserved for Future Use	1-43
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	This Record Is Reserved For Future Use	1-43

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	This Record Is Reserved For Future Use	1-43
	This Record Is Reserved For Future Use	1-43
	This Record Is Reserved For Future Use	1-43
	This Record Is Reserved For Future Use	1-43
	This Record Is Reserved For Future Use	1-43
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	This Record Is Reserved For Future Use	1-43
	This Record Is Reserved For Future Use	1-43
	This Record Is Reserved For Future Use	1-43
	This Record Is Reserved For Future Use	1-43
	This Record Is Reserved For Future Use	1-43
	This Record is Reserved for ISO Use	1-43
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	1-43
	Voluntary Compensation And Employers Liability Coverage Endorsement Record	1-43
	Voluntary Compensation Maritime Coverage Endorsement Record	1-43
	Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record	1-43
	Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement - New York Record	1-43
	Waiver Of Our Right To Recover From Others Endorsement Record	1-43
	Wisconsin Change Of Insurance Carrier Name Endorsement - Wisconsin Record	1-43
	Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record	1-43
	Wisconsin Employee Leasing Company Leased Employee Inclusion Endorsement	1-43
	Wisconsin Employee Leasing Endorsement - Wisconsin Record	1-43
	Wisconsin Franchisor-Agreement Termination Endorsement	1-43
	Wisconsin Franchisor-Franchisee Coverage Endorsement	1-43
	Wisconsin Named Insured Cancellation Endorsement	1-43
	Wisconsin Wrap-Up Sole Agent and Assignment of Consent Endorsement	1-43
LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	71-74
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	75-78
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	79-82
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	83-86
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	87-90
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	91-94
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	95-98
	Retrospective Premium Endorsement	99-102

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Nonratable Catastrophe Element Or Surcharge Record	
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	103-106
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	107-110
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	111-114
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	115-118
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	119-122
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	123-126
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	127-130
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	131-134
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	135-138
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	139-142
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	143-146
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	147-150
LIST OF SUBCONTRACTORS' NAMES	Statutory Employer Endorsement - Pennsylvania Record	71-170
LIST THE APPLICABLE CLASSIFICATION CODE	Retrospective Premium Endorsement Aviation Exclusion Record	71-74
	Retrospective Premium Endorsement Aviation Exclusion Record	75-78
	Retrospective Premium Endorsement Aviation Exclusion Record	79-82
	Retrospective Premium Endorsement Aviation Exclusion Record	83-86
	Retrospective Premium Endorsement Aviation Exclusion Record	87-90
	Retrospective Premium Endorsement Aviation Exclusion Record	91-94
	Retrospective Premium Endorsement Aviation Exclusion Record	95-98
	Retrospective Premium Endorsement Aviation Exclusion Record	99-102
	Retrospective Premium Endorsement Aviation Exclusion Record	103-106
	Retrospective Premium Endorsement Aviation Exclusion Record	107-110
	Retrospective Premium Endorsement Aviation Exclusion Record	111-114
	Retrospective Premium Endorsement Aviation Exclusion Record	115-118
	Retrospective Premium Endorsement Aviation Exclusion Record	119-122
	Retrospective Premium Endorsement Aviation Exclusion Record	123-126
	Retrospective Premium Endorsement	127-130

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Aviation Exclusion Record	
LOSS CONSTANT AMOUNT	State Premium Record	128-137
LOSS CONVERSION FACTOR	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	79-83
LOSS LIMITATION AMOUNT	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	72-78
LOSSES SUBJECT TO DEDUCTIBLE CODE	Deductible Endorsement Record	71-72
M		
MANUAL/CHARGED RATE	Exposure Record	69-78
	Policy Information Page Class and/or Rate Change and Other Endorsement Record	84-93
MAXIMUM AUDIT NONCOMPLIANCE CHARGE MULTIPLIER	Audit Noncompliance Charge Endorsement	123-126
	Audit Noncompliance Charge Endorsement	179-182
	Audit Noncompliance Charge Endorsement	235-238
MAXIMUM CHARGE AMOUNT	Aircraft Premium Endorsement Record	97-101
	Aircraft Premium Endorsement Record	133-137
	Aircraft Premium Endorsement Record	169-173
	Aircraft Premium Endorsement Record	205-209
	Aircraft Premium Endorsement Record	241-245
MAXIMUM RETROSPECTIVE PREMIUM FACTOR	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	148-162
MINIMUM PREMIUM AMOUNT	Minnesota Independent Contractors Coverage Endorsement	229-238
MINIMUM RETROSPECTIVE PREMIUM FACTOR	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	133-147
MODIFICATION EFFECTIVE DATE	Experience Rating Modification Change Endorsement Record	71-76
N		
NAME AND TITLE OF GENERAL PARTNER/TRUSTEE EXCLUDED	Partnership Coverage/Exclusion Endorsement - California Record	71-130
	Partnership Coverage/Exclusion Endorsement - California Record	131-190
	Partnership Coverage/Exclusion Endorsement - California Record	191-250
NAME AND TITLE OF MANAGING MEMBERS AND TRUSTEES EXCLUDED	Limited Liability Company Coverage/Exclusion Endorsement	71-130
	Limited Liability Company Coverage/Exclusion Endorsement	131-190
	Limited Liability Company Coverage/Exclusion Endorsement	191-250
NAME AND TITLE OF OFFICER, DIRECTOR, OWNER OR TRUSTEE EXCLUDED	Corporation Coverage/Exclusion Endorsement - California Record	71-130
	Corporation Coverage/Exclusion Endorsement - California Record	131-190
	Corporation Coverage/Exclusion Endorsement - California Record	191-250
NAME LINK COUNTER IDENTIFIER	Address Record	269-270
	Exposure Record	231-232
	Name Record	270-271
	Policy Information Page Additional Address Change Endorsement Record	82-83
	Policy Information Page Address Change Endorsement Record	295-296
	Policy Information Page Name Change Endorsement Record	295-296
NAME LINK IDENTIFIER	Address Record	152-154
	Exposure Record	221-223
	Name Record	49-51
	Policy Information Page Additional Address	72-74

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Change Endorsement Record	
	Policy Information Page Address Change Endorsement Record	174-176
	Policy Information Page Class and/or Rate Change and Other Endorsement Record	219-221
	Policy Information Page Name Change Endorsement Record	72-74
NAME OF ACCEPTING LIABILITY CARRIER SIGNATORY	Assumption of Liability Endorsement Record – Wisconsin Record	88-117
NAME OF ADDITIONAL PARTNER	Sole Proprietors & Partners Endorsement - New York Record	106-140
	Sole Proprietors & Partners Endorsement - New York Record	141-175
	Sole Proprietors & Partners Endorsement - New York Record	176-210
	Sole Proprietors & Partners Endorsement - New York Record	211-245
NAME OF ALTERNATE EMPLOYER	Alternate Employer Endorsement Record	71-130
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
NAME OF CONTRACT OR PROJECT	Alternate Employer Endorsement Record	185-234
NAME OF DOMESTIC OR HOUSEHOLD WORKERS	Domestic And Agricultural Workers Exclusion Endorsement Record	146-220
NAME OF EMPLOYEE	Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record	74-103
	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
NAME OF EMPLOYEE LEASING COMPANY	Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record	71-130
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
NAME OF GROUP	Group Insurance Coverage Information -	71-150

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	California Record	
NAME OF INDEPENDENT CONTRACTOR	Minnesota Independent Contractors Coverage Endorsement	71-160
NAME OF INSURED	Aircraft Premium Endorsement Record	255-288
	Alternate Employer Endorsement Record	255-288
	Amendatory Endorsement - Farming Operations - Delaware Record	255-288
	Anniversary Rating Date Endorsement Record	255-288
	Assumption of Liability Endorsement Record – Wisconsin Record	255-288
	Audit Noncompliance Charge Endorsement	255-288
	Benefits Deductible Endorsement - New York Record	255-288
	Cancellation/Reinstatement Record	53-142
	Contingent Experience Rating Modification Factor Endorsement Record	255-288
	Deductible Endorsement - Delaware Record	255-288
	Deductible Endorsement Record	255-288
	Defense Base Act Coverage Endorsement Record	255-288
	Designated Workplaces Exclusion Endorsement Record	255-288
	Domestic And Agricultural Workers Exclusion Endorsement Record	255-288
	Employer Assessment Endorsement - Pennsylvania Record	255-288
	Employers Liability Coverage Endorsement 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
	Federal Employers' Liability Act Endorsement Record	255-288
	Federal Mine Safety & Health Act Coverage Endorsement Record	255-288
	Fire/Ambulance District Liability Exclusion (For County Or Town Policies) Endorsement - New York Record	255-288
	Labor Contractor Endorsement - New York Record	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
	Name Record	53-142
	New Jersey Certified Managed Care Program Endorsement Record	255-288

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	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
	Outer Continental Shelf Lands Act Coverage Endorsement Record	255-288
	Partners, Officers And Others Exclusion Endorsement Record	255-288
	Policy Information Page Additional Address Change Endorsement 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 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
	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	255-288

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Name Endorsement - Wisconsin Record	
	Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record	255-288
	Wisconsin Employee Leasing Company Leased Employee Inclusion Endorsement	255-288
	Wisconsin Employee Leasing Endorsement - Wisconsin Record	255-288
	Wisconsin Franchisor-Agreement Termination Endorsement	255-288
	Wisconsin Franchisor-Franchisee Coverage Endorsement	255-288
	Wisconsin Named Insured Cancellation Endorsement	71-160
	Wisconsin Wrap-Up Sole Agent and Assignment of Consent Endorsement	255-288
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	106-140

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Endorsement - New York Record	
	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 PROJECT	Minnesota Owner or Contractor-Controlled Insurance Program (OCIP/CCIP) Endorsement Record	71-120
NAME OF QUALIFIED LOSS MANAGEMENT PROGRAM	Massachusetts Qualified Loss Management Program Endorsement - Massachusetts Record	71-160
NAME OF SOLE PROPRIETOR OR OF A PARTNER	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 of Wrap-Up Sponsor	Wisconsin Wrap-Up Sole Agent and Assignment of Consent Endorsement	71-190
NAME REVISION CODE	Policy Information Page Name Change Endorsement Record	252-252
NAME TYPE CODE	Name Record	48-48
	Policy Information Page Name Change Endorsement Record	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
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	261-263
	Policy Information Page Class and/or Rate Change and Other Endorsement Record	231-233
NUMBER OF VOLUNTEERS	Exposure Record	264-266
	Policy Information Page Class and/or Rate Change and Other Endorsement Record	234-236

O

OCIP/CCIP ADDRESS TYPE CODE	Minnesota Owner or Contractor-Controlled Insurance Program (OCIP/CCIP) Endorsement Record	171-171
OFFICE HELD	Exclusion Of Executive Officers Endorsement - Pennsylvania Record	112-120
	Exclusion Of Executive Officers Endorsement - Pennsylvania Record	166-174
	Exclusion Of Executive Officers Endorsement - Pennsylvania Record	220-228
OFFICER, EMPLOYEE OR CLASS THEREOF	Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record	71-110

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record	111-150
	Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record	151-190
	Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record	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
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	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 EFFECTIVE DATE	Designated Workplace Cancellation	217-222

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Endorsement And Notice Of Partial Cancellation - New York Record	
	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 EXPIRATION DATE	Assumption of Liability Endorsement Record – Wisconsin Record	71-76
	Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record	223-228
	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 MINIMUM PREMIUM STATE CODE	Header 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
PREMIUM ADJUSTMENT PERIOD CODE	Policy Information Page Data Element(s) Change Endorsement Record	190-190
	State Premium Record	186-186
PREMIUM AMOUNT TOTAL	Preferred Provider Organization Endorsement - New York Record	229-238
PREMIUM DISCOUNT AMOUNT	State Premium Record	138-147
PREMIUM REDUCTION PERCENTAGE	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
PRIMARY COMPLIANCE REASON CODE	Noncompliance/Compliance of Policy Terms and Conditions Record	65-66
PRIMARY NAME OF INSURED	Wisconsin Named Insured Cancellation	255-288

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Endorsement	
PRIMARY NONCOMPLIANCE REASON CODE	Noncompliance/Compliance of Policy Terms and Conditions Record	49-50
PRIOR POLICY NUMBER IDENTIFIER	Header Record	77-94
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
PROJECT SPONSOR, GENERAL CONTRACTOR, OR CONSTRUCTION MANAGER NAME	Minnesota Owner or Contractor-Controlled Insurance Program (OCIP/CCIP) Endorsement Record	121-170
PRO-RATED EXPENSE CONSTANT AMOUNT REASON CODE	State Premium Record	148-148
PRO-RATED MINIMUM PREMIUM AMOUNT REASON CODE	State Premium Record	149-149
R		
RATE/CHARGED RATE	Minnesota Independent Contractors Coverage Endorsement	222-228
REASON FOR CANCELLATION CODE	Cancellation/Reinstatement Record	50-51
	Wisconsin Named Insured Cancellation Endorsement	241-242
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	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
	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 Issued In Name Of Client) - California Record	46-47
	Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) - California Record	46-47
	Employer Assessment Endorsement - Pennsylvania Record	46-47

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	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 Owner or Contractor-Controlled Insurance Program (OCIP/CCIP) Endorsement Record	46-47
	Minnesota Third Degree Of Kindred Family Member Exclusion Endorsement	46-47
	Multipurpose Text - California Record	46-47
	Name Record	46-47
	New Jersey Certified Managed Care	46-47

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Program Endorsement Record	
	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 Additional Address Change Endorsement 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 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
	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
	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
	This Record is Reserved For Future Use	46-47
	This Record is Reserved For Future Use	46-47

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	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 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 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
	Wisconsin Named Insured Cancellation Endorsement	46-47
	Wisconsin Wrap-Up Sole Agent and Assignment of Consent 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
RESERVED FOR FUTURE USE	Audit Noncompliance Charge Endorsement	44-45
	Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record	255-288
	Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) - California Record	255-288
	Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting - California Record	255-288
	Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record	255-288

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record	255-288
	Group Insurance Coverage Information - California Record	174-288
	Multipurpose Text - California Record	255-288
	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	241-254
	Wisconsin Franchisor-Franchisee Coverage Endorsement	295-300
RESERVED FOR FUTURE USE	Address Record	44-45
	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	60-70
	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
	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	48-50

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Endorsement - California Record	
	Corporation Coverage/Exclusion Endorsement - California Record	251-288
	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
	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	171-254

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Record	
	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 (Alternate Coverage Information) - California Record	48-50
	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	86-254

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	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 Endorsement Record	48-50
	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	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

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Limited Liability Company Coverage/Exclusion Endorsement	48-50
	Limited Liability Company Coverage/Exclusion Endorsement	251-288
	Limited Liability Company Coverage/Exclusion Endorsement	295-300
	Link Data Common to All Records	24-30
	Maritime Coverage Endorsement Record	44-45
	Maritime Coverage Endorsement Record	48-50
	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
	Minnesota Employee Leasing Endorsement	295-300
	Minnesota Independent Contractors Coverage Endorsement	48-50
	Minnesota Independent Contractors Coverage Endorsement	249-254
	Minnesota Independent Contractors Coverage Endorsement	295-300
	Minnesota Owner or Contractor-Controlled Insurance Program (OCIP/CCIP) Endorsement Record	48-50
	Minnesota Owner or Contractor-Controlled Insurance Program (OCIP/CCIP) Endorsement Record	273-288
	Minnesota Owner or Contractor-Controlled Insurance Program (OCIP/CCIP) Endorsement Record	295-300
	Minnesota Third Degree Of Kindred Family Member Exclusion Endorsement	44-45
	Minnesota Third Degree Of Kindred Family Member Exclusion Endorsement	48-50
	Minnesota Third Degree Of Kindred Family Member Exclusion Endorsement	221-254
	Minnesota Third Degree Of Kindred Family Member Exclusion Endorsement	295-300
	Multipurpose Text - California Record	48-50
	Multipurpose Text - California Record	73-74
	Multipurpose Text - California Record	235-252
	Multipurpose Text - California Record	295-300
	Name Record	44-45
	Name Record	143-148
	Name Record	214-247
	Name Record	250-269
	Name Record	272-288
	New Jersey Certified Managed Care Program Endorsement Record	48-50
	New Jersey Certified Managed Care Program Endorsement Record	141-254
	New Jersey Certified Managed Care	295-300

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Program Endorsement Record	
	New Jersey Employee Leasing Endorsement Record	48-50
	New Jersey Employee Leasing Endorsement Record	221-254
	New Jersey Employee Leasing Endorsement Record	295-300
	New Jersey Large Risk - Large Deductible Endorsement Record	48-50
	New Jersey Large Risk - Large Deductible Endorsement Record	141-254
	New Jersey Large Risk - Large Deductible Endorsement Record	295-300
	New Jersey Voluntary Compensation Federal Employers' Liability Act Coverage Endorsement Record	48-50
	New Jersey Voluntary Compensation Federal Employers' Liability Act Coverage Endorsement Record	241-254
	New Jersey Voluntary Compensation Federal Employers' Liability Act Coverage Endorsement Record	295-300
	Nonappropriated Fund Instrumentalities Act Coverage Endorsement Record	44-45
	Nonappropriated Fund Instrumentalities Act Coverage Endorsement Record	48-50
	Nonappropriated Fund Instrumentalities Act Coverage Endorsement Record	196-252
	Nonappropriated Fund Instrumentalities Act Coverage Endorsement Record	295-300
	Noncompliance/Compliance of Policy Terms and Conditions Record	57-64
	Noncompliance/Compliance of Policy Terms and Conditions Record	73-80
	Noncompliance/Compliance of Policy Terms and Conditions Record	91-258
	Noncompliance/Compliance of Policy Terms and Conditions Record	261-281
	Noncompliance/Compliance of Policy Terms and Conditions Record	295-300
	Other Policies Subject To Retrospective Rating Or Premium Discount Record	44-45
	Other Policies Subject To Retrospective Rating Or Premium Discount Record	49-50
	Other Policies Subject To Retrospective Rating Or Premium Discount Record	233-254
	Other Policies Subject To Retrospective Rating Or Premium Discount Record	295-300
	Other States Coverage Record	44-45
	Other States Coverage Record	169-288
	Outer Continental Shelf Lands Act Coverage Endorsement Record	44-45
	Outer Continental Shelf Lands Act Coverage Endorsement Record	48-50
	Outer Continental Shelf Lands Act Coverage Endorsement Record	191-252
	Outer Continental Shelf Lands Act Coverage Endorsement Record	295-300
	Partners, Officers And Others Exclusion Endorsement Record	44-45
	Partners, Officers And Others Exclusion Endorsement Record	48-50
	Partners, Officers And Others Exclusion Endorsement Record	254-254
	Partners, Officers And Others Exclusion Endorsement Record	295-300
	Partnership Coverage/Exclusion Endorsement - California Record	48-50

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Partnership Coverage/Exclusion Endorsement - California Record	251-288
	Partnership Coverage/Exclusion Endorsement - California Record	295-300
	Policy Information Page Additional Address Change Endorsement Record	44-45
	Policy Information Page Additional Address Change Endorsement Record	48-70
	Policy Information Page Additional Address Change Endorsement Record	151-253
	Policy Information Page Additional Address Change Endorsement Record	295-300
	Policy Information Page Address Change Endorsement Record	44-45
	Policy Information Page Address Change Endorsement Record	48-50
	Policy Information Page Address Change Endorsement Record	184-217
	Policy Information Page Address Change Endorsement Record	237-253
	Policy Information Page Address Change Endorsement Record	297-300
	Policy Information Page Class and/or Rate Change and Other Endorsement Record	48-50
	Policy Information Page Class and/or Rate Change and Other Endorsement Record	237-254
	Policy Information Page Class and/or Rate Change and Other Endorsement Record	295-300
	Policy Information Page Data Element(s) Change Endorsement Record	44-45
	Policy Information Page Data Element(s) Change Endorsement Record	48-50
	Policy Information Page Data Element(s) Change Endorsement Record	250-250
	Policy Information Page Data Element(s) Change Endorsement Record	252-252
	Policy Information Page Data Element(s) Change Endorsement Record	295-300
	Policy Information Page Name Change Endorsement Record	44-45
	Policy Information Page Name Change Endorsement Record	48-50
	Policy Information Page Name Change Endorsement Record	177-198
	Policy Information Page Name Change Endorsement Record	250-251
	Policy Information Page Name Change Endorsement Record	253-253
	Policy Information Page Name Change Endorsement Record	297-300
	Policy Period Endorsement Record	44-45
	Policy Period Endorsement Record	48-50
	Policy Period Endorsement Record	107-254
	Policy Period Endorsement Record	295-300
	Preferred Provider Organization Endorsement - New York Record	48-50
	Preferred Provider Organization Endorsement - New York Record	239-254
	Preferred Provider Organization Endorsement - New York Record	295-300
	Premium Discount Endorsement Record	44-45
	Premium Discount Endorsement Record	48-50
	Premium Discount Endorsement Record	254-254
	Premium Discount Endorsement Record	295-300
	Principal As Additional Insured - Pennsylvania Record	48-50
	Principal As Additional Insured -	191-254

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Pennsylvania Record	
	Principal As Additional Insured - Pennsylvania Record	295-300
	Real Estate Management Endorsement - Pennsylvania Record	48-50
	Real Estate Management Endorsement - Pennsylvania Record	191-254
	Real Estate Management Endorsement - Pennsylvania Record	295-300
	Retrospective Premium Endorsement Aviation Exclusion Record	44-45
	Retrospective Premium Endorsement Aviation Exclusion Record	48-50
	Retrospective Premium Endorsement Aviation Exclusion Record	131-254
	Retrospective Premium Endorsement Aviation Exclusion Record	295-300
	Retrospective Premium Endorsement Changes Record	48-50
	Retrospective Premium Endorsement Changes Record	223-254
	Retrospective Premium Endorsement Changes Record	295-300
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	44-45
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	48-50
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	151-254
	Retrospective Premium Endorsement Nonratable Catastrophe Element Or Surcharge Record	295-300
	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	48-50
	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	85-108
	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	130-132
	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	214-216
	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	253-254
	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	295-300
	Retrospective Premium Endorsement Short-Term Record	44-45
	Retrospective Premium Endorsement Short-Term Record	48-50
	Retrospective Premium Endorsement Short-Term Record	89-254
	Retrospective Premium Endorsement Short-Term Record	295-300
	Sole Proprietors & Partners Endorsement - New York Record	48-50
	Sole Proprietors & Partners Endorsement - New York Record	246-254
	Sole Proprietors & Partners Endorsement - New York Record	295-300
	Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record	44-45

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record	48-50
	Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record	230-254
	Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record	295-300
	State Premium Record	73-87
	State Premium Record	151-153
	State Premium Record	174-185
	State Premium Record	189-288
	Statutory Employer Endorsement - Pennsylvania Record	48-50
	Statutory Employer Endorsement - Pennsylvania Record	171-252
	Statutory Employer Endorsement - Pennsylvania Record	295-300
	This Record is Reserved for Future Use	48-300
	This Record is Reserved for Future Use	48-300
	This Record is Reserved for Future Use	48-300
	This Record is Reserved for Future Use	48-300
	This Record is Reserved for Future Use	48-300
	This Record is Reserved for Future Use	48-300
	This Record is Reserved For Future Use	48-300
	This Record is Reserved For Future Use	48-300
	This Record is Reserved For Future Use	44-45
	This Record is Reserved For Future Use	48-300
	This Record Is Reserved For Future Use	48-300
	This Record Is Reserved For Future Use	48-300
	This Record Is Reserved For Future Use	44-45
	This Record Is Reserved For Future Use	48-300
	This Record Is Reserved For Future Use	44-45
	This Record Is Reserved For Future Use	48-300
	This Record Is Reserved For Future Use	44-45
	This Record Is Reserved For Future Use	48-300
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	This Record Is Reserved For Future Use	48-300
	This Record Is Reserved For Future Use	48-300
	This Record Is Reserved For Future Use	48-300
	This Record Is Reserved For Future Use	48-300
	This Record is Reserved for ISO Use	48-300
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	44-45
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	48-50
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	221-254
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	295-300
	Voluntary Compensation And Employers Liability Coverage Endorsement Record	44-45
	Voluntary Compensation And Employers Liability Coverage Endorsement Record	48-50
	Voluntary Compensation And Employers Liability Coverage Endorsement Record	251-252

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Voluntary Compensation And Employers Liability Coverage Endorsement Record	295-300
	Voluntary Compensation Maritime Coverage Endorsement Record	44-45
	Voluntary Compensation Maritime Coverage Endorsement Record	48-50
	Voluntary Compensation Maritime Coverage Endorsement Record	181-252
	Voluntary Compensation Maritime Coverage Endorsement Record	295-300
	Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record	48-50
	Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record	174-254
	Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record	295-300
	Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement - New York Record	48-50
	Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement - New York Record	231-254
	Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement - New York Record	295-300
	Waiver Of Our Right To Recover From Others Endorsement Record	44-45
	Waiver Of Our Right To Recover From Others Endorsement Record	48-50
	Waiver Of Our Right To Recover From Others Endorsement Record	191-254
	Waiver Of Our Right To Recover From Others Endorsement Record	295-300
	Wisconsin Change Of Insurance Carrier Name Endorsement - Wisconsin Record	48-50
	Wisconsin Change Of Insurance Carrier Name Endorsement - Wisconsin Record	60-70
	Wisconsin Change Of Insurance Carrier Name Endorsement - Wisconsin Record	201-254
	Wisconsin Change Of Insurance Carrier Name Endorsement - Wisconsin Record	295-300
	Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record	48-50
	Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record	60-70
	Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record	295-300
	Wisconsin Employee Leasing Company Leased Employee Inclusion Endorsement	48-50
	Wisconsin Employee Leasing Company Leased Employee Inclusion Endorsement	60-70
	Wisconsin Employee Leasing Company Leased Employee Inclusion Endorsement	295-300
	Wisconsin Employee Leasing Endorsement - Wisconsin Record	48-50
	Wisconsin Employee Leasing Endorsement - Wisconsin Record	60-70
	Wisconsin Employee Leasing Endorsement - Wisconsin Record	251-254
	Wisconsin Employee Leasing Endorsement - Wisconsin Record	295-300
	Wisconsin Franchisor-Agreement Termination Endorsement	60-70
	Wisconsin Franchisor-Franchisee Coverage Endorsement	0-0

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Wisconsin Franchisor-Franchisee Coverage Endorsement	60-70
	Wisconsin Named Insured Cancellation Endorsement	48-50
	Wisconsin Named Insured Cancellation Endorsement	60-70
	Wisconsin Named Insured Cancellation Endorsement	251-254
	Wisconsin Named Insured Cancellation Endorsement	297-300
	Wisconsin Wrap-Up Sole Agent and Assignment of Consent Endorsement	48-50
	Wisconsin Wrap-Up Sole Agent and Assignment of Consent Endorsement	60-70
	Wisconsin Wrap-Up Sole Agent and Assignment of Consent Endorsement	191-254
	Wisconsin Wrap-Up Sole Agent and Assignment of Consent Endorsement	297-300
RETROSPECTIVE DEVELOPMENT FACTOR - SECOND FACTOR	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	126-127
RETROSPECTIVE DEVELOPMENT FACTOR - FIRST FACTOR	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	124-125
RETROSPECTIVE DEVELOPMENT FACTOR - THIRD FACTOR	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	128-129
RETROSPECTIVE DEVELOPMENT FACTOR CHANGE - EFFECTIVE DATE	Retrospective Premium Endorsement Changes Record	201-206
RETROSPECTIVE DEVELOPMENT FACTOR CHANGE - FIRST FACTOR	Retrospective Premium Endorsement Changes Record	183-188
RETROSPECTIVE DEVELOPMENT FACTOR CHANGE - SECOND FACTOR	Retrospective Premium Endorsement Changes Record	189-194
RETROSPECTIVE DEVELOPMENT FACTOR CHANGE - THIRD FACTOR	Retrospective Premium Endorsement Changes Record	195-200
RETROSPECTIVE PREMIUM OPTION CODE	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	71-71
RETROSPECTIVE RATING CODE	Header Record	151-151
RETROSPECTIVE RATING PLAN EFFECTIVE DATE	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	217-222

S

SCHEDULE - STATE CODE	Federal Employers' Liability Act Endorsement Record	91-190
SECOND (NEXT) PREMIUM DISCOUNT LAYER	Premium Discount Endorsement Record	80-83
	Premium Discount Endorsement Record	113-116
	Premium Discount Endorsement Record	143-146
	Premium Discount Endorsement Record	173-176
	Premium Discount Endorsement Record	203-206
	Premium Discount Endorsement Record	233-236
	Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record	78-81
SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE	Premium Discount Endorsement Record	84-86
	Premium Discount Endorsement Record	117-119
	Premium Discount Endorsement Record	147-149
	Premium Discount Endorsement Record	177-179
	Premium Discount Endorsement Record	207-209
	Premium Discount Endorsement Record	237-239
	Volunteer Firefighters/Ambulance Premium Discount Endorsement - New York Record	82-84
STATE ABBREVIATION	Audit Noncompliance Charge Endorsement	71-72
	Audit Noncompliance Charge Endorsement	127-128
	Audit Noncompliance Charge Endorsement	183-184
STATE ADD/DELETE CODE	State Premium Record	48-48

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
STATE CODE	Aircraft Premium Endorsement Record	71-72
	Aircraft Premium Endorsement Record	107-108
	Aircraft Premium Endorsement Record	143-144
	Aircraft Premium Endorsement Record	179-180
	Aircraft Premium Endorsement Record	215-216
	Amendatory Endorsement - Farming Operations - Delaware Record	44-45
	Anniversary Rating Date Endorsement Record	44-45
	Assumption of Liability Endorsement Record – Wisconsin Record	44-45
	Benefits Deductible Endorsement - New York Record	44-45
	Cancellation/Reinstatement Record	44-45
	Contingent Experience Rating Modification Factor Endorsement Record	44-45
	Corporation Coverage/Exclusion Endorsement - California Record	44-45
	Deductible Endorsement - Delaware Record	44-45
	Deductible Endorsement (Small or Large)	44-45
	Deductible Endorsement Record	44-45
	Designated Workplace Cancellation Endorsement And Notice Of Partial Cancellation - New York Record	44-45
	Employee Leasing Endorsement (Policy Issued In Name Of Client) - California Record	44-45
	Employee Leasing Endorsement (Policy Issued In Name Of Labor Contractor) - California Record	44-45
	Employer Assessment Endorsement - Pennsylvania Record	44-45
	Employers Liability Coverage Endorsement Record	71-72
	Employers Liability Coverage Endorsement Record	73-74
	Employers Liability Coverage Endorsement Record	75-76
	Employers Liability Coverage Endorsement Record	77-78
	Employers Liability Coverage Endorsement Record	79-80
	Employers Liability Coverage Endorsement Record	81-82
	Employers Liability Coverage Endorsement Record	83-84
	Employers Liability Coverage Endorsement Record	85-86
	Employers Liability Coverage Endorsement Record	87-88
	Employers Liability Coverage Endorsement Record	89-90
	Employers Liability Coverage Endorsement Record	91-92
	Employers Liability Coverage Endorsement Record	93-94
	Employers Liability Coverage Endorsement Record	95-96
	Employers Liability Coverage Endorsement Record	97-98
	Employers Liability Coverage Endorsement Record	99-100
	Employers Liability Coverage Endorsement Record	101-102
	Employers Liability Coverage Endorsement Record	103-104
	Employers Liability Coverage Endorsement	105-106

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Record	
	Employers Liability Coverage Endorsement Record	107-108
	Employers Liability Coverage Endorsement Record	109-110
	Employers Liability Coverage Endorsement Record	111-112
	Employers Liability Coverage Endorsement Record	113-114
	Employers Liability Coverage Endorsement Record	115-116
	Employers Liability Coverage Endorsement Record	117-118
	Employers Liability Coverage Endorsement Record	119-120
	Employers Liability Coverage Endorsement Record	121-122
	Employers Liability Coverage Endorsement Record	123-124
	Employers Liability Coverage Endorsement Record	125-126
	Employers Liability Coverage Endorsement Record	127-128
	Employers Liability Coverage Endorsement Record	129-130
	Employers Liability Coverage Endorsement Record	131-132
	Employers Liability Coverage Endorsement Record	133-134
	Employers Liability Coverage Endorsement Record	135-136
	Employers Liability Coverage Endorsement Record	137-138
	Employers Liability Coverage Endorsement Record	139-140
	Employers Liability Coverage Endorsement Record	141-142
	Employers Liability Coverage Endorsement Record	143-144
	Employers Liability Coverage Endorsement Record	145-146
	Employers Liability Coverage Endorsement Record	147-148
	Employers Liability Coverage Endorsement Record	149-150
	Employers Liability Coverage Endorsement Record	151-152
	Employers Liability Coverage Endorsement Record	153-154
	Employers Liability Coverage Endorsement Record	155-156
	Employers Liability Coverage Endorsement Record	157-158
	Employers Liability Coverage Endorsement Record	159-160
	Employers Liability Coverage Endorsement Record	161-162
	Employers Liability Coverage Endorsement Record	163-164
	Employers Liability Coverage Endorsement Record	165-166
	Employers Liability Coverage Endorsement Record	167-168
	Employers Liability Coverage Endorsement Record	169-170
	Endorsement Agreement Limiting And Restricting This Insurance - California Customized Limiting and Restricting -	44-45

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	California Record	
	Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record	44-45
	Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) - California Record	44-45
	Endorsement Identification Record	44-45
	Excess Medical Coverage Endorsement - New York Record	44-45
	Exclusion For Designated Officers And Employees Of Fire/Ambulance Districts Endorsement - New York Record	44-45
	Exclusion Of Employees Endorsement - Pennsylvania Record	44-45
	Exclusion Of Executive Officers Endorsement - Pennsylvania Record	44-45
	Executive Officers Endorsement - New York Record	44-45
	Experience Rating Modification Change Endorsement Record	44-45
	Exposure Record	44-45
	Federal Mine Safety & Health Act Coverage Endorsement Record	71-170
	Fire/Ambulance District Liability Exclusion (For County Or Town Policies) Endorsement - New York Record	44-45
	Foreign Voluntary Compensation And Employers Liability Coverage Endorsement - New York Record	44-45
	Foreign Voluntary Compensation and Employers Liability Coverage Endorsement – New York Record Continuation	44-45
	Group Insurance Coverage Information - California Record	44-45
	Labor Contractor Endorsement - New York Record	44-45
	Limited Liability Company Coverage/Exclusion Endorsement	44-45
	Massachusetts Employee Leasing Endorsement - Massachusetts Record	44-45
	Massachusetts Qualified Loss Management Program Endorsement - Massachusetts Record	44-45
	Medical Benefits Reimbursement Endorsement - New York Record	44-45
	Minnesota Employee Leasing Endorsement	44-45
	Minnesota Independent Contractors Coverage Endorsement	44-45
	Minnesota Owner or Contractor-Controlled Insurance Program (OCIP/CCIP) Endorsement Record	44-45
	Multipurpose Text - California Record	44-45
	Name Record	163-164
	Name Record	180-181
	Name Record	197-198
	New Jersey Certified Managed Care Program Endorsement Record	44-45
	New Jersey Employee Leasing Endorsement Record	44-45
	New Jersey Large Risk - Large Deductible Endorsement Record	44-45
	New Jersey Voluntary Compensation Federal Employers' Liability Act Coverage Endorsement Record	44-45
	Noncompliance/Compliance of Policy Terms and Conditions Record	44-45

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Other States Coverage Record	49-50
	Other States Coverage Record	51-52
	Other States Coverage Record	53-54
	Other States Coverage Record	55-56
	Other States Coverage Record	57-58
	Other States Coverage Record	59-60
	Other States Coverage Record	61-62
	Other States Coverage Record	63-64
	Other States Coverage Record	65-66
	Other States Coverage Record	67-68
	Other States Coverage Record	69-70
	Other States Coverage Record	71-72
	Other States Coverage Record	73-74
	Other States Coverage Record	75-76
	Other States Coverage Record	77-78
	Other States Coverage Record	79-80
	Other States Coverage Record	81-82
	Other States Coverage Record	83-84
	Other States Coverage Record	85-86
	Other States Coverage Record	87-88
	Other States Coverage Record	89-90
	Other States Coverage Record	91-92
	Other States Coverage Record	93-94
	Other States Coverage Record	95-96
	Other States Coverage Record	97-98
	Other States Coverage Record	99-100
	Other States Coverage Record	101-102
	Other States Coverage Record	103-104
	Other States Coverage Record	105-106
	Other States Coverage Record	107-108
	Other States Coverage Record	109-110
	Other States Coverage Record	111-112
	Other States Coverage Record	113-114
	Other States Coverage Record	115-116
	Other States Coverage Record	117-118
	Other States Coverage Record	119-120
	Other States Coverage Record	121-122
	Other States Coverage Record	123-124
	Other States Coverage Record	125-126
	Other States Coverage Record	127-128
	Other States Coverage Record	129-130
	Other States Coverage Record	131-132
	Other States Coverage Record	133-134
	Other States Coverage Record	135-136
	Other States Coverage Record	137-138
	Other States Coverage Record	139-140
	Other States Coverage Record	141-142
	Other States Coverage Record	143-144
	Other States Coverage Record	145-146
	Other States Coverage Record	147-148
	Other States Coverage Record	149-150
	Other States Coverage Record	151-152
	Other States Coverage Record	153-154
	Other States Coverage Record	155-156
	Other States Coverage Record	157-158
	Other States Coverage Record	159-160
	Other States Coverage Record	161-162
	Other States Coverage Record	163-164
	Other States Coverage Record	165-166
	Other States Coverage Record	167-168
	Partnership Coverage/Exclusion	44-45

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Endorsement - California Record	
	Policy Information Page Class and/or Rate Change and Other Endorsement Record	44-45
	Policy Information Page Name Change Endorsement Record	199-200
	Policy Information Page Name Change Endorsement Record	216-217
	Policy Information Page Name Change Endorsement Record	233-234
	Preferred Provider Organization Endorsement - New York Record	44-45
	Premium Discount Endorsement Record	71-72
	Premium Discount Endorsement Record	104-105
	Premium Discount Endorsement Record	134-135
	Premium Discount Endorsement Record	164-165
	Premium Discount Endorsement Record	194-195
	Premium Discount Endorsement Record	224-225
	Principal As Additional Insured - Pennsylvania Record	44-45
	Real Estate Management Endorsement - Pennsylvania Record	44-45
	Retrospective Premium Endorsement Changes Record	44-45
	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	44-45
	Sole Proprietors & Partners Endorsement - New York Record	44-45
	Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record	122-123
	Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record	175-176
	Sole Proprietors, Partners, Officers And Others Coverage Endorsement Record	228-229
	State Premium Record	44-45
	Statutory Employer Endorsement - Pennsylvania Record	44-45
	This Record is Reserved for Future Use	44-45
	This Record is Reserved for Future Use	44-45
	This Record is Reserved for Future Use	44-45
	This Record is Reserved for Future Use	44-45
	This Record is Reserved for Future Use	44-45
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	This Record Is Reserved For Future Use	44-45
	This Record Is Reserved For Future Use	44-45
	This Record Is Reserved For Future Use	44-45
	This Record is Reserved for ISO Use	44-45
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	71-72
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	77-78

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	83-84
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	89-90
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	95-96
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	101-102
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	107-108
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	113-114
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	119-120
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	125-126
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	131-132
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	137-138
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	143-144
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	149-150
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	155-156
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	161-162
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	167-168
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	173-174
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	179-180
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	185-186
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	191-192
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	197-198
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	203-204
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	209-210
	United States Longshore And Harbor Workers' Compensation Act Coverage Endorsement Record	215-216
	Volunteer Firefighters/Ambulance Premium	44-45

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Discount Endorsement - New York Record	
	Volunteer Firefighters/Ambulance Workers' Benefit Law Group Insurance Endorsement - New York Record	44-45
	Wisconsin Change Of Insurance Carrier Name Endorsement - Wisconsin Record	44-45
	Wisconsin Employee Leasing Co Client Termination Endorsement - Wisconsin Record	44-45
	Wisconsin Employee Leasing Company Leased Employee Inclusion Endorsement	44-45
	Wisconsin Employee Leasing Endorsement - Wisconsin Record	44-45
	Wisconsin Franchisor-Agreement Termination Endorsement	44-45
	Wisconsin Franchisor-Franchisee Coverage Endorsement	44-45
	Wisconsin Named Insured Cancellation Endorsement	44-45
	Wisconsin Wrap-Up Sole Agent and Assignment of Consent Endorsement	44-45
STATE CODE LINK	Address Record	155-156
	Exposure Record	224-225
	Policy Information Page Additional Address Change Endorsement Record	75-76
	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 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

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
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-CLASSES)	Retrospective Premium Endorsement Rating Option V (One Year, Three Year Or Long-Term Construction Project) Record	109-113
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 -	111-150

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	New York Record	
	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
TYPE OF COVERAGE ID CODE	Header Record	73-74
TYPE OF NON-STANDARD ID CODE	State Premium Record	187-188
TYPE OF PLAN ID CODE	Header Record	108-108
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' 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	145-148

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TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Workers' Compensation Act Coverage Endorsement Record	
	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
	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
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
WRITTEN AFFIRMATION OBTAINED INDICATOR	Endorsement Agreement Limiting And Restricting This Insurance (Alternate Coverage Information) - California Record	205-205

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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	**RESERVED FOR FUTURE USE**	AN	24-30	7
4	**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
5	**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 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.	N	37-41	5

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Field No.	Field Title/Description	Class	Position	Bytes
6	**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: CA, MA, MI, MN, NJ, NY, WI
04	Annual Rerate Endorsement N/A: MN
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, NC, NCCI, NJ, NY, PA, WI
18	Renewal Certificate/Renewal Agreement N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

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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.	AN	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** *NOT APPLICABLE: CA, DE, MI, NJ, NY, PA* *OPTIONAL: WI* 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** *NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA* 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** Report the code that indicates the type of coverage. **Code** **Description** 01 Standard Workers Compensation Policy	N	73-74	2

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Field No.	Field Title/Description	Class	Position	Bytes

02 Alternative Workers Compensation Coverage N/A: CA, DE, MA, MI, MN, NC, NJ, 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, NC, NCCI, NY

09 Nonstandard Workers Compensation Coverage N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

This code is not used in this specification.

10 Reserved for Future Use

9 **EMPLOYEE LEASING POLICY TYPE CODE** N 75-75 1

Report the code that identifies the type of employee leasing policy.

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 employee leasing company policy for the non-leased workers. N/A: CA, DE, MI, MN, NC, NCCI, NY, PA, WI

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Field No.	Field Title/Description	Class	Position	Bytes
4	Employee Leasing Policy -Client Company Policy For Leased Workers of Client Company N/A: DE, MA, MN, NJ, PA 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. This code is only applicable to voluntary policies. N/A: CA, DE, MA, MN, NC, NCCI, 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, NY, PA			
5	Employee Leasing Policy For Leased Workers of a Single Client Company The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the leased workers of a single Client Company only. This code is applicable on all policies effective 01/01/07 or after. N/A: CA, DE, MA, MI, MN, NC, NY, PA, WI This code is only applicable to voluntary policies. N/A: CA, MA, MN, NC, NCCI, NY The primary name should be reported (PEO Company Name) L/C/F (Client Company Name). N/A: CA, MA, MI, MN, NC, NCCI, NY 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 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			
6	Client Company Policy For Non-Leased Workers of Client Company N/A: DE 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. 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 is applicable on policies effective 4/1/20 or after. N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI Endorsement WC000322 - Professional Employer Organization (PEO) Client Exclusion Endorsement must			

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Field No.	Field Title/Description	Class	Position	Bytes

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 - Wisconsin Employee Leasing Company Endorsement - Master Policy 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**	N	76-76	1

NOT APPLICABLE: CA

Report the code used to indicate the length/type of the policy term.

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Field No.	Field Title/Description	Class	Position	Bytes

Code	Description
1	Standard One-Year This code is for a policy issued for one year (12 months) up to one year and 16 days.
2	Three-Year Fixed Rate N/A: MA, NJ, NY This code is for a policy issued for a period of three years using carrier approved rates.
3	Reserved For Future Use
4	Short-Term (Less Than One Year) This code is for a policy issued for a period of less than one year (12 months).
5	Three-Year Variable (First Year) N/A: MN This code is for the first policy of a Three-Year Variable policy.
6	Three-Year Variable (Second Year) N/A: MN This code is for the second policy period of a Three-Year Variable policy. 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 This code is for the third policy period of a Three-Year Variable policy. Cannot be used on new and renewal transactions. The code appears only on annual re-rate and change transactions that apply to the rerate.
8	Extended Term This code is used in each policy period of a policy greater than one year and sixteen days, but less than three years. N/A: DE, MA, NC, NJ, PA Endorsement WC000405 - Policy Period Endorsement 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**	AN	77-94	18

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Field No.	Field Title/Description	Class	Position	Bytes
	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.			
12	**RESERVED FOR FUTURE USE**	AN	95-105	11
13	**LEGAL NATURE OF INSURED CODE**	N	106-107	2

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.

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

14	**TYPE OF PLAN ID CODE** *NOT APPLICABLE: CA*	N	108-108	1

Report the code that defines the type of plan used to underwrite the coverage.

Code	Description

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Field No.	Field Title/Description	Class	Position	Bytes
	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** Report the code that is used to indicate whether the policy covers a wrap-up. 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	N	109-109	1
	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** *NOT APPLICABLE: DE, MI, MN, NC, NCCI, NJ, NY, PA, WI* *OPTIONAL: CA* Report the series of identifying codes maintained and reported by the data provider.	N	110-116	7
17	**POLICY MINIMUM PREMIUM AMOUNT** *NOT APPLICABLE: CA, NCCI* 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.	N	117-126	10
18	**POLICY MINIMUM PREMIUM STATE CODE** *NOT APPLICABLE: CA, NCCI*	N	127-128	2

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Field No.	Field Title/Description	Class	Position	Bytes
	Report the code of the state on which the policy minimum premium amount is based.			
19	**POLICY ESTIMATED STANDARD PREMIUM TOTAL** *NOT APPLICABLE: CA, MI* 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.	N	129-138	10
20	**POLICY DEPOSIT PREMIUM AMOUNT** *NOT APPLICABLE: CA, MI, NCCI* Report the deposit premium amount to be collected for the policy.	N	139-148	10
21	**AUDIT FREQUENCY CODE** *NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA, WI* *OPTIONAL: MA, MN, NC* Report the code identifying the audit frequency for the issued policy. **Code** **Description** 1 Annual 2 Semiannual 3 Quarterly 4 Monthly 5 Other	N	149-149	1
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. **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	N	150-150	1

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Field No.	Field Title/Description	Class	Position	Bytes
	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 identifying if the policy is retrospective rated or not.	N	151-151	1
	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, NY			
24	**EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY ACCIDENT - EACH ACCIDENT AMOUNT** *NOT APPLICABLE: CA* *OPTIONAL: MI, NCCI* 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	152-161	10
25	**EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - POLICY LIMIT AMOUNT** *NOT APPLICABLE: CA* *OPTIONAL: MI, NCCI* 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	162-171	10
26	**EMPLOYER LIABILITY LIMIT AMOUNT - BODILY INJURY BY DISEASE - EACH EMPLOYEE AMOUNT** *NOT APPLICABLE: CA* *OPTIONAL: MI, NCCI* 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	172-181	10
27	**NAME OF PRODUCER**	AN	182-211	30

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Field No.	Field Title/Description	Class	Position	Bytes
	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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI* 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).	AN	212-218	7
29	**GROUP COVERAGE STATUS CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the code identifying if the policy was written as part of group coverage. **Code** **Description** 0 Non-Group Coverage 1 Group Member Coverage 2 Group Master Coverage	N	219-219	1
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, MI, MN, WI Do not report embedded blanks or marks of punctuation.	AN	226-243	18
33	**ORIGINAL POLICY EFFECTIVE DATE**	N	244-249	6

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Field No.	Field Title/Description	Class	Position	Bytes
	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.			
34	**TEXT FOR "OTHER" LEGAL NATURE OF INSURED** *NOT APPLICABLE: NCCI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI* Report the date of notice assigned by the administrator of assigned risk coverage. This field is required when the Type of Plan ID Code (position 108 of the Header Record) is not “1”. Format YYMMDD.	N	270-275	6
36	**ASSIGNED RISK BINDER NUMBER - LAST ELEVEN POSITIONS** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI* Report the last 11 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).	AN	276-286	11
37	**DCO GENERATED TRANSACTION CODE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI* 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	287-287	1
38	**RESERVED FOR FUTURE USE**	AN	288-288	1
39	**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.	N	289-294	6

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Field No.	Field Title/Description	Class	Position	Bytes
	Format YYMMDD.			
40	**POLICY CHANGE EXPIRATION DATE** *NOT APPLICABLE: NCCI* 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

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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.	AN	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. **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, WI This is a Name Record consisting of a string of names corresponding to one Name Link Identifier. Format is free-form.	N	48-48	1
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

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: NJ *OPTIONAL: WI* Report the code used to identify whether this is a PEO, Client Company or neither. 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). Leave blank if Employee Leasing Policy Type Code 1 is reported (Header Record Position 75). **Code** **Description** C Client Company Name P Professional Employer Organization Company Name			
7	**NAME OF INSURED** Report the name of the insured that corresponds to the Type of Name Code reported in position 48. 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 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	AN	53-142	90
8	**RESERVED FOR FUTURE USE**	AN	143-148	6
9	**FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)** Report the Federal Employer Identification Number corresponding to the name being reported.	N	149-157	9
10	**CONTINUATION SEQUENCE NUMBER** Report the number corresponding to the continuation status. Enter 001 representing the first record for a Name Link Identifier(positions 49–51). 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. Refer to the Data Reporting Handbook for further instructions.	N	158-160	3
11	**LEGAL NATURE OF ENTITY CODE** *NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI*	N	161-162	2

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Field No.	Field Title/Description	Class	Position	Bytes

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. N/A: CA, DE, MA, MN, NC, NJ, NY, PA, WI

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

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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** *NOT APPLICABLE: CA, DE, MA, MI, NC, NY, PA, WI* 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: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI Enter the 12-digit NJ Taxpayer Identification Number (NJTIN) in this field . The NJTIN 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** *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 182-196. This is a recurring field. Repeat as needed.	N	180-181	2
15	**STATE UNEMPLOYMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, NC, NY, PA, WI* Report the unemployment number for the state code corresponding to the name being reported. The State Code is in positions 180-181.	AN	182-196	15

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Field No.	Field Title/Description	Class	Position	Bytes
	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 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: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI Enter the 12-digit NJ Taxpayer Identification Number (NJTIN) in this field. The NJTIN 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** *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 199-213. This is a recurring field. Repeat as needed.	N	197-198	2
17	**STATE UNEMPLOYMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, NC, NY, PA, WI* 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: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI Enter the 12-digit NJ Taxpayer Identification Number (NJTIN) in this field. The NJTIN 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	AN	199-213	15

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Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
18	**RESERVED FOR FUTURE USE**	AN	214-247	34
19	**STATE UNEMPLOYMENT NUMBER RECORD SEQUENCE NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI* Report the number used to determine the proper sequence of multiple state unemployment number records submitted within the same transaction. This is the sequence number corresponding to the additional records count. 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.	N	248-249	2
20	**RESERVED FOR FUTURE USE**	AN	250-269	20
21	**NAME LINK COUNTER IDENTIFIER** *NOT APPLICABLE: DE, PA* Report “00” for the first 998 names and report “01” –“99” counter records for the following sets of Name Link Identifiers.	AN	270-271	2
22	**RESERVED FOR FUTURE USE**	AN	272-288	17
23	**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
24	**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

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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.	AN	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 Only one mailing address code should be reported. If the mailing address is also a location of operations, the address should also be reported as an Address Type Code 2 – Location, as well as the mailing address. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI
2	Location of Operation's Address This code is for other workplace addresses not reported as the mailing address. N/A: CA 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, NY This address is necessary to direct interested parties to the workplace locations, e.g., inspection or auditors. This code is for all workplace addresses, even if the address was also reported a mailing address. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI As many of these records as are needed may be reported.
3	Address of Insurer Issuing/Servicing Office This record must be reported to permit proper communication with the insurer office servicing this policy.
4	Wrap-up/OCIP Project Description N/A: NCCI Optional: WI

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Field No.	Field Title/Description	Class	Position	Bytes

This code may be reported with an address that is not formatted, such as “second building after Walmart” when a street name or address does not exist.

5 Producer Address N/A: CA

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

6 No Specific Location

This code must be reported when there is no physical location for an insured (employer) operating in a state covered on the policy. Use this code if no physical location exists in the state or all workers are remote in the state. If this code is submitted, the Address Structure Code, Address-Street, Address-City, Address-State and Address-Zip Code fields are not applicable. The Name Link Identifier and State Code Link fields are required.

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.

5	**FOREIGN ADDRESS INDICATOR**	A	49-49	1

NOT APPLICABLE: MI, NCCI, NJ

Report the applicable indicator code.

This field is only applicable to Address Type Code 1.

If reporting “Y”, enter the Country Code in positions 267-268.

Refer to the Data Reporting Handbook for further instructions.

Code	Description
N	Reported address is inside the US.
Y	Reported address is outside the US (e.g., Canada, Japan, Puerto Rico)

6	**ADDRESS STRUCTURE CODE**	N	50-50	1

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Field No.	Field Title/Description	Class	Position	Bytes

Report the code identifying the structure of the reported address.

This field is not applicable for Address Type Code 6.

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.
2	Reported address is free form. 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.

7 **ADDRESS - STREET** AN 51-110 60

Report the street number and name, post office box, or other description.

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).

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. N/A: CA, DE, MA, MN, NC, NJ, NY, PA, WI

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, PA, WI

8 **ADDRESS - CITY** AN 111-140 30

Report the city name.

9 **ADDRESS - STATE** AN 141-142 2

Report the Postal Service abbreviation for the state, Canadian Province, or Puerto Rico.

Leave blank if Foreign Address Indicator is “Y” and not a Canadian Province or Puerto Rico. N/A: NCCI

Refer to the Data Reporting Handbook for further instructions.

10 **ADDRESS - ZIP CODE** AN 143-151 9

Report the Postal Service zip code.

11 **NAME LINK IDENTIFIER** N 152-154 3

Report the Name Link Identifier in positions 49-51 of the Name Record corresponding to this particular Address Record.

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Field No.	Field Title/Description	Class	Position	Bytes
	For Address Type Codes 3 and 5, report “999”. This field is required for Address Type Code 1 (Mailing Address of Insured), 2 (Location of Operation's Address) and 6 (No Specific Location).			
12	**STATE CODE LINK** 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. For Address Type Codes 3 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.	N	155-156	2
13	**EXPOSURE RECORD LINK FOR LOCATION CODE** *NOT APPLICABLE: NCCI* *OPTIONAL: MI, MN* Report the code identifying this Address record. For Address Type Codes 3 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.	AN	157-161	5
14	**EMAIL ADDRESS - CONTINUED** *NOT APPLICABLE: MI* *OPTIONAL: CA, MA, MN, WI* Report any additional characters of the email address reported in positions 225-266.	AN	162-186	25
15	**PHONE NUMBER OF INSURED** *NOT APPLICABLE: CA*	N	187-196	10

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Field No.	Field Title/Description	Class	Position	Bytes
	OPTIONAL: WI 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** *NOT APPLICABLE: MA, MN, NC, NJ, WI* *OPTIONAL: MI* Report the number of employees, at the time the policy is issued, for each address on this record and for the corresponding name this address is linked to (via the Name Link Identifier and State Code Link fields of this Address Record). 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/A: MA, MN, NC, NJ, WI	N	197-202	6
17	**INDUSTRY CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NJ, PA, WI* Report the appropriate North American Industry Classification System [NAICS] code representing the nature of the employer’s business, which is contained in the NAICS Manual published by the Federal Office of Management and Budget. 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). 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/A: DE, MA, MI, MN, NC, NJ, PA, WI	AN	203-208	6
18	**GEOGRAPHIC AREA** *NOT APPLICABLE: MI, NCCI, NJ* Report the Geographic Area (Province, State, etc.) when Foreign Address Indicator is “Y”. This field is required when Foreign Address Indicator is "Y". Refer to the Data Reporting Handbook for further instructions.	A	209-224	16

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Field No.	Field Title/Description	Class	Position	Bytes
19	**EMAIL ADDRESS** *NOT APPLICABLE: MI* *OPTIONAL: CA, MA, MN, WI* Report the email address of the insured or employer name that is linked to this address record. If the email address exceeds 42 bytes use the EMAIL ADDRESS – CONTINUED field in positions 162-186. Report the email address of the producer/agent that is linked to the producer address type 5. N/A: CA, DE, MA, MI, MN, NCCI, PA 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/A: MI	AN	225-266	42
20	**COUNTRY CODE** *NOT APPLICABLE: MI, NCCI, NJ* Report the ISO 3166 Standard Country Code. This field is required when Foreign Address Indicator is "Y". Refer to the Data Reporting Handbook for further instructions.	A	267-268	2
21	**NAME LINK COUNTER IDENTIFIER** *NOT APPLICABLE: DE, PA* 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.	AN	269-270	2
22	**RESERVED FOR FUTURE USE**	AN	271-288	18
23	**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
24	**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

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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.	AN	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)** *NOT APPLICABLE: CA, MA, WI* Report the Federal Employer Identification Number	N	49-57	9

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Field No.	Field Title/Description	Class	Position	Bytes
	corresponding to the Claim Administrator for the state being reported. 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/A: CA, DE, MA, MI, MN, NC, PA, WI			
6	**INDEPENDENT DCO RISK ID NUMBER/ FILE NUMBER/ ACCOUNT NUMBER** *NOT APPLICABLE: NCCI* *OPTIONAL: CA, DE, NY, PA* 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	AN	58-72	15
7	**RESERVED FOR FUTURE USE**	AN	73-87	15
8	**CARRIER CODE** *NOT APPLICABLE: DE, MI, MN, NC, NJ, NY, PA* 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.	N	88-92	5
9	**EXPERIENCE MODIFICATION FACTOR/MERIT RATING FACTOR** 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	N	93-96	4

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Field No.	Field Title/Description	Class	Position	Bytes
	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”. If reporting an experience modification greater than 999%, report zeros in this field and report the experience modification factor in the Excessive Experience Modification Factor field in positions 170-173. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI There is an assumed decimal point between positions 93 and 94.			
10	**EXPERIENCE MODIFICATION/MERIT RATING STATUS CODE** *NOT APPLICABLE: DE, MA, PA, WI* Report the code that identifies the status of the Experience Modification/Merit Rating Factor at time of issuance. The Experience Modification/Merit Rating Factor is in positions 93-96 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, NJ, NY	N	97-97	1
11	**RESERVED FOR FUTURE USE**	AN	98-98	1
12	**OTHER INDIVIDUAL RISK RATING FACTOR** *NOT APPLICABLE: CA, DE, MA, NCCI, NJ, PA, WI* Report the factor used to modify the manual premium. 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. If this factor is not applicable, enter “1000”. This field must not be left blank. The factor to be entered is the decimal complement of percentage credits or debits. Insurers may, at their option, report the total dollar effect of these factors on an Exposure Record (Record Type Code 05) under the appropriate statistical classification code. If this option is chosen, report “1000” in this field. There is an assumed decimal point between positions 99 and 100.	N	99-102	4
13	**INSURER PREMIUM DEVIATION FACTOR**	N	103-106	4

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Field No.	Field Title/Description	Class	Position	Bytes

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

Report the factor used to modify the insured's premium amount based on the insurer's filed flat premium amount deviation.

If no deviation applies, or if the insurer deviates each particular rate and prints the deviated rate on the policy Information Page, enter "1000".

If the insurer deviates each particular rate and prints the deviated rate on the policy Information Page the insurer premium deviation factor may be reported if the factor applies to all classes.

If this factor is not applicable, enter "1000".

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

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.

There is an assumed decimal point between positions 103 and 104.

14 **TYPE OF PREMIUM DEVIATION CODE** N 107-107 1

NOT APPLICABLE: CA, DE, NCCI, NJ, NY, PA, WI
OPTIONAL: MN

Report the code identifying the type of deviation used.

This code pertains to the Insurer Premium Deviation Factor in positions 103-106.

Code	Description
0	No Premium Deviation Factor Applies. If this code is used, Insurer Premium Deviation Factor must be "1000".
1	Premium Deviation Factor Applicable Prior to Experience Modification N/A: MA This code requires Insurer Premium Deviation Factor to be reported.
2	Premium Deviation Factor Applicable After Experience Modification N/A: MA This code requires Insurer Premium Deviation Factor to be reported.
3	Deviation Applied to Individual Rates N/A: MA This code requires Insurer Premium Deviation Factor to

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Field No.	Field Title/Description	Class	Position	Bytes
	be reported. 4 Premium Deviation Reported as Exposure Record If this code is used, Insurer Premium Deviation Factor may be “1000”.			
15	**ESTIMATED STATE STANDARD PREMIUM TOTAL** Report the total state standard premium amount. Refer to individual DCO Manual for definition of standard premium.	N	108-117	10
16	**EXPENSE CONSTANT AMOUNT** *NOT APPLICABLE: CA* Report the amount representing a premium charge that applies to every policy. This should never be reported as an Exposure Record (Record Type Code 05). N/A: NCCI 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 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	N	118-127	10
17	**LOSS CONSTANT AMOUNT** *NOT APPLICABLE: CA, DE, MI, MN, NC, NJ, NY, WI* 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. This should never be reported as an Exposure Record (Record Type Code 05). N/A: NCCI 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 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	N	128-137	10
18	**PREMIUM DISCOUNT AMOUNT** *NOT APPLICABLE: CA* Report the amount that is discounted from the total premium. This should never be reported as an Exposure Record (Record	N	138-147	10

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Field No.	Field Title/Description	Class	Position	Bytes
	Type Code 05). N/A: NCCI 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 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* 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	N	148-148	1
20	**PRO-RATED MINIMUM PREMIUM AMOUNT REASON CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* 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	N	149-149	1
21	**REASON STATE WAS ADDED TO THE POLICY CODE**	N	150-150	1

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Field No.	Field Title/Description	Class	Position	Bytes

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

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 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/A: CA, DE, MA, MN, NJ, NY, PA

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

NOT APPLICABLE: NCCI

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

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Field No.	Field Title/Description	Class	Position	Bytes
	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. 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 Refer to the Data Reporting Handbook for further Instructions. Contact the DCO for requirements. Applicable for policies effective 5/1/2017 and after. N/A: CA, DE, MA, MN, NC, NCCI, PA Only one State Premium Record is to be reported. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI Format YYMMDD.			
24	**ANNIVERSARY RATING DATE** *NOT APPLICABLE: CA, MI, MN, NC, NCCI, NY, WI* Report the Anniversary Rating Date that is effective after the Policy Effective Date, for this state. Applicable for policies effective prior to 5/1/2017. N/A: CA, NCCI 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. 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 The final State Premium Record must contain the Expense Constant Amount, Loss Constant Amount, and Premium Discount Amount. 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 Refer to the Data Reporting Handbook for further instructions. Only one State Premium Record is to be reported. N/A: CA, DE,	N	160-165	6

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Field No.	Field Title/Description	Class	Position	Bytes
	MA, MI, MN, NC, NJ, NY, PA, WI Format YYMMDD.			
25	**ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR** *NOT APPLICABLE: CA, DE, MI, MN, NCCI, NJ, NY, PA, WI* 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.	N	166-169	4
26	**EXCESSIVE EXPERIENCE MODIFICATION FACTOR** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the factor that applies to the subject premium if the factor is greater than 999%.	N	170-173	4
27	**RESERVED FOR FUTURE USE**	AN	174-185	12
28	**PREMIUM ADJUSTMENT PERIOD CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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
29	**TYPE OF NON-STANDARD ID CODE** *NOT APPLICABLE: CA, MA, MI, NJ* *OPTIONAL: WI* Report the code that indicates the type of non-standard workers compensation policy. **Code** **Description** 01 Non-Standard Code Does Not Apply	N	187-188	2

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Field No.	Field Title/Description	Class	Position	Bytes
	02 Excluding Medical N/A: DE, MA, NC, NCCI, 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.			
30	**RESERVED FOR FUTURE USE**	AN	189-288	100
31	**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
32	**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

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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.	AN	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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA, WI* Report the suffix that will provide a cross-reference to the Manual classification wording.	AN	65-66	2

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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** N 67-68 2

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

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

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Field No.	Field Title/Description	Class	Position	Bytes
	11 Reserved for Future Use			
10	**MANUAL/CHARGED RATE** *NOT APPLICABLE: CA* 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.	N	69-78	10
11	**EXPOSURE PERIOD EFFECTIVE DATE** *OPTIONAL: WI* 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.	N	79-84	6
12	**RESERVED FOR FUTURE USE**	AN	85-94	10
13	**ESTIMATED EXPOSURE AMOUNT** 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).	N	95-106	12
14	**ESTIMATED PREMIUM AMOUNT** Report the premium amount corresponding to the	N	107-116	10

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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** *NOT APPLICABLE: CA, MN, NCCI* *OPTIONAL: MA, MI, NC, WI* 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	N	117-117	1
16	**CLASSIFICATION WORDING** *NOT APPLICABLE: MA, MI, MN, NC, NCCI, WI* *OPTIONAL: CA* 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.	A	118-218	101
17	**RESERVED FOR FUTURE USE**	AN	219-220	2
18	**NAME LINK IDENTIFIER**	N	221-223	3

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: NCCI *OPTIONAL: MN* Report the Name Link Identifier in positions 152–154 of the Address Record to which you are linking. 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. Refer to the Data Reporting Handbook for further instructions.			
19	**STATE CODE LINK** *NOT APPLICABLE: NCCI* *OPTIONAL: MN* 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. Refer to the Data Reporting Handbook for further instructions.	N	224-225	2
20	**EXPOSURE RECORD LINK FOR EXPOSURE CODE** *NOT APPLICABLE: NCCI* *OPTIONAL: MI, MN, NC* Report the Exposure Record Link for Location Code in positions 157-161 of the Address Record corresponding to this record. Refer to the Data Reporting Handbook for further instructions.	N	226-230	5
21	**NAME LINK COUNTER IDENTIFIER** *NOT APPLICABLE: DE, MI, NCCI, NY, PA* *OPTIONAL: MN* Report “00” for the first 998 names and report “01” –“99” counter records for the following sets of Name Link Identifiers. Provide the Name Link Counter Identifier in positions 269-270 of the Address Record corresponding to this particular exposure record.	AN	231-232	2
22	**RESERVED FOR FUTURE USE**	AN	233-260	28
23	**NUMBER OF PIECES OF APPARATUS** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report the amount of pieces of apparatus associated with the exposure in this record for Volunteer Firemen (Class 7711) or Volunteer First Aid or Rescue Squad (Class 7715).	N	261-263	3
24	**NUMBER OF VOLUNTEERS** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI*	N	264-266	3

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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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* 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).	N	267-276	10
26	**PLAN PREMIUM ADJUSTMENT FACTOR** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* 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.	N	277-279	3
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** *NOT APPLICABLE: NCCI* 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

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Field No.	Field Title/Description	Class	Position	Bytes
OTHER STATES COVERAGE RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, MI, NCCI* 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
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MI, NCCI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, MI, NCCI* *OPTIONAL: NC* Report "06". 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	AN	46-47	2
4	**INCLUSION/EXCLUSION CODE** *NOT APPLICABLE: CA, MI, NC, NCCI* Report the code that is used to identify whether the states reported are included or excluded from policy coverage. 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 **Code** **Description** 1 State Codes listed are included in policy coverage (Item 3.C., if applicable) or POC notice. 2 States Codes listed are excluded from policy coverage (Item 3.C.). 3 No other states coverage afforded. This is primarily used with wrap-ups.	N	48-48	1
5	**STATE CODE** *NOT APPLICABLE: CA, MI, NCCI* *OPTIONAL: NC* Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.	N	49-50	2
6	**STATE CODE**	N	51-52	2

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

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

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

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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** *NOT APPLICABLE: CA, MI, NCCI* *OPTIONAL: NC* Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.	N	93-94	2
28	**STATE CODE** *NOT APPLICABLE: CA, MI, NCCI* *OPTIONAL: NC* Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.	N	95-96	2
29	**STATE CODE** *NOT APPLICABLE: CA, MI, NCCI* *OPTIONAL: NC* Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.	N	97-98	2
30	**STATE CODE** *NOT APPLICABLE: CA, MI, NCCI* *OPTIONAL: NC* Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.	N	99-100	2
31	**STATE CODE** *NOT APPLICABLE: CA, MI, NCCI* *OPTIONAL: NC* Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.	N	101-102	2
32	**STATE CODE** *NOT APPLICABLE: CA, MI, NCCI* *OPTIONAL: NC* Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.	N	103-104	2
33	**STATE CODE** *NOT APPLICABLE: CA, MI, NCCI*	N	105-106	2

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

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

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

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

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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** *NOT APPLICABLE: CA, MI, NCCI* *OPTIONAL: NC* Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.	N	161-162	2
62	**STATE CODE** *NOT APPLICABLE: CA, MI, NCCI* *OPTIONAL: NC* Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.	N	163-164	2
63	**STATE CODE** *NOT APPLICABLE: CA, MI, NCCI* *OPTIONAL: NC* Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.	N	165-166	2
64	**STATE CODE** *NOT APPLICABLE: CA, MI, NCCI* *OPTIONAL: NC* Report the State Code for the included or excluded states. This is a recurring field. Repeat as needed.	N	167-168	2
65	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MI, NCCI*	AN	169-288	120
66	**POLICY CHANGE EFFECTIVE DATE** *NOT APPLICABLE: CA, MI, NCCI* *OPTIONAL: NC* 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
67	**POLICY CHANGE EXPIRATION DATE** *NOT APPLICABLE: CA, MI, NCCI* *OPTIONAL: NC* Report the date the endorsement expires.	N	295-300	6

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

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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.	AN	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** *NOT APPLICABLE: WI* *OPTIONAL: MA, NC* 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	AN	71-78	8

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Field No.	Field Title/Description	Class	Position	Bytes
	the policy. 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** *NOT APPLICABLE: WI* *OPTIONAL: MA, NC* 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** *NOT APPLICABLE: WI* *OPTIONAL: MA, NC* 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.	A	119-119	1

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Field No.	Field Title/Description	Class	Position	Bytes
	The Endorsement Number is in positions 111-118. This is a recurring field. Repeat as needed.			
16	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: WI* *OPTIONAL: MA, NC* Report the carrier specific form number as filed and approved. This is a recurring field. Repeat as needed.	AN	120-130	11
17	**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	131-138	8
18	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** Report the bureau-approved identifier that corresponds to the Endorsement Number reported. The Endorsement Number is in positions 131-138. This is a recurring field. Repeat as needed.	A	139-139	1
19	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: WI* *OPTIONAL: MA, NC* Report the carrier specific form number as filed and approved. This is a recurring field. Repeat as needed.	AN	140-150	11
20	**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	151-158	8
21	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** Report the bureau-approved identifier that corresponds to the Endorsement Number reported. The Endorsement Number is in positions 151-158. This is a recurring field. Repeat as needed.	A	159-159	1
22	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: WI* *OPTIONAL: MA, NC*	AN	160-170	11

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Field No.	Field Title/Description	Class	Position	Bytes
	Report the carrier specific form number as filed and approved. This is a recurring field. Repeat as needed.			
23	**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	171-178	8
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** *NOT APPLICABLE: WI* *OPTIONAL: MA, NC* 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** *NOT APPLICABLE: WI* *OPTIONAL: MA, NC* 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	AN	211-218	8

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Field No.	Field Title/Description	Class	Position	Bytes
	characters (WCXXXXXX) of an endorsement associated with the policy. This is a recurring field. Repeat as needed.			
30	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** Report the bureau-approved identifier that corresponds to the Endorsement Number reported. The Endorsement Number is in positions 211-218. This is a recurring field. Repeat as needed.	A	219-219	1
31	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: WI* *OPTIONAL: MA, NC* Report the carrier specific form number as filed and approved. This is a recurring field. Repeat as needed.	AN	220-230	11
32	**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	231-238	8
33	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** 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.	A	239-239	1
34	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: WI* *OPTIONAL: MA, NC* Report the carrier specific form number as filed and approved. This is a recurring field. Repeat as needed.	AN	240-250	11
35	**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	251-258	8
36	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** Report the bureau-approved identifier that corresponds to the Endorsement Number reported.	A	259-259	1

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Field No.	Field Title/Description	Class	Position	Bytes
	The Endorsement Number is in positions 251-258. This is a recurring field. Repeat as needed.			
37	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: WI* *OPTIONAL: MA, NC* Report the carrier specific form number as filed and approved. This is a recurring field. Repeat as needed.	AN	260-270	11
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** *NOT APPLICABLE: NCCI* Report the date the endorsement expires. This field is required for Transaction Codes 08, 10, 14 and 15. Format YYMMDD.	N	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
CANCELLATION/REINSTATEMENT 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.	AN	1-43	43
2	**STATE CODE** 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	N	44-45	2
3	**RECORD TYPE CODE** Report “08”.	AN	46-47	2
4	**CANCELLATION/REINSTATEMENT ID CODE** 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, 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	N	48-48	1

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Field No.	Field Title/Description	Class	Position	Bytes

Transaction Code 16.

9 Deletion of original data submitted under the Carrier Code, Policy Number Identifier, and Policy Effective Date reported above. N/A: MI, NC, NCCI, WI

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).

5 **CANCELLATION TYPE CODE** N 49-49 1

NOT APPLICABLE: CA
OPTIONAL: MI, WI

Report the code that identifies the type of cancellation.

Zero-fill when Code 2, 3 or 9 is reported in the Cancellation/ Reinstatement ID Code (position 48 of this record).

Code	Description
1	Cancelled Flat
2	Cancelled Pro Rata
3	Cancelled Short-Rate

6 **REASON FOR CANCELLATION CODE** N 50-51 2

Report the code identifying the reason for cancellation.

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, WI

For code 07, Cancellation Type Code 1 (Position 49 of this record) is not required.
N/A: CA, DE, MI, NC, NCCI, NJ, PA

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

Zero-fill when Cancellation/Reinstatement ID Code 2 is reported (Position 48 of this record). N/A: DE, NY, PA

Zero-fill when Cancellation/Reinstatement ID Code 3 is reported (Position 48 of this record). N/A: MA, MI, NCCI, NY

Zero-fill when Cancellation/Reinstatement ID Code 9 is reported (Position 48 of this record). N/A: MA, MI, NC, NCCI, WI

Code	Description
01	Retiring From Business or Out of Business

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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 This code is not used in the EJ record. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA			
	05 Nonpayment of Premium This code is not used in the EJ record. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA			
	06 Reserved for Future Use			
	07 Rewrite (Use with Cancellation Type Code 1 [position 49]) N/A: NCCI This code is not used in the EJ record. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA			
	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 This code is not used in the EJ record. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA			
	15 Substantial Change in Risk N/A: NJ, PA This code is not used in the EJ record. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA			
	16 Failure to Comply With the Terms and Conditions or Audit Failure N/A: MA, PA This code is not used in the EJ record. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA			
	17 Not in “Good Faith” Entitled to Coverage N/A: CA, MA, NJ, PA, WI This code is not applicable for voluntary policies. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA			

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Field No.	Field Title/Description	Class	Position	Bytes

This code is only applicable for Assigned Risk policies. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

18 Participation in Wrap-Up Complete N/A: CA, NJ

This code is not used in the EJ record. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA

19 Underwriting Reasons N/A: CA, NJ, PA

This code is not used in the EJ record. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA

20 Cancelled at Request of the Finance Company N/A: CA, NJ, PA

21 Material Misrepresentation/Fraud N/A: NJ, PA

This code is not used in the EJ record. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA

22 Employee Leasing Agreement Terminated N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA

This code is not used in the EJ record. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA

23 Failure to Submit Payroll Information N/A: CA, DE, MA, MN, NC, NJ, NY, PA, WI

99 Other N/A: NC, PA, WI

7	**REINSTATEMENT TYPE CODE**	N	52-52	1

NOT APPLICABLE: CA
OPTIONAL: MI, WI

Report the code indicating the type of cancellation being reinstated.

When Code 1, 3, 4 or 9 is reported in the Cancellation/ Reinstatement ID Code (position 48), report "0".

Code	Description
1	Reinstatement of Policy Cancelled Flat
2	Reinstatement of Policy Cancelled Mid-Term
3	Withdrawal of Nonrenewal Status N/A: WI

8	**NAME OF INSURED**	AN	53-142	90

NOT APPLICABLE: NCCI
OPTIONAL: NC

Report the name of the insured.

9	**ADDRESS OF INSURED**	AN	143-232	90

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: NCCI *OPTIONAL: NC* Report the mailing address of the insured.			
10	**NATURE OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report a brief description of nature of business of the insured.	AN	233-252	20
11	**CANCELLATION MAILED TO INSURED DATE** Report the date this cancellation notice was mailed to employer. For Cancellation/Reinstatement Code 2 (Reinstatement) Report 000000. N/A: DE, MA, MI, MN, NC, NJ, PA, WI Format YYMMDD.	N	253-258	6
12	**CANCELLATION/REINSTATEMENT TRANSACTION SEQUENCE NUMBER** 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. The first record will always begin with “01”.	N	259-260	2
13	**REASON FOR REINSTATEMENT CODE** *NOT APPLICABLE: CA, NJ* *OPTIONAL: MA, MI, MN, WI* Report the code identifying the reason for reinstatement. Enter "00" when Code 1, 3, 4 or 9 is reported in position 48 - Cancellation/Reinstatement ID Code of this record. For Codes 02 and 03 the amended cancellation transaction may be submitted on the same business day. Code 04 may have an amended cancellation transaction in the same or a subsequent submission. 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/A: CA, NJ **Code** **Description** 01 Reinstatement Regular Policy was reinstated without special conditions. 02 Reinstatement Due to Carrier Error on Last Cancellation	N	261-262	2

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Field No.	Field Title/Description	Class	Position	Bytes

A cancellation was generated in error.

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.

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.

14 **RESERVED FOR FUTURE USE** AN 263-281 19

15 **DCO GENERATED TRANSACTION CODE** AN 282-282 1

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

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.

16 **CORRESPONDING CANCELLATION EFFECTIVE DATE** N 283-288 6

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

Report the effective date of the corresponding cancellation that is being reinstated.

This field is to be used on reinstatements only. N/A: CA

Format YYMMDD.

17 **CANCELLATION/REINSTATEMENT EFFECTIVE DATE** N 289-294 6

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.

18 **RESERVED FOR FUTURE USE** AN 295-300 6

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Field No.	Field Title/Description	Class	Position	Bytes
ANNIVERSARY RATING DATE ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, MI, NCCI, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, MI, NCCI, NY, WI* 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.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, MI, NCCI, NY, WI* Report “09”. Applicable for policies effective prior to 05/01/2017. N/A: CA, NCCI, NY	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MI, NCCI, NY, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, MI, NCCI, NY, WI* Report WC000402. Use endorsement number WC220402. Applicable for policies effective prior to 05/01/2017. N/A: CA, DE, MA, MI, NC, NJ, NY, PA, WI	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, MI, NCCI, NY, WI* Report the bureau-approved version identifier that corresponds to the endorsement number reported above.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, MI, NCCI, NY, WI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**ANNIVERSARY RATING DATE**	N	71-76	6

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, MI, NCCI, NY, WI Report the anniversary rating date applicable to the policy for this state. Format YYMMDD.			
9	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MI, NCCI, NY, WI*	AN	77-254	178
10	**NAME OF INSURED** *NOT APPLICABLE: CA, MI, NCCI, NY, WI* 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. N/A: NJ	AN	255-288	34
11	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, MI, NCCI, NY, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
12	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MI, NCCI, NY, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
EXPERIENCE RATING MODIFICATION CHANGE ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, MA, MI, MN, NJ, NY* 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
2	**STATE CODE** *NOT APPLICABLE: CA, MA, MI, MN, NJ, NY* 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.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, MA, MI, MN, NJ, NY* 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	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MI, MN, NJ, NY*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, MA, MI, MN, NJ, NY* Report WC890406.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, MA, MI, MN, NJ, NY* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, MA, MI, MN, NJ, NY, WI* Report the identifier used by the carrier to determine the	AN	60-70	11

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Field No.	Field Title/Description	Class	Position	Bytes
	version of the endorsement applied to the policy.			
8	**MODIFICATION EFFECTIVE DATE** *NOT APPLICABLE: CA, MA, MI, MN, NJ, NY* Report the date on which the revised experience modification factor becomes effective on the policy. Format YYMMDD.	N	71-76	6
9	**EXPERIENCE MODIFICATION FACTOR** *NOT APPLICABLE: CA, MA, MI, MN, NJ, NY* Report the factor that applies to the subject premium. There is an assumed decimal point between positions 77 and 78.	N	77-80	4
10	**EXPERIENCE MODIFICATION/MERIT RATING STATUS CODE** *NOT APPLICABLE: CA, MA, MI, MN, NJ, NY, WI* 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, NJ, NY	N	81-81	1
11	**EXCESSIVE EXPERIENCE MODIFICATION FACTOR** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the factor that applies to the subject premium if the factor is greater than 999%.	N	82-85	4
12	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MI, MN, NJ, NY*	AN	86-254	169
13	**NAME OF INSURED** *NOT APPLICABLE: CA, MA, MI, MN, NCCI, NJ, NY* 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. N/A: WI	AN	255-288	34

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Field No.	Field Title/Description	Class	Position	Bytes
14	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, MA, MI, MN, NJ, NY* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
15	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MI, MN, NJ, NY*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report the code of the state covered by this endorsement record.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report “11”. This Record Type Code will accommodate notification to the insured that the regulatory authority has approved a state or USL&HW change in rates when associated with Endorsement WC000407 or WC000408, respectively. Record Type Code 11 may only be reported using Transaction Code 03. Record Type Code 11 may not be reported on complete policy transactions.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI*	AN	48-300	253

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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.	AN	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

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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.	AN	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** *NOT APPLICABLE: WI* 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**	N	101-106	6

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Field No.	Field Title/Description	Class	Position	Bytes
	Report the date of the third policy period. Format YYMMDD.			
14	**RESERVED FOR FUTURE USE**	AN	107-254	148
15	**NAME OF INSURED** *NOT APPLICABLE: CA, NCCI, NJ, NY* 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. N/A: WI	AN	255-288	34
16	**ENDORSEMENT EFFECTIVE DATE** *OPTIONAL: MI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
17	**RESERVED FOR FUTURE USE**	AN	295-300	6

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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.	AN	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

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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** *NOT APPLICABLE: CA, NCCI* 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
2	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the code of the state covered by this endorsement record.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report “15”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report WC000503, WC000504, WC000505, WC000512, WC000513, WC000514 or WC000515. Endorsement WC000515 is applicable. N/A: CA, DE, MA, MI, NC, NCCI, NY, PA Endorsements WC000512, WC000513 and WC000514 are applicable. N/A: DE, MI, 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	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER**	AN	60-70	11

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

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

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Field No.	Field Title/Description	Class	Position	Bytes
18	**RETROSPECTIVE DEVELOPMENT FACTOR - THIRD FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the factor that represents the third adjustment to the calculation of retrospective premium. Enter “00” if this factor is not applicable. There is an assumed decimal point before position 128.	N	128-129	2
19	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	130-132	3
20	**MINIMUM RETROSPECTIVE PREMIUM FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the factor used to determine the minimum retrospective premium amount for the estimated standard premium. 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 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 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 There is an assumed decimal point between positions 144 and 145.	N	133-147	15
21	**MAXIMUM RETROSPECTIVE PREMIUM FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the factor used to display the maximum retrospective premium factor. 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	N	148-162	15

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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%** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the basic premium percentage of the standard premium There is an assumed decimal point between positions 164 and 165.	N	163-167	5
23	**BASIC PREMIUM FACTOR - 100%** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the basic premium percentage of the standard premium. There is an assumed decimal point between positions 169 and 170.	N	168-172	5
24	**BASIC PREMIUM FACTOR - 150%** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the basic premium percentage of the standard premium There is an assumed decimal point between positions 174 and 175.	N	173-177	5
25	**ESTIMATED STANDARD PREMIUM AMOUNT - 50%** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the amount of premium an insured would pay if not entitled to any discount, after application of the 50% basic premium factor.	N	178-187	10
26	**ESTIMATED STANDARD PREMIUM AMOUNT - 100%** *NOT APPLICABLE: CA, NCCI*	N	188-197	10

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Field No.	Field Title/Description	Class	Position	Bytes
	OPTIONAL: MA, MI 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%** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the amount of premium an insured would pay if not entitled to any discount, after application of the 150% basic premium factor.	N	198-207	10
28	**EXCESS LOSS FACTOR - STATE (OTHER THAN F-CLASSES)** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	208-210	3
29	**EXCESS LOSS FACTOR - FEDERAL (F-CLASSES ONLY)** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	211-213	3
30	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	214-216	3
31	**RETROSPECTIVE RATING PLAN EFFECTIVE DATE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the effective date of the retrospective rating plan. Format YYMMDD.	N	217-222	6
32	**OTHER POLICY NUMBER IDENTIFIER** *NOT APPLICABLE: CA, NCCI, WI* *OPTIONAL: MA, MI*	AN	223-240	18

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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)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report the form number that contains information supplementary to the schedule. Applicable for policies effective prior to 7/1/2015.	AN	241-252	12
34	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	253-254	2
35	**NAME OF INSURED** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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. N/A: NJ, NY, WI	AN	255-288	34
36	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the date that this endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
37	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
OTHER POLICIES SUBJECT TO RETROSPECTIVE RATING OR PREMIUM DISCOUNT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, MN, NCCI* 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
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MN, NCCI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, MN, NCCI* *OPTIONAL: MA, MI* 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.	AN	46-47	2
4	**ENDORSEMENT TYPE CODE** *NOT APPLICABLE: CA, MN, NCCI* *OPTIONAL: MA, MI* 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	N	48-48	1
5	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MN, NCCI*	AN	49-50	2

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Field No.	Field Title/Description	Class	Position	Bytes
6	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, MN, NCCI* *OPTIONAL: MA, MI* Report the national characters (WCXXXXXX) of the Retro or Premium Discount Endorsement that lists the other policy number(s) identifiers reported in this record.	AN	51-58	8
7	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, MN, NCCI* *OPTIONAL: MA, MI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
8	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, MN, NCCI, WI* *OPTIONAL: MA, MI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
9	**POLICY NUMBER IDENTIFIER** *NOT APPLICABLE: CA, MN, NCCI* *OPTIONAL: MA, MI* 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.	AN	71-88	18
10	**POLICY NUMBER IDENTIFIER** *NOT APPLICABLE: CA, MN, NCCI* *OPTIONAL: MA, MI* 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.	AN	89-106	18
11	**POLICY NUMBER IDENTIFIER** *NOT APPLICABLE: CA, MN, NCCI* *OPTIONAL: MA, MI* 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.	AN	107-124	18
12	**POLICY NUMBER IDENTIFIER** *NOT APPLICABLE: CA, MN, NCCI*	AN	125-142	18

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Field No.	Field Title/Description	Class	Position	Bytes
	OPTIONAL: MA, MI 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** *NOT APPLICABLE: CA, MN, NCCI* *OPTIONAL: MA, MI* 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.	AN	143-160	18
14	**POLICY NUMBER IDENTIFIER** *NOT APPLICABLE: CA, MN, NCCI* *OPTIONAL: MA, MI* 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.	AN	161-178	18
15	**POLICY NUMBER IDENTIFIER** *NOT APPLICABLE: CA, MN, NCCI* *OPTIONAL: MA, MI* 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.	AN	179-196	18
16	**POLICY NUMBER IDENTIFIER** *NOT APPLICABLE: CA, MN, NCCI* *OPTIONAL: MA, MI* 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.	AN	197-214	18
17	**POLICY NUMBER IDENTIFIER** *NOT APPLICABLE: CA, MN, NCCI* *OPTIONAL: MA, MI* Report the unique identifier used for identifying the policy. This is a recurring field. Repeat as needed.	AN	215-232	18

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Field No.	Field Title/Description	Class	Position	Bytes
	Do not report embedded blanks or marks of punctuation.			
18	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MN, NCCI*	AN	233-254	22
19	**NAME OF INSURED** *NOT APPLICABLE: CA, MN, NCCI* *OPTIONAL: MA, MI* 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. N/A: NJ, NY, WI	AN	255-288	34
20	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, MN, NCCI* *OPTIONAL: MA, MI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
21	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MN, NCCI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
DEFENSE BASE ACT COVERAGE ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, NCCI* 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
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report “17”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report WC000101.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, NCCI, WI* *OPTIONAL: MA, MI* 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** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report a description of the work.	AN	71-190	120
9	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	191-252	62

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Field No.	Field Title/Description	Class	Position	Bytes
10	**ENDORSEMENT SEQUENCE NUMBER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy. The first record will always begin with “01”.	N	253-254	2
11	**NAME OF INSURED** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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. N/A: NJ, NY, WI	AN	255-288	34
12	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
FEDERAL EMPLOYERS' LIABILITY ACT ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, NCCI* 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
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report "18".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report WC000104.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, NCCI, WI* *OPTIONAL: MA, MI* 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** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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

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Field No.	Field Title/Description	Class	Position	Bytes
	INJURY BY DISEASE AMOUNT *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the amount that protects an employer for damages over and above those statutorily provided under workers compensation laws for bodily injury by disease.			
10	**SCHEDULE - STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	91-190	100
11	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	191-254	64
12	**NAME OF INSURED** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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. N/A: NJ, NY, WI	AN	255-288	34
13	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
14	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
UNITED STATES LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, NCCI* 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
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report "19".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report WC000106.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, NCCI, WI* *OPTIONAL: MA, MI* 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** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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

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Field No.	Field Title/Description	Class	Position	Bytes
	COVERAGE PERCENTAGE FACTOR *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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 75 and 76.			
10	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code. This is a recurring field. Repeat as needed.	N	77-78	2
11	**UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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 81 and 82.	N	79-82	4
12	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code. This is a recurring field. Repeat as needed.	N	83-84	2
13	**UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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 87 and 88.	N	85-88	4
14	**STATE CODE**	N	89-90	2

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, NCCI *OPTIONAL: MA, MI* Report the state code. This is a recurring field. Repeat as needed.			
15	**UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* This is a recurring field. Repeat as needed. There is an assumed decimal point between positions 93 and 94.	N	91-94	4
16	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code. This is a recurring field. Repeat as needed.	N	95-96	2
17	**UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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 99 and 100.	N	97-100	4
18	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code. This is a recurring field. Repeat as needed.	N	101-102	2
19	**UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	103-106	4

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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** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code. This is a recurring field. Repeat as needed.	N	107-108	2
21	**UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	109-112	4
22	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code. This is a recurring field. Repeat as needed.	N	113-114	2
23	**UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	115-118	4
24	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code.	N	119-120	2

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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** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	121-124	4
26	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code. This is a recurring field. Repeat as needed.	N	125-126	2
27	**UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	127-130	4
28	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code. This is a recurring field. Repeat as needed.	N	131-132	2
29	**UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	133-136	4

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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** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code. This is a recurring field. Repeat as needed.	N	137-138	2
31	**UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	139-142	4
32	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code. This is a recurring field. Repeat as needed.	N	143-144	2
33	**UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	145-148	4
34	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code.	N	149-150	2

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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** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	151-154	4
36	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code. This is a recurring field. Repeat as needed.	N	155-156	2
37	**UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	157-160	4
38	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code. This is a recurring field. Repeat as needed.	N	161-162	2
39	**UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	163-166	4

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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** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code. This is a recurring field. Repeat as needed.	N	167-168	2
41	**UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	169-172	4
42	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code. This is a recurring field. Repeat as needed.	N	173-174	2
43	**UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	175-178	4
44	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code.	N	179-180	2

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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** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	181-184	4
46	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code. This is a recurring field. Repeat as needed.	N	185-186	2
47	**UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	187-190	4
48	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code. This is a recurring field. Repeat as needed.	N	191-192	2
49	**UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	193-196	4

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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** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code. This is a recurring field. Repeat as needed.	N	197-198	2
51	**UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	199-202	4
52	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code. This is a recurring field. Repeat as needed.	N	203-204	2
53	**UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	205-208	4
54	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code.	N	209-210	2

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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** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	211-214	4
56	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code. This is a recurring field. Repeat as needed.	N	215-216	2
57	**UNITED STATES LONGSHORE AND HARBOR WORKERS' COVERAGE PERCENTAGE FACTOR** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	217-220	4
58	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	221-254	34
59	**NAME OF INSURED** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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. N/A: NJ, NY, WI	AN	255-288	34
60	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI*	N	289-294	6

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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** *NOT APPLICABLE: CA, NCCI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
OUTER CONTINENTAL SHELF LANDS ACT COVERAGE ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, NCCI* 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
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report “20”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report WC000109.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, NCCI, WI* *OPTIONAL: MA, MI* 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** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report a description of the work.	AN	71-190	120
9	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	191-252	62

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Field No.	Field Title/Description	Class	Position	Bytes
10	**ENDORSEMENT SEQUENCE NUMBER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy. The first record will always begin with “01”.	N	253-254	2
11	**NAME OF INSURED** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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. N/A: NJ, NY, WI	AN	255-288	34
12	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
MARITIME COVERAGE ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, NCCI* 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
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report “21”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report WC000201.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, NCCI, WI* *OPTIONAL: MA, MI* 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** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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

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

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

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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.	AN	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

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Field No.	Field Title/Description	Class	Position	Bytes
VOLUNTARY COMPENSATION MARITIME COVERAGE ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, NCCI* 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
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report “23”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report WC000203.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, NCCI, WI* *OPTIONAL: MA, MI* 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)** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the name of a vessel associated with Maritime coverage.	AN	71-130	60
9	**WORKERS' COMPENSATION LAW**	AN	131-140	10

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, NCCI *OPTIONAL: MA, MI* Report the states that will provide coverage as defined by their law.			
10	**DESCRIPTION OF WORK** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report a description of the work.	AN	141-180	40
11	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	181-252	72
12	**ENDORSEMENT SEQUENCE NUMBER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy. The first record will always begin with “01”.	N	253-254	2
13	**NAME OF INSURED** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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. N/A: NJ, NY, WI	AN	255-288	34
14	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
15	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
ALTERNATE EMPLOYER ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: NCCI* 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
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: NCCI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: NCCI* *OPTIONAL: MI, WI* Report “24”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: NCCI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: NCCI* *OPTIONAL: MI, WI* Report WC000301. Enter WC000301 or WC220306 N/A: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: NCCI* *OPTIONAL: MI, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: NCCI, WI* *OPTIONAL: MI* 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 ALTERNATE EMPLOYER** *NOT APPLICABLE: NCCI* *OPTIONAL: MI, WI* Report the name of the alternate employer.	AN	71-130	60
9	**ADDRESS OF ALTERNATE EMPLOYER**	AN	131-182	52

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

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Field No.	Field Title/Description	Class	Position	Bytes
DESIGNATED WORKPLACES EXCLUSION ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, 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.	AN	1-43	43
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI, PA*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, NCCI, PA* *OPTIONAL: MI* Report “25”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI, PA*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, NCCI, PA* *OPTIONAL: MI* Report WC000302.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, NCCI, PA* *OPTIONAL: MI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, NCCI, PA, WI* *OPTIONAL: MI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**ADDRESS NOT COVERED** *NOT APPLICABLE: CA, NCCI, PA* *OPTIONAL: MI* Report the address of a location of insured operations or a description of the work or workplace not covered by this policy.	AN	71-190	120
9	**RESERVED FOR FUTURE USE**	AN	191-252	62

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, NCCI, PA			
10	**ENDORSEMENT SEQUENCE NUMBER** *NOT APPLICABLE: CA, NCCI, PA* *OPTIONAL: MI* Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy. The first record will always begin with “01”.	N	253-254	2
11	**NAME OF INSURED** *NOT APPLICABLE: CA, NCCI, PA* *OPTIONAL: MI* 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. N/A: NJ, NY, WI	AN	255-288	34
12	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, NCCI, PA* *OPTIONAL: MI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI, PA*	AN	295-300	6

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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.	AN	1-43	43
2	**RESERVED FOR FUTURE USE**	AN	44-45	2
3	**RECORD TYPE CODE** Report "26".	AN	46-47	2
4	**RESERVED FOR FUTURE USE**	AN	48-300	253

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Field No.	Field Title/Description	Class	Position	Bytes
FEDERAL MINE SAFETY & HEALTH ACT COVERAGE ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY* 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
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY* *OPTIONAL: MI* Report “27”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY* *OPTIONAL: MI* Report WC000102.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY* *OPTIONAL: MI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY, WI* *OPTIONAL: MI* 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** *NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY* *OPTIONAL: MI* Report the state code(s).	N	71-170	100
9	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY*	AN	171-254	84

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Field No.	Field Title/Description	Class	Position	Bytes
10	**NAME OF INSURED** *NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY* *OPTIONAL: MI* 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. N/A: NY, WI	AN	255-288	34
11	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY* *OPTIONAL: MI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
12	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
NONAPPROPRIATED FUND INSTRUMENTALITIES ACT COVERAGE ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, NCCI* 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
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report “28”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report WC000108.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, NCCI, WI* *OPTIONAL: MA, MI* 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** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the description/location of the work requiring the specific coverage.	AN	71-195	125
9	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	196-252	57

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Field No.	Field Title/Description	Class	Position	Bytes
10	**ENDORSEMENT SEQUENCE NUMBER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy. The first record will always begin with “01”.	N	253-254	2
11	**NAME OF INSURED** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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. N/A: NY, WI	AN	255-288	34
12	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, NCCI, NJ* 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
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI, NJ*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, NCCI, NJ* *OPTIONAL: MI* Report “29”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI, NJ*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, NCCI, NJ* *OPTIONAL: MI* Report WC000311.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, NCCI, NJ* *OPTIONAL: MI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, NCCI, NJ, WI* *OPTIONAL: MI* 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** *NOT APPLICABLE: CA, NCCI, NJ* *OPTIONAL: MI* Report a listing, by name or by group, of employees.	AN	71-170	100
9	**STATE OF EMPLOYMENT**	AN	171-210	40

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, NCCI, NJ *OPTIONAL: MI* Report the state of employment of the group of employees reported.			
10	**DESIGNATED WORKERS COMPENSATION LAW OR DESCRIPTION** *NOT APPLICABLE: CA, NCCI, NJ* *OPTIONAL: MI* Report the appropriate state of the workers compensation law.	AN	211-250	40
11	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI, NJ*	AN	251-252	2
12	**ENDORSEMENT SEQUENCE NUMBER** *NOT APPLICABLE: CA, NCCI, NJ* *OPTIONAL: MI* Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy. The first record will always begin with “01”.	N	253-254	2
13	**NAME OF INSURED** *NOT APPLICABLE: CA, NCCI, NJ* *OPTIONAL: MI* 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. N/A: NY, WI	AN	255-288	34
14	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, NCCI, NJ* *OPTIONAL: MI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
15	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI, NJ*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
PREMIUM DISCOUNT ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, NCCI* 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
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* Report WC000406.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, NCCI, WI* *OPTIONAL: MA, MI, NC, NJ* 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**	N	71-72	2

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, NCCI *OPTIONAL: MA, MI, NC, NJ* Report the state code. This is a recurring field. Repeat as needed.			
9	**FIRST PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* Report the amount that represents the portion of the policy premium using the first premium discount layer. Enter amount in thousands of dollars. This is a recurring field. Repeat as needed.	N	73-76	4
10	**FIRST PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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 78 and 79.	N	77-79	3
11	**SECOND (NEXT) PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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.	N	80-83	4
12	**SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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 85 and 86.	N	84-86	3
13	**THIRD (NEXT) PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ*	N	87-90	4

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Field No.	Field Title/Description	Class	Position	Bytes
	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.			
14	**THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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.	N	91-93	3
15	**BALANCE PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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.	N	94-97	4
16	**BALANCE PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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.	N	98-100	3
17	**AVERAGE PERCENTAGE DISCOUNT** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* Report the Average Percentage Discount used to determine the policy premium. There is an assumed decimal point between positions 102 and 103.	N	101-103	3
18	**STATE CODE**	N	104-105	2

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, NCCI *OPTIONAL: MA, MI, NC, NJ* Report the state code. This is a recurring field. Repeat as needed.			
19	**FIRST PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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. Enter amount in thousands of dollars.	N	106-109	4
20	**FIRST PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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.	N	110-112	3
21	**SECOND (NEXT) PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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.	N	113-116	4
22	**SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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.	N	117-119	3
23	**THIRD (NEXT) PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, NCCI*	N	120-123	4

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Field No.	Field Title/Description	Class	Position	Bytes
	OPTIONAL: MA, MI, NC, NJ 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.			
24	**THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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 125 and 126.	N	124-126	3
25	**BALANCE PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* Report the amount of premium over the last layer used to determine the premium discount. This is a recurring field. Repeat as needed.	N	127-130	4
26	**BALANCE PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* Report the premium discount percentage that applies to premium balance. This is a recurring field. Repeat as needed.	N	131-133	3
27	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* Report the state code(s). This is a recurring field. Repeat as needed.	N	134-135	2
28	**FIRST PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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.	N	136-139	4
29	**FIRST PREMIUM DISCOUNT PERCENTAGE**	N	140-142	3

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, NCCI *OPTIONAL: MA, MI, NC, NJ* 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** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* Report the second discount layer used to determine the total premium. This is a recurring field. Repeat as needed.	N	143-146	4
31	**SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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.	N	147-149	3
32	**THIRD (NEXT) PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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.	N	150-153	4
33	**THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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.	N	154-156	3
34	**BALANCE PREMIUM DISCOUNT LAYER**	N	157-160	4

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, NCCI *OPTIONAL: MA, MI, NC, NJ* 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** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* Report the premium discount percentage that applies to premium balance. This is a recurring field. Repeat as needed.	N	161-163	3
36	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* Report the state code(s). This is a recurring field. Repeat as needed.	N	164-165	2
37	**FIRST PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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.	N	166-169	4
38	**FIRST PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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.	N	170-172	3
39	**SECOND (NEXT) PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* Report the second discount layer used to determine the total premium. This is a recurring field. Repeat as needed.	N	173-176	4

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Field No.	Field Title/Description	Class	Position	Bytes
40	**SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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 178 and 179.	N	177-179	3
41	**THIRD (NEXT) PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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.	N	180-183	4
42	**THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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 185 and 186.	N	184-186	3
43	**BALANCE PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* Report the amount of premium over the last layer used to determine the premium discount. This is a recurring field. Repeat as needed.	N	187-190	4
44	**BALANCE PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* Report the premium discount percentage that applies to premium balance. This is a recurring field. Repeat as needed.	N	191-193	3
45	**STATE CODE** *NOT APPLICABLE: CA, NCCI*	N	194-195	2

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Field No.	Field Title/Description	Class	Position	Bytes
	OPTIONAL: MA, MI, NC, NJ Report the state code(s). This is a recurring field. Repeat as needed.			
46	**FIRST PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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.	N	196-199	4
47	**FIRST PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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.	N	200-202	3
48	**SECOND (NEXT) PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* Report the second discount layer used to determine the total premium. This is a recurring field. Repeat as needed.	N	203-206	4
49	**SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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.	N	207-209	3
50	**THIRD (NEXT) PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* Report the portion of the policy premium using the third premium discount layer.	N	210-213	4

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

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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 231 and 232.			
57	**SECOND (NEXT) PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* Report the second discount layer used to determine the total premium. This is a recurring field. Repeat as needed.	N	233-236	4
58	**SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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.	N	237-239	3
59	**THIRD (NEXT) PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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.	N	240-243	4
60	**THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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.	N	244-246	3
61	**BALANCE PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ*	N	247-250	4

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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** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* Report the premium discount percentage that applies to premium balance. This is a recurring field. Repeat as needed.	N	251-253	3
63	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	254-254	1
64	**NAME OF INSURED** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* 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. N/A: NJ, NY, WI	AN	255-288	34
65	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI, NC, NJ* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
66	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
RETROSPECTIVE PREMIUM ENDORSEMENT AVIATION EXCLUSION RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, NCCI* 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
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report “31”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report WC000508.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, NCCI, WI* *OPTIONAL: MA, MI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**LIST THE APPLICABLE CLASSIFICATION CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the aviation classification for which the exposure is not subject to retrospective rating. This is a recurring field. Repeat as needed.	N	71-74	4
9	**LIST THE APPLICABLE CLASSIFICATION CODE**	N	75-78	4

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, NCCI *OPTIONAL: MA, MI* Report the aviation classification for which the exposure is not subject to retrospective rating. This is a recurring field. Repeat as needed.			
10	**LIST THE APPLICABLE CLASSIFICATION CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the aviation classification for which the exposure is not subject to retrospective rating. This is a recurring field. Repeat as needed.	N	79-82	4
11	**LIST THE APPLICABLE CLASSIFICATION CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the aviation classification for which the exposure is not subject to retrospective rating. This is a recurring field. Repeat as needed.	N	83-86	4
12	**LIST THE APPLICABLE CLASSIFICATION CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the aviation classification for which the exposure is not subject to retrospective rating. This is a recurring field. Repeat as needed.	N	87-90	4
13	**LIST THE APPLICABLE CLASSIFICATION CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the aviation classification for which the exposure is not subject to retrospective rating. This is a recurring field. Repeat as needed.	N	91-94	4
14	**LIST THE APPLICABLE CLASSIFICATION CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the aviation classification for which the exposure is not subject to retrospective rating. This is a recurring field. Repeat as needed.	N	95-98	4
15	**LIST THE APPLICABLE CLASSIFICATION CODE**	N	99-102	4

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, NCCI *OPTIONAL: MA, MI* Report the aviation classification for which the exposure is not subject to retrospective rating. This is a recurring field. Repeat as needed.			
16	**LIST THE APPLICABLE CLASSIFICATION CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the aviation classification for which the exposure is not subject to retrospective rating. This is a recurring field. Repeat as needed.	N	103-106	4
17	**LIST THE APPLICABLE CLASSIFICATION CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the aviation classification for which the exposure is not subject to retrospective rating. This is a recurring field. Repeat as needed.	N	107-110	4
18	**LIST THE APPLICABLE CLASSIFICATION CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the aviation classification for which the exposure is not subject to retrospective rating. This is a recurring field. Repeat as needed.	N	111-114	4
19	**LIST THE APPLICABLE CLASSIFICATION CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the aviation classification for which the exposure is not subject to retrospective rating. This is a recurring field. Repeat as needed.	N	115-118	4
20	**LIST THE APPLICABLE CLASSIFICATION CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the aviation classification for which the exposure is not subject to retrospective rating. This is a recurring field. Repeat as needed.	N	119-122	4
21	**LIST THE APPLICABLE CLASSIFICATION CODE**	N	123-126	4

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, NCCI *OPTIONAL: MA, MI* Report the aviation classification for which the exposure is not subject to retrospective rating. This is a recurring field. Repeat as needed.			
22	**LIST THE APPLICABLE CLASSIFICATION CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the aviation classification for which the exposure is not subject to retrospective rating. This is a recurring field. Repeat as needed.	N	127-130	4
23	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	131-254	124
24	**NAME OF INSURED** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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. N/A: NJ, NY, WI	AN	255-288	34
25	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
26	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
RETROSPECTIVE PREMIUM ENDORSEMENT CHANGES RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, NCCI* 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
2	**STATE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the state code.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report “32”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report WC000509.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, NCCI, WI* *OPTIONAL: MA, MI* 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)** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the factor that represents the premium charge for a	N	71-73	3

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

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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** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the change in the retrospective development factor detailed in the third report. There is an assumed decimal point between positions 198 and 199.	N	195-200	6
15	**RETROSPECTIVE DEVELOPMENT FACTOR CHANGE - EFFECTIVE DATE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the effective date of change in the retrospective development factor. Format YYMMDD.	N	201-206	6
16	**TAX MULTIPLIER FACTOR CHANGE - STATE (OTHER THAN F-CLASSES)** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the changed/corrected Tax Multiplier Factor. Enter “01000” if not applicable. There is an assumed decimal point between positions 208 and 209.	N	207-211	5
17	**TAX MULTIPLIER FACTOR CHANGE - FEDERAL (F-CLASSES ONLY)** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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.	N	212-216	5
18	**TAX MULTIPLIER FACTOR CHANGE - EFFECTIVE DATE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI*	N	217-222	6

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Field No.	Field Title/Description	Class	Position	Bytes
	Report the date that the Tax Multiplier Factor changed. Format YYMMDD.			
19	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	223-254	32
20	**NAME OF INSURED** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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. N/A: NJ, NY, WI	AN	255-288	34
21	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
22	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
RETROSPECTIVE PREMIUM ENDORSEMENT NONRATABLE CATASTROPHE ELEMENT OR SURCHARGE RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, NCCI* 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
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report “33”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report WC000510.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, NCCI, WI* *OPTIONAL: MA, MI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**LIST CLASSIFICATION CODES THAT AFFECT THIS ENDORSEMENT** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.	N	71-74	4

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

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

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

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, NCCI *OPTIONAL: MA, MI* Report the list of class codes which affect the endorsement. This is a recurring field. Repeat as needed.			
28	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	151-254	104
29	**NAME OF INSURED** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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. N/A: NJ, NY, WI	AN	255-288	34
30	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
31	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
RETROSPECTIVE PREMIUM ENDORSEMENT SHORT-TERM RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, NCCI* 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
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report “34”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report WC000511.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, NCCI, WI* *OPTIONAL: MA, MI* 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** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the unique identifier used for identifying the policy.	AN	71-88	18
9	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	89-254	166

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Field No.	Field Title/Description	Class	Position	Bytes
10	**NAME OF INSURED** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* 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. N/A: NJ, NY, WI	AN	255-288	34
11	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, NCCI* *OPTIONAL: MA, MI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
12	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI*	AN	295-300	6

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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.	AN	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

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Field No.	Field Title/Description	Class	Position	Bytes
WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, NCCI, NJ* 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
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI, NJ*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, NCCI, NJ* *OPTIONAL: MI, NC* Report "36".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI, NJ*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, NCCI, NJ* *OPTIONAL: MI, NC* Report WC000313.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, NCCI, NJ* *OPTIONAL: MI, NC* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, NCCI, NJ, WI* *OPTIONAL: MI, NC* 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** *NOT APPLICABLE: CA, NCCI, NJ* *OPTIONAL: MI, NC* Report the name of the person waiving the right to recover payments.	AN	71-130	60
9	**NAME OF ORGANIZATION**	AN	131-190	60

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, NCCI, NJ *OPTIONAL: MI, NC* Report the name of the organization waiving the right to recover payments.			
10	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI, NJ*	AN	191-254	64
11	**NAME OF INSURED** *NOT APPLICABLE: CA, NCCI, NJ* *OPTIONAL: MI, NC* 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. N/A: NY, WI	AN	255-288	34
12	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, NCCI, NJ* *OPTIONAL: MI, NC* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI, NJ*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, MI, NCCI, NJ, NY* 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
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MI, NCCI, NJ, NY*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, MI, NCCI, NJ, NY* Report “37”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MI, NCCI, NJ, NY*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, MI, NCCI, NJ, NY* Report WC000310.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, MI, NCCI, NJ, NY* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, MI, NCCI, NJ, NY, WI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**DESCRIPTOR CODE** *NOT APPLICABLE: CA, MI, NCCI, NJ, NY* 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	A	71-71	1

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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** *NOT APPLICABLE: CA, MI, NCCI, NJ, NY* Report the name of the person included for coverage on the policy. This is a recurring field. Repeat as needed.	AN	72-121	50
10	**STATE CODE** *NOT APPLICABLE: CA, MI, NCCI, NJ, NY* Report the code of the state covered by this endorsement record. This is a recurring field. Repeat as needed.	N	122-123	2
11	**DESCRIPTOR CODE** *NOT APPLICABLE: CA, MI, NCCI, NJ, NY* Report the code describing the corresponding person's position in the company. This is a recurring field. Repeat as needed.	A	124-124	1
	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** *NOT APPLICABLE: CA, MI, NCCI, NJ, NY* Report the name of the person included for coverage on the policy. This is a recurring field. Repeat as needed.	AN	125-174	50
13	**STATE CODE** *NOT APPLICABLE: CA, MI, NCCI, NJ, NY* Report the code of the state covered by this endorsement record. This is a recurring field. Repeat as needed.	N	175-176	2
14	**DESCRIPTOR CODE**	A	177-177	1

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, MI, NCCI, NJ, NY 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			
15	**NAME OF PERSON TO BE INCLUDED** *NOT APPLICABLE: CA, MI, NCCI, NJ, NY* Report the name of the person included for coverage on the policy. This is a recurring field. Repeat as needed.	AN	178-227	50
16	**STATE CODE** *NOT APPLICABLE: CA, MI, NCCI, NJ, NY* Report the code of the state covered by this endorsement record. This is a recurring field. Repeat as needed.	N	228-229	2
17	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MI, NCCI, NJ, NY*	AN	230-254	25
18	**NAME OF INSURED** *NOT APPLICABLE: CA, MI, NCCI, NJ, NY* 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. N/A: NY, WI	AN	255-288	34
19	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, MI, NCCI, NJ, NY* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
20	**RESERVED FOR FUTURE USE**	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, MI, NCCI, NJ, NY			

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Field No.	Field Title/Description	Class	Position	Bytes
PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, 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.	AN	1-43	43
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI, NJ, NY, PA*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, NCCI, NJ, NY, PA* *OPTIONAL: MI* Report "38".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI, NJ, NY, PA*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, NCCI, NJ, NY, PA* *OPTIONAL: MI* Report WC000308.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, NCCI, NJ, NY, PA* *OPTIONAL: MI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, NCCI, NJ, NY, PA, WI* *OPTIONAL: MI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**DESCRIPTOR CODE** *NOT APPLICABLE: CA, NCCI, NJ, NY, PA* *OPTIONAL: MI* Report the code describing the corresponding person's position in the company. This is a recurring field. Repeat as needed.	A	71-71	1

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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** *NOT APPLICABLE: CA, NCCI, NJ, NY, PA* *OPTIONAL: MI* 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** *NOT APPLICABLE: CA, NCCI, NJ, NY, PA* *OPTIONAL: MI* 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** *NOT APPLICABLE: CA, NCCI, NJ, NY, PA* *OPTIONAL: MI* 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** *NOT APPLICABLE: CA, NCCI, NJ, NY, PA* *OPTIONAL: MI*	A	193-193	1

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Field No.	Field Title/Description	Class	Position	Bytes
	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. **Code** **Description** O Officer P Partner S Sole Proprietor (This code is not used for Record 38) X Other			
13	**NAME OF PERSON TO BE EXCLUDED** *NOT APPLICABLE: CA, NCCI, NJ, NY, PA* *OPTIONAL: MI* Report the name of the person excluded from coverage on the policy. This is a recurring field. Repeat as needed.	AN	194-253	60
14	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI, NJ, NY, PA*	AN	254-254	1
15	**NAME OF INSURED** *NOT APPLICABLE: CA, NCCI, NJ, NY, PA* *OPTIONAL: MI* 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. N/A: WI	AN	255-288	34
16	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, NCCI, NJ, NY, PA* *OPTIONAL: MI* Report the date that the endorsement to the policy becomes effective. Format YYMMDD.	N	289-294	6
17	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NCCI, NJ, NY, PA*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
AIRCRAFT PREMIUM ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, MA, 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.	AN	1-43	43
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MN, NC, NCCI, NJ, NY, WI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, MA, MN, NC, NCCI, NJ, NY, WI* *OPTIONAL: MA, MI* Report "39".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MN, NC, NCCI, NJ, NY, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, MA, MN, NC, NCCI, NJ, NY, WI* *OPTIONAL: MA, MI, PA* Report WC000401.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, MA, MN, NC, NCCI, NJ, NY, WI* *OPTIONAL: MA, MI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, MA, MN, NC, NCCI, NJ, NY, WI* *OPTIONAL: MA, MI* 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** *NOT APPLICABLE: CA, MA, MN, NC, NCCI, NJ, NY, WI* *OPTIONAL: MA, MI* Report the code of the state in which the aircraft is based. This is a recurring field. Repeat as needed.	N	71-72	2
9	**TYPE OF AIRCRAFT**	AN	73-92	20

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

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

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

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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** *NOT APPLICABLE: CA, MA, MN, NC, NCCI, NJ, NY, WI* *OPTIONAL: MA, MI* Report the amount of additional premium per seat. This is a recurring field. Repeat as needed.	N	237-240	4
31	**MAXIMUM CHARGE AMOUNT** *NOT APPLICABLE: CA, MA, MN, NC, NCCI, NJ, NY, WI* *OPTIONAL: MA, MI* Report the maximum charge amount per aircraft. This is a recurring field. Repeat as needed.	N	241-245	5
32	**ESTIMATED PREMIUM AMOUNT** *NOT APPLICABLE: CA, MA, MN, NC, NCCI, NJ, NY, WI* *OPTIONAL: MA, MI* Report the amount of additional premium for the aircraft. This is a recurring field. Repeat as needed.	N	246-250	5
33	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MN, NC, NCCI, NJ, NY, WI*	AN	251-254	4
34	**NAME OF INSURED** *NOT APPLICABLE: CA, MA, MN, NC, NCCI, NJ, NY, WI* *OPTIONAL: MA, MI* 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. N/A: WI	AN	255-288	34
35	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, MA, MN, NC, NCCI, NJ, NY, WI* *OPTIONAL: MA, MI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
36	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MN, NC, NCCI, NJ, NY, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
EMPLOYERS LIABILITY COVERAGE ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ* 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
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ* Report "40".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ* Report WC000303.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ, WI* 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** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ* Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.	N	71-72	2
9	**STATE CODE** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ* Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.	N	73-74	2

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

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

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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** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ* Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.	N	107-108	2
27	**STATE CODE** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ* Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.	N	109-110	2
28	**STATE CODE** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ* Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.	N	111-112	2
29	**STATE CODE** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ* Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.	N	113-114	2
30	**STATE CODE** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ* Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.	N	115-116	2
31	**STATE CODE** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ* Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.	N	117-118	2
32	**STATE CODE** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ* Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.	N	119-120	2
33	**STATE CODE**	N	121-122	2

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

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

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

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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** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ* Report the code of the state providing this coverage. This is a recurring field. Repeat as needed.	N	169-170	2
58	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ*	AN	171-254	84
59	**NAME OF INSURED** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ* 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. N/A: NY, WI	AN	255-288	34
60	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
61	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MI, NCCI, NJ*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
DOMESTIC AND AGRICULTURAL WORKERS EXCLUSION ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, MA, MN, 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.	AN	1-43	43
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY, WI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY, WI* *OPTIONAL: MI* Report "41".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY, WI* *OPTIONAL: MI* Report WC000315.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY, WI* *OPTIONAL: MI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY, WI* *OPTIONAL: MI* 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 FARM OR AGRICULTURAL WORKERS** *NOT APPLICABLE: CA, MA, MN, NCCI, NJ, NY, WI* *OPTIONAL: MI* Report the names or descriptions of workers to which the endorsement applies.	AN	71-145	75
9	**NAME OF DOMESTIC OR HOUSEHOLD WORKERS**	AN	146-220	75

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

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Field No.	Field Title/Description	Class	Position	Bytes
CONTINGENT EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, MI, NJ, NY* *OPTIONAL: 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, MI, NJ, NY* *OPTIONAL: WI* 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”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, MI, NJ, NY* *OPTIONAL: WI* Report “42”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MI, NJ, NY* *OPTIONAL: WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, MI, NJ, NY* *OPTIONAL: WI* Report WC000412.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, MI, NJ, NY* *OPTIONAL: WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, MI, NJ, NY, WI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**CONTINGENT MODIFICATION EFFECTIVE DATE**	N	71-76	6

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, MI, NJ, NY *OPTIONAL: WI* Report the date on which the contingent experience modification becomes effective on the policy. Format YYMMDD.			
9	**CONTINGENT EXPERIENCE MODIFICATION FACTOR** *NOT APPLICABLE: CA, MI, NJ, NY* *OPTIONAL: WI* Report the factor. There is an assumed decimal point between positions 77 and 78.	N	77-80	4
10	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MI, NJ, NY* *OPTIONAL: WI*	AN	81-254	174
11	**NAME OF INSURED** *NOT APPLICABLE: CA, MI, NCCI, NJ, NY* *OPTIONAL: WI* 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. N/A: WI	AN	255-288	34
12	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, MI, NJ, NY* *OPTIONAL: WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MI, NJ, NY* *OPTIONAL: WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
DEDUCTIBLE ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, NJ, NY, WI* *OPTIONAL: MN* Report the code of the state covered by this endorsement record. A Deductible Endorsement Record must be submitted for each state where the deductible provisions apply.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, NJ, NY, WI* *OPTIONAL: MN* Report “43”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, NJ, NY, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, NJ, NY, WI* *OPTIONAL: MN* Report the standard national or state number of the Deductible Endorsement Record applicable to the deductible information. Use Endorsement WC000603 or jurisdictionally approved endorsement number. Use Endorsement WC370403. N/A: MA, MI, MN, NC, NCCI Use Endorsements WC200602 or WC200603 or filed and approved carrier endorsement number. N/A: MI, MN, NC, NCCI, PA	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, NJ, NY, WI* *OPTIONAL: MN* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1

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Field No.	Field Title/Description	Class	Position	Bytes
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, NJ, NY, WI* *OPTIONAL: MN* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**LOSSES SUBJECT TO DEDUCTIBLE CODE** *NOT APPLICABLE: CA, DE, NJ, NY, PA, WI* *OPTIONAL: MN* Report the code that identifies the type of deductible being reported.	N	71-72	2

Code	Description
00	No Deductible
01	Medical Losses Only
02	Indemnity Losses Only
03	Medical and Indemnity Losses- Deductible applies proportionately to the medical and indemnity portions of the loss.

Field No.	Field Title/Description	Class	Position	Bytes
9	**BASIS OF DEDUCTIBLE CALCULATION CODE** *NOT APPLICABLE: CA, DE, NJ, NY, PA, WI* *OPTIONAL: MN* Report the code that identifies the type of deductible being reported.	N	73-74	2

Code	Description
00	No Deductible
01	Per Claim Deductible Amount
02	Per Accident Deductible Amount N/A: MA
03	Per Policy Deductible Aggregate Limit N/A: MA
04	Percent of Claim Cost N/A: MA
05	Percent of Premium N/A: MA
06	Coinsurance Only Percent With Per Claim Amount Limit N/A: MA
07	Coinsurance Percent With Per Claim Deductible Amount and Coinsurance Limit N/A: MA
08	Coinsurance Percent With Per Accident Deductible Amount and Coinsurance Limit N/A: MA
09	Per Accident Deductible Amount With Per Policy

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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** *NOT APPLICABLE: CA, DE, MA, NJ, NY, PA, WI* *OPTIONAL: MN* Report the whole percentage of the deductible to be paid by the insured, if applicable, as defined by the deductible program.	N	75-76	2
11	**DEDUCTIBLE AMOUNT PER CLAIM/ACCIDENT** *NOT APPLICABLE: CA, DE, NJ, NY, WI* *OPTIONAL: MN* Report the loss amount by claim or by accident or for each occurrence to be paid by the insured, as defined by the deductible program.	N	77-85	9
12	**DEDUCTIBLE AMOUNT - AGGREGATE** *NOT APPLICABLE: CA, DE, NJ, NY, PA, WI* *OPTIONAL: MN* 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.	N	86-94	9
13	**PREMIUM REDUCTION PERCENTAGE** *NOT APPLICABLE: CA, DE, NCCI, NJ, NY, WI* *OPTIONAL: MN* Report the applicable corresponding percentage of the deductible amount. There is an assumed decimal point between positions 96 and 97.	N	95-99	5
14	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, NJ, NY, WI*	AN	100-254	155
15	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, NCCI, NJ, NY, WI* *OPTIONAL: MN*	AN	255-288	34

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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** *NOT APPLICABLE: CA, DE, NJ, NY, WI* *OPTIONAL: MN* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
17	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, NJ, NY, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MN, NCCI, 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.	AN	1-43	43
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA*		44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA* *OPTIONAL: NC* Report "44".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA*		48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA* Report WC000424. Required for Voluntary policies. N/A: NC Required for Assigned Risk policies.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA* *OPTIONAL: NC* Report the 1-letter bureau-approved version identifier that corresponds to the endorsement number reported above.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA, WI* *OPTIONAL: NC* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**STATE ABBREVIATION** *NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA* *OPTIONAL: NC* Report the US Postal Services abbreviation of the state.	A	71-72	2

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Field No.	Field Title/Description	Class	Position	Bytes
	This is a recurring field. Repeat as needed.			
9	**BASIS OF AUDIT NONCOMPLIANCE CHARGE** *NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA* *OPTIONAL: NC, WI* Report the method for calculating the audit noncompliance charge. This is a recurring field. Repeat as needed. Please contact the DCO for instructions on this field.	AN	73-122	50
10	**MAXIMUM AUDIT NONCOMPLIANCE CHARGE MULTIPLIER** *NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA* *OPTIONAL: NC* 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: MI, NC, NJ, WI	N	123-126	4
11	**STATE ABBREVIATION** *NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA* *OPTIONAL: NC* Report the US Postal Services abbreviation of the state. This is a recurring field. Repeat as needed.	A	127-128	2
12	**BASIS OF AUDIT NONCOMPLIANCE CHARGE** *NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA* *OPTIONAL: NC, WI* Report the method for calculating the audit noncompliance charge. This is a recurring field. Repeat as needed. Please contact the DCO for instructions on this field.	AN	129-178	50
13	**MAXIMUM AUDIT NONCOMPLIANCE CHARGE MULTIPLIER** *NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA* *OPTIONAL: NC* 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.	N	179-182	4

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Field No.	Field Title/Description	Class	Position	Bytes
14	**STATE ABBREVIATION** *NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA* *OPTIONAL: NC* Report the US Postal Services abbreviation of the state. This is a recurring field. Repeat as needed.	A	183-184	2
15	**BASIS OF AUDIT NONCOMPLIANCE CHARGE** *NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA* *OPTIONAL: NC, WI* Report the method for calculating the audit noncompliance charge. This is a recurring field. Repeat as needed. Please contact the DCO for instructions on this field.	AN	185-234	50
16	**MAXIMUM AUDIT NONCOMPLIANCE CHARGE MULTIPLIER** *NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA* *OPTIONAL: NC* 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.	N	235-238	4
17	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA*		239-254	16
18	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA* *OPTIONAL: NC* 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, NJ, WI	AN	255-288	34
19	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA* *OPTIONAL: NC* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
20	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA*		295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA* Report the code of the state covered by this endorsement record.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, PA* 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	AN	46-47	2
4	**RESERVED FOR FUTURE USE**		48-300	253

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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.	AN	1-43	43
2	**RESERVED FOR FUTURE USE**	AN	44-45	2
3	**RECORD TYPE CODE** *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	AN	46-47	2
4	**RESERVED FOR FUTURE USE**		48-300	253

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Field No.	Field Title/Description	Class	Position	Bytes
POLICY INFORMATION PAGE CLASS AND/OR RATE CHANGE AND OTHER ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the code of the state covered by this endorsement record.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report WC890415.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI*	AN	60-70	11

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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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the exposure's effective date when exposure amounts are reported on a split period basis. Format YYMMDD	N	71-76	6
9	**CLASSIFICATION CODE REVISION CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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	A	77-77	1
10	**CLASSIFICATION CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the appropriate classification code.	N	78-81	4
11	**EXPOSURE ACT/ EXPOSURE COVERAGE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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	N	82-83	2

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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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI*	N	94-105	12

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Field No.	Field Title/Description	Class	Position	Bytes
	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 103 and 104. 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 revised Exposure Period Effective Date (positions 79–84).			
14	**ESTIMATED PREMIUM AMOUNT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the premium amount corresponding to the classification code on this record. If the exposure amount for the classification code is on an “if any” basis, report zeros. For three-year variable rate policies or continuous policies, report the premium amount for the rating period. For policies reported on a split period basis, report the premium amount for the policy period represented by the Exposure Period Effective Date (positions 71–76). 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	N	106-115	10
15	**CLASSIFICATION WORDING SUFFIX** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the suffix that will provide a cross-reference to the Manual classification wording. If classification wording suffix is reported, then classification wording (positions 118–218) is not required. Primary Wording is reported as 00.	AN	116-117	2

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Field No.	Field Title/Description	Class	Position	Bytes
16	**CLASSIFICATION WORDING** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the wording that describes the classification reported. To be reported by those insurers unable to provide a Classification Wording Suffix (positions 116-117). Insurers that do provide a Classification Wording Suffix may leave this field blank.	A	118-218	101
17	**NAME LINK IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the Name Link Identifier associated with the Address Record. 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.	N	219-221	3
18	**STATE CODE LINK** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the code for the state covered by this record.	N	222-223	2
19	**EXPOSURE RECORD LINK FOR EXPOSURE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the Exposure Record Link Code associated with the address record corresponding to this endorsement record.	N	224-228	5
20	**CLASSIFICATION USE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report one of the following codes to indicate if the Company Use class code applies to Unit Report, Financial Calls, or both. For Company Use class codes only. For other than Company Use class codes, this is optional, and a blank or zero may be reported. 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	A	229-229	1

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Field No.	Field Title/Description	Class	Position	Bytes
	U Data Should Be Used in Unit Reports Only			
21	**EXPOSURE PERIOD CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the code describing the period covered by the reported exposure. The reported exposure is in positions 94-105 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	N	230-230	1
22	**NUMBER OF PIECES OF APPARATUS** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the amount of pieces of apparatus associated with the exposure in this record for Volunteer Firemen (Class 7711) or Volunteer First Aid or Rescue Squad (Class 7715).	N	231-233	3
23	**NUMBER OF VOLUNTEERS** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the amount of volunteers associated with the exposure in this record for Volunteer Firemen (Class 7711) or Volunteer First Aid or Rescue Squad (Class 7715).	N	234-236	3
24	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI*	AN	237-254	18
25	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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
26	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6

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Field No.	Field Title/Description	Class	Position	Bytes
27	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
POLICY INFORMATION PAGE DATA ELEMENT(S) CHANGE ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, 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.	AN	1-43	43
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA, WI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA, WI* 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	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA, WI* Report the appropriate endorsement number associated with the change. Enter WC890602 for changes to Policy Number Identifier. Enter WC890603 for changes to Policy Effective Date. Enter WC890604 for changes to Policy Expiration Date. Enter WC890607 for changes to Producer Name. Enter WC890610 for changes to Legal Nature of Insured.	AN	51-58	8

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

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Field No.	Field Title/Description	Class	Position	Bytes
	The endorsement effective date must equal the policy effective date. Format YYMMDD.			
11	**POLICY EXPIRATION DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA, WI* Report the revised expiration date of the policy. Format YYMMDD.	N	100-105	6
12	**LEGAL NATURE OF INSURED CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA, WI* 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. N/A: DE, MA, MI, MN, PA	N	106-107	2
13	**TEXT FOR "OTHER" LEGAL NATURE OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI*	AN	108-127	20

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

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

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI 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.** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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	134-135	2
19	**STATE CODES FOR ITEM 3.A. OR ITEM 3.C.** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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	136-137	2
20	**STATE CODES FOR ITEM 3.A. OR ITEM 3.C.** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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	138-139	2
21	**STATE CODES FOR ITEM 3.A. OR ITEM 3.C.** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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	140-141	2
22	**STATE CODES FOR ITEM 3.A. OR ITEM 3.C.** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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.	N	142-143	2

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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.** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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	144-145	2
24	**STATE CODES FOR ITEM 3.A. OR ITEM 3.C.** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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	146-147	2
25	**STATE CODES FOR ITEM 3.A. OR ITEM 3.C.** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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	148-149	2
26	**STATE CODES FOR ITEM 3.A. OR ITEM 3.C.** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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	150-151	2
27	**STATE CODES FOR ITEM 3.A. OR ITEM 3.C.** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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	152-153	2
28	**STATE CODES FOR ITEM 3.A. OR ITEM 3.C.** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the revised codes for all states to be included in Item	N	154-155	2

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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.** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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.** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the code that represents when the premium will be reviewed/adjusted.	N	190-190	1

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Field No.	Field Title/Description	Class	Position	Bytes

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

35 **ENDORSEMENT NUMBER** AN 191-198 8

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

Report the standard national and/or state alphanumeric characters (WCXXXXXX) of an endorsement associated with the policy.

36 **BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** A 199-199 1

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

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

The Endorsement Number is in positions 191-198.

37 **CARRIER VERSION IDENTIFIER** AN 200-210 11

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

Report the carrier specific form number as filed and approved.

38 **NAME OF PRODUCER** AN 211-240 30

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

Report the name of the producer responsible for placing the business with the insurer.

39 **INTERSTATE RISK ID NUMBER** N 241-249 9

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

Report the revised Interstate Risk ID Number.

40 **RESERVED FOR FUTURE USE** AN 250-250 1

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

41 **ENDORSEMENT NUMBER REVISION CODE** A 251-251 1

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

Report the code that describes the action to be taken regarding the endorsements reported.

The endorsements reported are in positions 191-210.

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Field No.	Field Title/Description	Class	Position	Bytes
	Endorsements may not be changed by submitting a net replacement (one record for every endorsement) of all endorsements on a policy. To change an endorsement number, submit two records: one deleting the endorsement number requiring the change and one adding the correct endorsement number. **Code Description** A Add Endorsement Number to Policy D Delete Endorsement Number From Policy			
42	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA, WI*	AN	252-252	1
43	**ENDORSEMENT SEQUENCE NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy. The first record will always begin with “01”.	N	253-254	2
44	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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
45	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
46	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
POLICY INFORMATION PAGE NAME CHANGE ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, 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.	AN	1-43	43
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report WC890601.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI*	A	59-59	1

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Field No.	Field Title/Description	Class	Position	Bytes
	Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.			
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy	AN	60-70	11
8	**NAME TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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. **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, WI This is a Name Record consisting of a string of names corresponding to one Name Link Identifier. Format is free-form.	N	71-71	1
9	**NAME LINK IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the number identifying one name or a group of names. When reporting more than 998 separate names, report positions 295-296—revised Name Link Counter Identifier in conjunction with this field. The primary name(s) on the policy must always be reported as "001". Assigned Name Link Identifiers cannot be reassigned or used again. Refer to the Data Reporting Handbook for further instructions.	N	72-74	3
10	**NAME OF INSURED**	AN	75-164	90

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI Report the name of the insured that corresponds to the Type of Name Code Reported in position 71.			
11	**FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the number assigned to each employer for federal tax purposes.	N	165-173	9
12	**CONTINUATION SEQUENCE NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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.	N	174-176	3
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI*	AN	177-198	22
14	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the state code for the state unemployment number reported. The State Unemployment Number is in positions 201-215.	N	199-200	2
15	**STATE UNEMPLOYMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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.	AN	201-215	15
16	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	N	216-217	2

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Field No.	Field Title/Description	Class	Position	Bytes
	Report the state code for the state unemployment number reported. The State Unemployment Number is in positions 218-232.			
17	**STATE UNEMPLOYMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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.	AN	218-232	15
18	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the state code for the state unemployment number reported. The State Unemployment Number is in positions 235-249.	N	233-234	2
19	**STATE UNEMPLOYMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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.	AN	235-249	15
20	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI*	AN	250-251	2
21	**NAME REVISION CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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.	A	252-252	1

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Field No.	Field Title/Description	Class	Position	Bytes

Code	Description
A	Add Name of Insured to Policy
D	Delete Name of Insured From Policy

22 **RESERVED FOR FUTURE USE** AN 253-253 1

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

23 **PROFESSIONAL EMPLOYER ORGANIZATION OR CLIENT COMPANY CODE** A 254-254 1

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

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.

Code	Description
C	Client Company Name
P	Professional Employer Organization Company Name

24 **NAME OF INSURED** AN 255-288 34

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

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** N 289-294 6

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

Report the date that the endorsement becomes effective on the policy.

Format YYMMDD.

26 **NAME LINK COUNTER IDENTIFIER** AN 295-296 2

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

Report "00" for the first 998 names and report "01" –"99" counter records for the following sets of Name Link Identifiers.

27 **RESERVED FOR FUTURE USE** AN 297-300 4

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

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Field No.	Field Title/Description	Class	Position	Bytes
POLICY INFORMATION PAGE ADDRESS CHANGE ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, 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.	AN	1-43	43
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report “89”. Record Type Code 89 may only be reported using Transaction Code 03. Record Type Code 89 may not be reported on complete policy transactions. For each unique policy address, based on Address Type Code, Name Link Identifier, State Code Link, Exposure Record Link for Location Code and Name Link Counter Identifier, only one change set (Address Revision Code A and D) is permitted per Transaction Issue Date for Record 89. This record will replace all fields for an address, except for its email address. Email addresses must be reported using Record 90. 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	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* 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 Enter WC890617 for changes to Carrier Issuing/Servicing Office Enter WC890625 for changes to Producer [Issuing Agency] Office	AN	51-58	8

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Field No.	Field Title/Description	Class	Position	Bytes
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**ADDRESS TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the code representing the type of address.	N	71-71	1

Code	Description
1	Mailing Address of Insured Only one mailing address code should be reported. If the mailing address is also a location of operations, the address should also be reported as an Address Type Code 2 – Location, as well as the mailing address. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI
2	Location of Operation's Address This code is for other workplace addresses not reported as the mailing address. N/A: CA 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, NY This address is necessary to direct interested parties to the workplace locations, e.g., inspection or auditors. This code is for all workplace addresses, even if the address was also reported a mailing address. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI As many of these records as are needed may be reported.
3	Address of Insurer Issuing/Servicing Office This record must be reported to permit proper communication with the insurer office servicing this policy.
4	Wrap-up/OCIP Project Description N/A: NCCI Optional: WI

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Field No.	Field Title/Description	Class	Position	Bytes

This code may be reported with an address that is not formatted, such as “second building after Walmart” when a street name or address does not exist.

5 Producer Address N/A: CA

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

6 No Specific Location

This code must be reported when there is no physical location for an insured (employer) operating in a state covered on the policy. Use this code if no physical location exists in the state or all workers are remote in the state. If this code is submitted, the Address Structure Code, Address-Street, Address-City, Address-State and Address-Zip Code fields are not applicable. The Name Link Identifier and State Code Link fields are required.

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** N 72-72 1

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

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.

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.

2 Reported address is free form.

This code may be optional for Address Type Code 2 and

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Field No.	Field Title/Description	Class	Position	Bytes
	may be required for Address Type Code 4. Contact the appropriate DCO for reporting requirements.			
10	**ADDRESS - STREET** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the street number and name, post office box, or other description.	AN	73-132	60
11	**ADDRESS - CITY** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the city name.	AN	133-162	30
12	**ADDRESS - STATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the Postal Service abbreviation for the state, Canadian Province, or Puerto Rico. If Foreign Address Indicator is “Y” and not a Canadian Province or Puerto Rico leave blank. Refer to the Data Reporting Handbook for further instructions.	AN	163-164	2
13	**ADDRESS - ZIP CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the Postal Service zip code.	AN	165-173	9
14	**NAME LINK IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the number identifying one name or a group of names. When reporting more than 998 separate names, report positions 295-296—Name Link Counter Identifier in conjunction with this field. There must be at least one Address Record for each Name Link Identifier (and Counter Identifier if reporting more than 998 separate names) on the policy. In the event that multiple names are located at one address and these names are all included on the same Name Link Identifier (and Counter Identifier if reporting more than 998 separate names), then only one address record must be reported with that Name Link Identifier (and Counter Identifier). In the event that multiple names are residing at one address, multiple (Address Type Code 2) records for the same address associated with the different names must be reported. 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).	N	174-176	3

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Field No.	Field Title/Description	Class	Position	Bytes
	For Address Type Codes 3, 4 and 5; report "999". Refer to the Data Reporting Handbook for further instructions.			
15	**STATE CODE LINK** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the code for the state covered by this record. This field, when used along with the Revised Name Link Identifier field of this record, will provide a link to the name related to this address record. This field is required for Address Type Code 1 (Mailing Address of Insured), 2 (Address of a Location of Operations) and 6 (No Specific Location). For Address Type Codes 3 and 5 report "99". Refer to the Data Reporting Handbook for further instructions.	N	177-178	2
16	**EXPOSURE RECORD LINK FOR LOCATION CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the code identifying this location record. This field, when used along with the revised Name Link Identifier and revised State Code Link fields of this record, will provide a 3-part link to the Name/Address/Exposure Link field of the exposure records related to this Address Record. This field is optional for 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. This field is required for Address Type Code 2 (Address of Locations of Operations) 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. If exposure is combined with a business with separate Name Link Identifier, the exposure may be included in a separate record. For Address Type Codes 3 and 5; report "99999". Refer to the Data Reporting Handbook for further instructions.	N	179-183	5
17	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NJ, NY, WI*	AN	184-217	34
18	**FOREIGN ADDRESS INDICATOR** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the applicable indicator code.	A	218-218	1

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Field No.	Field Title/Description	Class	Position	Bytes

This field is only applicable to Address Type Code 1.

If reporting "Y", enter the Country Code in positions 235-236.

Refer to the Data Reporting Handbook for further instructions.

Code	Description
N	Reported address is inside the US.
Y	Reported address is outside the US (e.g., Canada, Japan, Puerto Rico)

19	**GEOGRAPHIC AREA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI*	A	219-234	16

Report the revised Geographic Area (province, state, etc.) when foreign address should be reported.

Refer to the Data Reporting Handbook for further instructions.

20	**COUNTRY CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI*	A	235-236	2

Report the revised Country Code when a foreign address is being reported.

Refer to the Data Reporting Handbook for further instructions.

21	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NJ, NY, WI*	AN	237-253	17
22	**ADDRESS REVISION CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI*	A	254-254	1

Report the code that describes the action to be taken regarding the reported address.

The Address is in positions 73-173.

Locations may not be changed by submitting a net replacement (one record for every address) of all addresses on a policy.

To change an address, submit two records, one deleting the address requiring the change and one adding the correct address. Deleted will process first.

This field is only required for changes to addresses with Address Type Code (position 71) values 2, 4 or 6.

Code	Description
A	Add Address of Location to Policy
D	Delete Address of Location From Policy

23	**NAME OF INSURED**	AN	255-288	34

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI 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.			
24	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
25	**NAME LINK COUNTER IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the identifier from the Name Record that corresponds to this particular Address Record.	AN	295-296	2
26	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NJ, NY, WI*	AN	297-300	4

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Field No.	Field Title/Description	Class	Position	Bytes
POLICY INFORMATION PAGE ADDITIONAL ADDRESS CHANGE ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, 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.	AN	1-43	43
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NJ, NY, WI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report “90”. Record Type Code 90 may only be reported using Transaction Code 03. Record Type Code 90 may not be reported on complete policy transactions. This record type should be used to make changes to policy addresses for fields not included on Record 89. The information on this record will be matched to a policy address based on the Address Type Code, Address - Street, Address - City, Address - State, Address - Zip Code, Name Link Identifier, State Code Link, Exposure Record Link for Location Code. For each unique policy address, based on Address Type Code, Name Link Identifier, State Code Link, Exposure Record Link for Location Code and Name Link Counter Identifier, only one change set (Address Revision Code A and D) is permitted per Transaction Issue Date for Record 89.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NJ, NY, WI*	AN	48-70	23
5	**ADDRESS TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the code representing the type of address. **Code** **Description** 1 Mailing Address of Insured Only one mailing address code should be reported. If the mailing address is also a location of operations, the address should also be reported as an Address Type Code 2 – Location, as well as the mailing address. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI 2 Location of Operation's Address	N	71-71	1

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Field No.	Field Title/Description	Class	Position	Bytes

This code is for other workplace addresses not reported as the mailing address. N/A: CA

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, NY

This address is necessary to direct interested parties to the workplace locations, e.g., inspection or auditors.

This code is for all workplace addresses, even if the address was also reported a mailing address. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI

As many of these records as are needed may be reported.

3 Address of Insurer Issuing/Servicing Office

This record must be reported to permit proper communication with the insurer office servicing this policy.

4 Wrap-up/OCIP Project Description N/A: NCCI

Optional: WI

This code may be reported with an address that is not formatted, such as "second building after Walmart" when a street name or address does not exist.

5 Producer Address N/A: CA

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

6 No Specific Location

This code must be reported when there is no physical location for an insured (employer) operating in a state covered on the policy. Use this code if no physical location exists in the state or all workers are remote in the state. If this code is submitted, the Address Structure Code, Address-Street, Address-City, Address-State and Address-Zip Code fields are not applicable. The Name Link Identifier and State Code Link fields are required.

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

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Field No.	Field Title/Description	Class	Position	Bytes
	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.			
6	**NAME LINK IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the number identifying one name or a group of names. When reporting more than 998 separate names, report positions 295-296—Name Link Counter Identifier in conjunction with this field. There must be at least one Address Record for each Name Link Identifier (and Counter Identifier if reporting more than 998 separate names) on the policy. In the event that multiple names are located at one address and these names are all included on the same Name Link Identifier (and Counter Identifier if reporting more than 998 separate names), then only one address record must be reported with that Name Link Identifier (and Counter Identifier). In the event that multiple names are residing at one address, multiple (Address Type Code 2) records for the same address associated with the different names must be reported. 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). For Address Type Codes 3, 4 and 5; report "999". Refer to the Data Reporting Handbook for further instructions.	N	72-74	3
7	**STATE CODE LINK** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the code for the state covered by this record. This field, when used along with the Revised Name Link Identifier field of this record, will provide a link to the name related to this address record. This field is required for Address Type Code 1 (Mailing Address of Insured), 2 (Address of a Location of Operations) and 6 (No Specific Location). For Address Type Codes 3 and 5 report "99". Refer to the Data Reporting Handbook for further instructions.	N	75-76	2
8	**EXPOSURE RECORD LINK FOR LOCATION CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI*	AN	77-81	5

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Field No.	Field Title/Description	Class	Position	Bytes
	Report the code identifying this location record. This field, when used along with the revised Name Link Identifier and revised State Code Link fields of this record, will provide a 3-part link to the Name/Address/Exposure Link field of the exposure records related to this Address Record. This field is optional for 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. This field is required for Address Type Code 2 (Address of Locations of Operations) 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. If exposure is combined with a business with separate Name Link Identifier, the exposure may be included in a separate record. For Address Type Codes 3 and 5; report "99999". Refer to the Data Reporting Handbook for further instructions.			
9	**NAME LINK COUNTER IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the identifier from the Name Record that corresponds to this particular Address Record.	AN	82-83	2
10	**EMAIL ADDRESS** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Update the email address of the insured or employer name that is linked to this address record. Update the email address of the producer/agent that is linked to the producer address type 5. N/A: CA, DE, MA, MI, MN, NCCI, PA	AN	84-150	67
11	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NJ, NY, WI*	AN	151-253	103
12	**ADDRESS REVISION CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the code that describes the action to be taken regarding the address reported in positions 73-173, as identified by the Address Type Code, Name Link Identifier, State Code Link, Exposure Record Link for Location Code and Name Link Counter Identifier. To change information related to an address, submit two records, one deleting the reported fields requiring the change and one adding the correct information. Deleted will process first. **Code Description**	AN	254-254	1

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Field No.	Field Title/Description	Class	Position	Bytes
	A Add Address of Location to Policy			
	D Delete Address of Location From Policy			
13	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report all or a portion of the name of the insured as accommodated by this field.	AN	255-288	34
14	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NCCI, NJ, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
15	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NJ, NY, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report "29".	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report “AA”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI*	AN	48-300	253

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Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report "29".	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report "AB".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI*	AN	48-300	253

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Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report "29".	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report “AC”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI*	AN	48-300	253

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Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report "29".	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report “AD”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI*	AN	48-300	253

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Field No.	Field Title/Description	Class	Position	Bytes
NEW JERSEY VOLUNTARY COMPENSATION FEDERAL EMPLOYERS' LIABILITY ACT COVERAGE ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report "29".	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report "AE".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report WC290101.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**EMPLOYEES SUBJECT TO THIS ENDORSEMENT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report the name(s) of the employees subject to the Federal Employer's Liability Act.	AN	71-190	120
9	**WORKERS' COMPENSATION LAW** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report the states that will provide coverage as defined by their law.	AN	191-200	10

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Field No.	Field Title/Description	Class	Position	Bytes
10	**DESCRIPTION OF WORK** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report a description of the work.	AN	201-240	40
11	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI*	AN	241-254	14
12	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* 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. N/A: NJ	AN	255-288	34
13	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
14	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report "29".	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report "AF".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI*	AN	48-300	253

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Field No.	Field Title/Description	Class	Position	Bytes
NEW JERSEY EMPLOYEE LEASING ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report "29".	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report “AG”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report WC290303 (Labor Contractor), WC290304 (Client Exclusion), or WC290311 (Client).	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* 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

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Field No.	Field Title/Description	Class	Position	Bytes
	CONTRACTOR *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report the address. For Endorsement Number WC290303, report the address of the client. For Endorsement Numbers WC290304 and WC290311 report the address of the labor contractor.			
10	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI*	AN	221-254	34
11	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* 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. N/A: NJ	AN	255-288	34
12	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
NEW JERSEY LARGE RISK - LARGE DEDUCTIBLE ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report “29”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report “AH”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report WC290601 or WC290605.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**DEDUCTIBLE AMOUNT SCHEDULE - BODILY INJURY BY ACCIDENT - EACH ACCIDENT AMOUNT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* 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. This field is applicable for WC290601 only. N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI	N	71-80	10
9	**DEDUCTIBLE AMOUNT SCHEDULE - BODILY INJURY BY**	N	81-90	10

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Field No.	Field Title/Description	Class	Position	Bytes
	DISEASE - EACH EMPLOYEE AMOUNT *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* 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. This field is applicable for WC290601 only. N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI			
10	**DEDUCTIBLE AMOUNT SCHEDULE - ALL COVERED BODILY INJURY - AGGREGATE AMOUNT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* 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. This field is applicable for WC290601 only. N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI	N	91-100	10
11	**DEDUCTIBLE AMOUNT SCHEDULE - PER PERSON BASIS - BODILY INJURY BY ACCIDENT - EACH PERSON OR EACH OCCURRENCE AMOUNT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* 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. This field is applicable for WC290605 only. N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI	N	101-110	10
12	**DEDUCTIBLE AMOUNT SCHEDULE - PER PERSON BASIS - BODILY INJURY BY DISEASE - EACH PERSON OR EACH OCCURRENCE AMOUNT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* 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. This field is applicable for WC290605 only. N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI	N	111-120	10
13	**DEDUCTIBLE AMOUNT SCHEDULE - PER PERSON BASIS - ALL COVERED BODILY INJURY - OCCURRENCE AGGREGATE AMOUNT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI*	N	121-130	10

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Field No.	Field Title/Description	Class	Position	Bytes
	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. This field is applicable for WC290605 only. N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI			
14	**DEDUCTIBLE AMOUNT SCHEDULE - PER PERSON BASIS - ALL COVERED BODILY INJURY - POLICY AGGREGATE AMOUNT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* 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. This field is applicable for WC290605 only. N/A: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI	N	131-140	10
15	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI*	AN	141-254	114
16	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* 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. N/A: NJ	AN	255-288	34
17	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
18	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
NEW JERSEY CERTIFIED MANAGED CARE PROGRAM ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report “29”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report “AI”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report WC290409.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* 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 CERTIFIED MANAGED CARE PROGRAM** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report the identity of the organization that has received approval from the Department of Insurance and will provide medical services to injured workers.	AN	71-130	60
9	**PROGRAM EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report the date that the managed care program is initiated.	N	131-136	6

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Field No.	Field Title/Description	Class	Position	Bytes
	Format YYMMDD.			
10	**PREMIUM REDUCTION PERCENTAGE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* 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.	N	137-140	4
11	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI*	AN	141-254	114
12	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* 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. N/A: NJ	AN	255-288	34
13	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
14	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NY, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	**LINK DATA** *NOT APPLICABLE: CA, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report “07” for Delaware. Report “37” for Pennsylvania.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report “BA”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI*	AN	48-300	253

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Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	**LINK DATA** *NOT APPLICABLE: CA, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “07” for Delaware.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “BB”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-300	253

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Field No.	Field Title/Description	Class	Position	Bytes
AMENDATORY ENDORSEMENT - FARMING OPERATIONS - DELAWARE RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “07”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “BC”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report WC070303.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the name of the farm employer’s female spouse.	AN	71-130	60
9	**NAMES OF MINOR CHILDREN** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
11	**NAME OF INSURED** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
DEDUCTIBLE ENDORSEMENT - DELAWARE RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “07”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “BD”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report WC070401.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**DEDUCTIBLE AMOUNT** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the amount of the deductible for each occurrence.	N	71-76	6
9	**PREMIUM REDUCTION PERCENTAGE FACTOR** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the applicable corresponding percentage factor of the deductible amount. There is an assumed decimal point between positions 78 and 79.	N	77-81	5

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Field No.	Field Title/Description	Class	Position	Bytes
10	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	82-254	173
11	**NAME OF INSURED** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
EXCLUSION OF EMPLOYEES ENDORSEMENT - PENNSYLVANIA RECORD				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report “37”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report “BE”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report WC370303.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *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.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *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.	AN	60-70	11
8	**NAME OF STATUTORY EMPLOYER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report an outline of specific work activities.	AN	121-190	70
10	**RESERVED FOR FUTURE USE**	AN	191-254	64

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI			
11	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
PRINCIPAL AS ADDITIONAL INSURED - PENNSYLVANIA RECORD				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report “37”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report “BF”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report WC370304.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *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.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *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.	AN	60-70	11
8	**NAME OF PRINCIPAL** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report the name of the person acting on behalf of the insured.	AN	71-120	50
9	**DESCRIPTION OF OPERATIONS** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report an outline of specific work activities.	AN	121-190	70
10	**RESERVED FOR FUTURE USE**	AN	191-254	64

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI			
11	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
REAL ESTATE MANAGEMENT ENDORSEMENT - PENNSYLVANIA RECORD				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report “37”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report “BG”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report WC370306.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *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.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *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.	AN	60-70	11
8	**NAME OF MANAGING AGENT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report the name of the person who is authorized to hire employees on an employer’s behalf.	AN	71-120	50
9	**DESCRIPTION OF PREMISES** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report a description of the property where building operations may be performed.	AN	121-190	70

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Field No.	Field Title/Description	Class	Position	Bytes
10	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI*	AN	191-254	64
11	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
STATUTORY EMPLOYER ENDORSEMENT - PENNSYLVANIA RECORD				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report “37”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report “BH”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report WC370309.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *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.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *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.	AN	60-70	11
8	**LIST OF SUBCONTRACTORS' NAMES** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report the names of the contractors employed by a Statutory Employer to participate in operations at a specific site.	AN	71-170	100
9	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI*	AN	171-252	82
10	**ENDORSEMENT SEQUENCE NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI*	N	253-254	2

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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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
EXCLUSION OF EXECUTIVE OFFICERS ENDORSEMENT - PENNSYLVANIA RECORD				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report “37”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report “BI”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report WC370310.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *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.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *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.	AN	60-70	11
8	**TYPE OF CORPORATION CODE** *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	AN	71-71	1

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Field No.	Field Title/Description	Class	Position	Bytes
	V Voluntary in Non-profit Corporation			
9	**NAME OF OFFICER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report the name of the executive officer who is to be excluded. This is a recurring field. Repeat as needed.	AN	72-111	40
10	**OFFICE HELD** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report the executive officer's elected position. This is a recurring field. Repeat as needed.	AN	112-120	9
11	**PERCENTAGE OF OWNERSHIP INTEREST** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* 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.	N	121-125	5
12	**NAME OF OFFICER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report the name of the executive officer who is to be excluded. This is a recurring field. Report as needed.	AN	126-165	40
13	**OFFICE HELD** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report the executive officer's elected position. This is a recurring field. Report as needed.	AN	166-174	9
14	**PERCENTAGE OF OWNERSHIP INTEREST** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* 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.	N	175-179	5
15	**NAME OF OFFICER**	AN	180-219	40

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI Report the name of the executive officer who is to be excluded. This is a recurring field. Repeat as needed.			
16	**OFFICE HELD** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report the executive officer's elected position. This is a recurring field. Repeat as needed.	AN	220-228	9
17	**PERCENTAGE OF OWNERSHIP INTEREST** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* 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 231 and 232.	N	229-233	5
18	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI*	AN	234-254	21
19	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* 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
20	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
21	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
EMPLOYER ASSESSMENT ENDORSEMENT - PENNSYLVANIA RECORD				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report “37”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report “BJ”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report WC370604.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *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.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *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.	AN	60-70	11
8	**EMPLOYER ASSESSMENT FACTOR** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* 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.	N	71-75	5
9	**EMPLOYER ASSESSMENT AMOUNT**	N	76-85	10

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI Report the amount that results from multiplying the Employer Assessment Factor times the employer assessment premium base. There is an assumed decimal point between positions 83 and 84.			
10	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI*	AN	86-254	169
11	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
EXECUTIVE OFFICERS ENDORSEMENT - NEW YORK RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “31”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “CA”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report WC310301, WC310304, WC310305, WC310306, WC310312, or WC310603.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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 OFFICER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the name of the executive officer who is to be excluded. This is a recurring field. Repeat as needed.	AN	71-110	40
9	**TITLE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	111-140	30

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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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the name of the executive officer who is to be excluded. This is a recurring field. Repeat as needed.	AN	141-180	40
11	**TITLE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the title of the officer of the insured. This is a recurring field. Repeat as needed.	AN	181-210	30
12	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	211-254	44
13	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report all or a portion of the name of the insured as accommodated by this field.	AN	255-288	34
14	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
15	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
DESIGNATED WORKPLACE CANCELLATION ENDORSEMENT AND NOTICE OF PARTIAL CANCELLATION - NEW YORK RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “31”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “CB”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report WC310302.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the location excluded subsequent to the effective date of a policy.	AN	71-110	40
9	**CANCELLATION EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the date that the cancellation becomes effective on the policy.	N	111-116	6

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

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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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
MEDICAL BENEFITS REIMBURSEMENT ENDORSEMENT - NEW YORK RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “31”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “CC”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report WC310310.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**ADDRESS OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the address of the insured. This is a recurring field. Repeat as needed.	AN	71-110	40
9	**ADDRESS OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	111-150	40

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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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the address of the insured. This is a recurring field. Repeat as needed.	AN	151-190	40
11	**ADDRESS OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the address of the insured. This is a recurring field. Repeat as needed.	AN	191-230	40
12	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	231-254	24
13	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report all or a portion of the name of the insured as accommodated by this field.	AN	255-288	34
14	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
15	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
EXCESS MEDICAL COVERAGE ENDORSEMENT - NEW YORK RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “31”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “CD”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report WC310303.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**EXCESS AMOUNT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the amount of the limit agreed upon by the carrier and the insured.	N	71-80	10
9	**CLASSIFICATION CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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	N	81-84	4

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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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the amount that represents the estimated exposure amount of excess medical coverage. This is a recurring field. Repeat as needed.	N	85-94	10
11	**EXCESS MEDICAL RATE PER $100 OF REMUNERATION** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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.	N	95-99	5
12	**ESTIMATED EXCESS MEDICAL PREMIUM AMOUNT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the amount that represents the estimated premium amount of excess medical coverage. This is a recurring field. Repeat as needed.	N	100-109	10
13	**CLASSIFICATION CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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.	N	110-113	4
14	**ESTIMATED TOTAL ANNUAL REMUNERATION AMOUNT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the amount that represents the estimated exposure amount of excess medical coverage. This is a recurring field. Repeat as needed.	N	114-123	10
15	**EXCESS MEDICAL RATE PER $100 OF REMUNERATION** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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	N	124-128	5

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Field No.	Field Title/Description	Class	Position	Bytes
	127.			
16	**ESTIMATED EXCESS MEDICAL PREMIUM AMOUNT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the amount that represents the estimated premium amount of excess medical coverage. This is a recurring field. Repeat as needed.	N	129-138	10
17	**CLASSIFICATION CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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.	N	139-142	4
18	**ESTIMATED TOTAL ANNUAL REMUNERATION AMOUNT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the amount that represents the estimated exposure amount of excess medical coverage. This is a recurring field. Repeat as needed.	N	143-152	10
19	**EXCESS MEDICAL RATE PER $100 OF REMUNERATION** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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.	N	153-157	5
20	**ESTIMATED EXCESS MEDICAL PREMIUM AMOUNT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the amount that represents the estimated premium amount of excess medical coverage. This is a recurring field. Repeat as needed.	N	158-167	10
21	**CLASSIFICATION CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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.	N	168-171	4

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

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI Report the amount that represents the estimated premium amount of excess medical coverage. This is a recurring field. Repeat as needed.			
29	**CLASSIFICATION CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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.	N	226-229	4
30	**ESTIMATED TOTAL ANNUAL REMUNERATION AMOUNT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the amount that represents the estimated exposure amount of excess medical coverage. This is a recurring field. Repeat as needed.	N	230-239	10
31	**EXCESS MEDICAL RATE PER $100 OF REMUNERATION** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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.	N	240-244	5
32	**ESTIMATED EXCESS MEDICAL PREMIUM AMOUNT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the amount that represents the estimated premium amount of excess medical coverage. This is a recurring field. Repeat as needed.	N	245-254	10
33	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report all or a portion of the name of the insured as accommodated by this field.	AN	255-288	34
34	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the date that the endorsement becomes effective on the policy.	N	289-294	6

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

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Field No.	Field Title/Description	Class	Position	Bytes
BENEFITS DEDUCTIBLE ENDORSEMENT - NEW YORK RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “31”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “CE”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report WC310315.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**DEDUCTIBLE AMOUNT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the amount of the deductible for each occurrence.	N	71-75	5
9	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	76-254	179
10	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	255-288	34

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

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Field No.	Field Title/Description	Class	Position	Bytes
VOLUNTEER FIREFIGHTERS/AMBULANCE PREMIUM DISCOUNT ENDORSEMENT - NEW YORK RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “31”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “CF”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report WC310606 or WC310608.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	N	75-77	3

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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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the second discount layer used to determine the total premium. Report the amount in thousands of dollars.	N	78-81	4
11	**SECOND (NEXT) PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the percentage discount applied to the second premium discount layer. There is an assumed decimal point between positions 83 and 84.	N	82-84	3
12	**THIRD (NEXT) PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the portion of the policy premium using the third premium discount layer. Report amount in thousands of dollars.	N	85-88	4
13	**THIRD (NEXT) PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the percentage discount applied to the third premium discount layer. There is an assumed decimal point between positions 90 and 91.	N	89-91	3
14	**BALANCE PREMIUM DISCOUNT LAYER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the amount of premium over the last layer used to determine the premium discount. Enter amount in thousands of dollars.	N	92-95	4
15	**BALANCE PREMIUM DISCOUNT PERCENTAGE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the premium discount percentage that applies to premium balance. There is an assumed decimal point between positions 97 and 98.	N	96-98	3
16	**AVERAGE PERCENTAGE DISCOUNT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	N	99-101	3

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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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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.	AN	102-119	18
18	**OTHER POLICY NUMBER IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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.	AN	120-137	18
19	**OTHER POLICY NUMBER IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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.	AN	138-155	18
20	**OTHER POLICY NUMBER IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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.	AN	156-173	18
21	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	174-254	81
22	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report all or a portion of the name of the insured as accommodated by this field.	AN	255-288	34
23	**ENDORSEMENT EFFECTIVE DATE**	N	289-294	6

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

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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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “31”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “CG”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report WC310602 or WC310611.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	111-150	40

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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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the name of the person or class of persons excluded from coverage. This is a recurring field. Repeat as needed.	AN	151-190	40
11	**OFFICER, EMPLOYEE OR CLASS THEREOF** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the name of the person or class of persons excluded from coverage. This is a recurring field. Repeat as needed.	AN	191-230	40
12	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	231-254	24
13	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report all or a portion of the name of the insured as accommodated by this field.	AN	255-288	34
14	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
15	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	295-300	6

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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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “31”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “CH”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report WC310604 or WC310609.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**EXCEPTIONS** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	111-150	40

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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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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	151-190	40
11	**EXCEPTIONS** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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	191-230	40
12	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	231-254	24
13	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report all or a portion of the name of the insured as accommodated by this field.	AN	255-288	34
14	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
15	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
VOLUNTEER FIREFIGHTERS/AMBULANCE WORKERS' BENEFIT LAW GROUP INSURANCE ENDORSEMENT - NEW YORK RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report "31".	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report "CI".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report WC310605 or WC310610.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	111-150	40

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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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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	151-190	40
11	**TOWN INCLUDED UNDER GROUP POLICY** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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	191-230	40
12	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	231-254	24
13	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report all or a portion of the name of the insured as accommodated by this field.	AN	255-288	34
14	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
15	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report "31"	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report "CJ"	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	48-300	253

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Field No.	Field Title/Description	Class	Position	Bytes
LABOR CONTRACTOR ENDORSEMENT - NEW YORK RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “31”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “CK”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report WC310317, WC310318, WC310320 or WC310322.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the name of the labor contractor for Endorsements WC310317 and WC310322. Report the name of the client for Endorsements WC310318 and WC310320.	AN	71-160	90
9	**ADDRESS OF CLIENT OR ADDRESS OF LABOR CONTRACTOR** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	161-220	60

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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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	221-254	34
11	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report all or a portion of the name of the insured as accommodated by this field.	AN	255-288	34
12	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
SOLE PROPRIETORS & PARTNERS ENDORSEMENT - NEW YORK RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “31”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report "CL".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report WC310313 for Partners covered. Report WC310316 for Partners excluded.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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 SOLE PROPRIETOR OR OF A PARTNER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the name of the sole proprietor or partner.	AN	71-105	35
9	**NAME OF ADDITIONAL PARTNER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the name of an additional partner.	AN	106-140	35

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

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Field No.	Field Title/Description	Class	Position	Bytes
PREFERRED PROVIDER ORGANIZATION ENDORSEMENT - NEW YORK RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “31”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “CM”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report WC310403 for premium reduction. Report WC310616.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**ADDRESS OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the address of the insured. This is a recurring field. Repeat as needed.	AN	71-105	35
9	**NAME OF PREFERRED PROVIDER ORGANIZATION (PPO)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	106-140	35

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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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the effective date of the employer's participation in the PPO program. Format YYMMDD.	N	211-216	6
13	**UNION EMPLOYEES INDICATOR** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the estimated number of employees covered by the PPO.	N	219-224	6

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

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Field No.	Field Title/Description	Class	Position	Bytes
FOREIGN VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT - NEW YORK RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “31”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “CN”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report WC310617.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the premium amount for Repatriation Expenses and EL Increased Limits (if applicable).	N	71-80	10
9	**NAME OF EMPLOYEE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report all or a portion of the name of the employee as accommodated by this field.	AN	81-114	34

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

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

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Field No.	Field Title/Description	Class	Position	Bytes
FOREIGN VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT – NEW YORK RECORD CONTINUATION				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “31”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report “CO”. This record must be submitted with Record Type Code CN.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report WC310617.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the bureau-approved version identifier that corresponds to the endorsement number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* 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	91-100	10
11	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI* Report the date that the endorsement becomes effective on the policy.	N	101-106	6
12	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI*	AN	107-300	194

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Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “04”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “DA”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-300	253

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Field No.	Field Title/Description	Class	Position	Bytes
PARTNERSHIP COVERAGE/EXCLUSION ENDORSEMENT - CALIFORNIA RECORD				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “04”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “DB”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report WC040302.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**NAME AND TITLE OF GENERAL PARTNER/TRUSTEE EXCLUDED** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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.	AN	71-130	60
9	**NAME AND TITLE OF GENERAL PARTNER/TRUSTEE EXCLUDED**	AN	131-190	60

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI 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** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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.	AN	191-250	60
11	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	251-288	38
12	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
CORPORATION COVERAGE/EXCLUSION ENDORSEMENT - CALIFORNIA RECORD				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report "04".	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “DC”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report WC040303 for Officer/Director/Trustee Exclusions. Report WC040366 for Professional Corporation Owner/Trustee Exclusions.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**NAME AND TITLE OF OFFICER, DIRECTOR, OWNER OR TRUSTEE EXCLUDED** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the name and title of the officer, director, owner or trustee excluded from coverage. This is a recurring field. Repeat as needed.	AN	71-130	60
9	**NAME AND TITLE OF OFFICER, DIRECTOR, OWNER OR**	AN	131-190	60

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Field No.	Field Title/Description	Class	Position	Bytes
	TRUSTEE EXCLUDED *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the name and title of the officer, director, owner or trustee excluded from coverage. This is a recurring field. Repeat as needed.			
10	**NAME AND TITLE OF OFFICER, DIRECTOR, OWNER OR TRUSTEE EXCLUDED** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the name and title of the officer, director, owner or trustee excluded from coverage. This is a recurring field. Repeat as needed.	AN	191-250	60
11	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	251-288	38
12	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “04”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “DD”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-300	253

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Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “04”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “DE”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-300	253

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Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report "04".	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report "DF".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-300	253

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Field No.	Field Title/Description	Class	Position	Bytes
MULTIPURPOSE TEXT - CALIFORNIA RECORD				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “04”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “DG”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the applicable endorsement number.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	73-74	2
10	**ENDORSEMENT LINE**	AN	75-154	80

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI Report the variable text from the endorsement record. This is a recurring field. Repeat as needed.			
11	**ENDORSEMENT LINE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the variable text from the endorsement record. This is a recurring field. Repeat as needed.	AN	155-234	80
12	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	235-252	18
13	**ENDORSEMENT SEQUENCE NUMBER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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”.	N	253-254	2
14	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*		255-288	34
15	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
16	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report "04".	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report "DH".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-300	253

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Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report "04".	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report "DI".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-300	253

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Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report "04".	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report "DJ".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-300	253

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Field No.	Field Title/Description	Class	Position	Bytes
EMPLOYEE LEASING ENDORSEMENT (POLICY ISSUED IN NAME OF LABOR CONTRACTOR) - CALIFORNIA RECORD				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “04”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “DK”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report WC040314 or WC040315.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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 CLIENT** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	73-151	79

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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** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the street number and name, post office box, or other description of the location of the client.	AN	152-211	60
11	**ADDRESS OF CLIENT - CITY** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the city name.	AN	212-241	30
12	**ADDRESS OF CLIENT - STATE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the U.S. Postal Service abbreviation for the state.	AN	242-243	2
13	**ADDRESS OF CLIENT - ZIP CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the postal or zip code of the client.	AN	244-252	9
14	**ENDORSEMENT SEQUENCE NUMBER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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”.	N	253-254	2
15	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*		255-288	34
16	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
17	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
EMPLOYEE LEASING ENDORSEMENT (POLICY ISSUED IN NAME OF CLIENT) - CALIFORNIA RECORD				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “04”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “DL”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report WC040316.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	73-151	79

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Field No.	Field Title/Description	Class	Position	Bytes
	Report the name of the labor contractor.			
10	**ADDRESS OF LABOR CONTRACTOR - STREET** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the street number and name, post office box, or other location of the labor contractor.	AN	152-211	60
11	**ADDRESS OF LABOR CONTRACTOR - CITY** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the city name.	AN	212-241	30
12	**ADDRESS OF LABOR CONTRACTOR - STATE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the U.S. Postal Service abbreviation for the state.	AN	242-243	2
13	**ADDRESS OF LABOR CONTRACTOR - ZIP CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the postal or zip code of the labor contractor.	AN	244-252	9
14	**ENDORSEMENT SEQUENCE NUMBER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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”.	N	253-254	2
15	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*		255-288	34
16	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
17	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	295-300	6

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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** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “04”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “DM”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *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	AN	51-58	8

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Field No.	Field Title/Description	Class	Position	Bytes
	Endorsement.			
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*		73-73	1
10	**NAME OF EMPLOYEE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the name of the employee being excluded on WC040338. If multiple employees are being excluded, report multiple records.	AN	74-103	30
11	**NAME OF OPERATION** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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.	AN	104-133	30
12	**OPERATION TITLE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* *OPTIONAL: CA* Report the title of the operation being included for WC040340. Report the title of the operation being excluded for WC040341.	AN	134-153	20
13	**ADDRESS OF LOCATION** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	154-213	60

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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** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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.	N	214-217	4
15	**CLASSIFICATION WORDING SUFFIX** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* *OPTIONAL: CA* 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.	AN	218-219	2
16	**CLASSIFICATION WORDING** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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.	A	220-249	30
17	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	250-252	3
18	**ENDORSEMENT SEQUENCE NUMBER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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”.	N	253-254	2
19	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*		255-288	34
20	**ENDORSEMENT EFFECTIVE DATE**	N	289-294	6

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI Report the date that the endorsement becomes effective on the policy. Format YYMMDD.			
21	**ENDORSEMENT EXPIRATION DATE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the date that the endorsement expires on the policy. Format YYMMDD.	N	295-300	6

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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** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “04”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “DN”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report WC040399.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	73-152	80

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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** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the narrative describing the excluded operation. This is a recurring field. Repeat as needed.	AN	153-232	80
11	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	233-252	20
12	**ENDORSEMENT SEQUENCE NUMBER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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”.	N	253-254	2
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*		255-288	34
14	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
15	**ENDORSEMENT EXPIRATION DATE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the date that the endorsement expires on the policy. Format YYMMDD.	N	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE (ALTERNATE COVERAGE INFORMATION) - CALIFORNIA RECORD				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report "04".	N	44-45	2
3	**RECORD TYPE CODE** *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.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *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	AN	51-58	8

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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)** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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.	AN	71-72	2
9	**NAME OF INSURED FOR THE ALTERNATE COVERAGE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* *OPTIONAL: CA* Report the primary named insured for the policy providing alternate coverage.	AN	73-132	60
10	**INSURER CODE FOR THE ALTERNATE COVERAGE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* *OPTIONAL: CA* 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.	N	133-137	5
11	**NAME OF INSURER FOR THE ALTERNATE COVERAGE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* *OPTIONAL: CA*	AN	138-167	30

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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** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* *OPTIONAL: CA* Report the policy number (if applicable) for the policy providing alternate coverage. Do not report embedded blanks or marks of punctuation.	AN	168-185	18
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	186-191	6
14	**POLICY INCEPTION DATE FOR THE ALTERNATE COVERAGE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* *OPTIONAL: CA* Report the inception date for the policy providing alternate coverage. Format YYMMDD.	N	192-197	6
15	**POLICY EXPIRATION DATE FOR THE ALTERNATE COVERAGE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* *OPTIONAL: CA* Report the expiration date for the policy providing alternate coverage. Format YYMMDD.	N	198-203	6
16	**LAWFULLY UNINSURED INDICATOR** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the applicable indicator code. **Code** **Description** N Liability is Not Lawfully Uninsured Y Liability is Lawfully Uninsured	A	204-204	1
17	**WRITTEN AFFIRMATION OBTAINED INDICATOR** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the applicable indicator code. **Code** **Description**	A	205-205	1

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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** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	206-252	47
19	**ENDORSEMENT SEQUENCE NUMBER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*		255-288	34
21	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
22	**ENDORSEMENT EXPIRATION DATE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the date that the endorsement expires on the policy. Format YYMMDD.	N	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
GROUP INSURANCE COVERAGE INFORMATION - CALIFORNIA RECORD				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “04”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the applicable endorsement number. If the group information is not reported on an endorsement form, do not report a form number.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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 GROUP** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the name of the group as shown on the association	AN	71-150	80

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Field No.	Field Title/Description	Class	Position	Bytes
	documents.			
9	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	151-161	11
10	**GROUP INSURANCE EFFECTIVE DATE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the date that the group insurance application is effective. Format YYMMDD.	N	162-167	6
11	**GROUP INSURANCE EXPIRATION DATE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the date that the group insurance application expires. Format YYMMDD.	N	168-173	6
12	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	174-288	115
13	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
14	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
LIMITED LIABILITY COMPANY COVERAGE/EXCLUSION ENDORSEMENT				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “04”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “DQ”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report WC040318.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**NAME AND TITLE OF MANAGING MEMBERS AND TRUSTEES EXCLUDED** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the name and title of the managing members and trustees excluded from coverage. This is a recurring field. Repeat as needed.	AN	71-130	60
9	**NAME AND TITLE OF MANAGING MEMBERS AND TRUSTEES EXCLUDED** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	131-190	60

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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** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the name and title of the managing members and trustees excluded from coverage. This is a recurring field. Repeat as needed.	AN	191-250	60
11	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	251-288	38
12	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format: YYMMDD	N	289-294	6
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
DEDUCTIBLE ENDORSEMENT (SMALL OR LARGE)				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “04”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “DR”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report WC040602 or WC040603.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.	AN	60-70	11
8	**DEDUCTIBLE AMOUNT PER ACCIDENT** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the loss amount by accident or for each occurrence to be paid by the insured, as defined by the deductible program.	N	71-79	9
9	**DEDUCTIBLE AMOUNT - AGGREGATE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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	N	80-88	9

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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** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the dollar amount of the negotiated charge for Large Deductible Programs. For Small Deductible Programs or if none, zero fill.	N	89-97	9
11	**DEDUCTIBLE ALLOCATED LOSS EXPENSES INCLUDED/EXCLUDED INDICATOR** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the code that identifies how the allocated loss expenses are handled. **Code** **Description** N Excluded Y Included	A	98-98	1
12	**DEDUCTIBLE FIXED EXPENSE CHARGE INDICATOR** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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	A	99-99	1
13	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	100-254	155
14	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the date that the endorsement becomes effective on the policy.	N	289-294	6
15	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report “48”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report “EA”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	AN	48-300	253

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Field No.	Field Title/Description	Class	Position	Bytes
WISCONSIN CHANGE OF INSURANCE CARRIER NAME ENDORSEMENT - WISCONSIN RECORD				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report “48”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report “EB”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report WC480605.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *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.	A	59-59	1
7	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*		60-70	11
8	**NAME OF ORIGINAL CARRIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the name of the carrier that was used at policy issuance.	A	71-100	30
9	**NAME OF NEW CARRIER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the name of the insurance carrier after a name change.	A	101-200	100
10	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	AN	201-254	54

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

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Field No.	Field Title/Description	Class	Position	Bytes
WISCONSIN EMPLOYEE LEASING ENDORSEMENT - WISCONSIN RECORD				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report “48”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report “EC”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report WC480314, WC480315, WC480317 or WC480318.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *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.	A	59-59	1
7	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*		60-70	11
8	**NAME OF CLIENT OR NAME OF LABOR CONTRACTOR** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the name. For Endorsement Number WC480318, report the client company 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	AN	71-130	60

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Field No.	Field Title/Description	Class	Position	Bytes
	name.			
9	**ADDRESS - STREET** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	AN	223-231	9

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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)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the Federal Employer Identification Number corresponding to the name being reported. For Endorsement Number WC480317, report the labor contractor FEIN. For Endorsement Number WC480318, report the client company FEIN. 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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the estimated premium for endorsement number WC480314.	N	241-250	10
15	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	AN	251-254	4
16	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report all or a portion of the name of the insured as accommodated by this field.	AN	255-288	34
17	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
18	**RESERVED FOR FUTURE USE**	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA			

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Field No.	Field Title/Description	Class	Position	Bytes
WISCONSIN EMPLOYEE LEASING CO CLIENT TERMINATION ENDORSEMENT - WISCONSIN RECORD				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report “48”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report “ED”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report WC480316.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *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.	A	59-59	1
7	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*		60-70	11
8	**NAME OF EMPLOYEE LEASING COMPANY** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the employee leasing company name.	AN	71-130	60
9	**NAME OF CLIENT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the name of the client.	AN	131-190	60
10	**TERMINATION EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	N	191-196	6

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

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Field No.	Field Title/Description	Class	Position	Bytes
ASSUMPTION OF LIABILITY ENDORSEMENT RECORD – WISCONSIN RECORD				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report “48”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report “EF”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report WC480607.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *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.	A	59-59	1
7	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*		60-70	11
8	**POLICY EXPIRATION DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the expiration date of the policy or POC notice.	N	71-76	6
9	**ACCEPTING LIABILITY CARRIER CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the code to identify the carrier who is accepting the liability.	N	77-81	5
10	**ACCEPTING LIABILITY CARRIER SIGNATORY DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	N	82-87	6

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Field No.	Field Title/Description	Class	Position	Bytes
	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** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the name of the representative who signed the agreement on behalf of the carrier who is accepting the liability.	A	88-117	30
12	**ACCEPTING LIABILITY CARRIER SIGNATORY TITLE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the title of the representative who signed the agreement on behalf of the carrier who is accepting the liability.	A	118-137	20
13	**ORIGINAL CARRIER SIGNATORY DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the date the carrier representative signed the agreement on behalf of the original carrier.	N	138-143	6
14	**NAME OF ORIGINAL CARRIER SIGNATORY** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the name of the representative who signed the agreement on behalf of the original carrier.	A	144-173	30
15	**ORIGINAL CARRIER SIGNATORY TITLE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the title of the representative who signed the agreement on behalf of the original carrier.	A	174-193	20
16	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	AN	194-254	61
17	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report all or a portion of the name of the insured as accommodated by this field.	AN	255-288	34
18	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the date that the endorsement becomes effective on the policy.	N	289-294	6
19	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
WISCONSIN FRANCHISOR-FRANCHISEE COVERAGE ENDORSEMENT				
1	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*		0-0	1
2	**LINK DATA** *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.	AN	1-43	43
3	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report "48".	N	44-45	2
4	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report "EG".	AN	46-47	2
5	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*		48-50	3
6	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report "WC480320".	AN	51-58	8
7	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *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.	A	59-59	1
8	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*		60-70	11
9	**NAME OF FRANCHISEE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the name of the Franchisee.	AN	71-130	60
10	**ADDRESS - STREET** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the street number and name, post office box, or other description.	AN	131-190	60

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Field No.	Field Title/Description	Class	Position	Bytes
11	**ADDRESS - CITY** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the City Name.	AN	191-220	30
12	**ADDRESS - STATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the US Postal Service abbreviation for the state.	AN	221-222	2
13	**ADDRESS - ZIP CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the US Postal Service zip code.	AN	223-231	9
14	**FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the Federal Employer Identification Number corresponding to the name being reported.	N	232-240	9
15	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	AN	241-254	14
16	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report all or a portion of the name of the insured as accommodated by this field.	AN	255-288	34
17	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
18	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	AN	295-300	6

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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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report "48".	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report "EH".	AN	46-47	2
4	**RESERVED FOR FUTURE USE**		48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report "WC480321".	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**RESERVED FOR FUTURE USE**		60-70	11
8	**NAME OF FRANCHISOR** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the Name of the Franchisor.	AN	71-130	60
9	**NAME OF FRANCHISEE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the name of the Franchisee.	AN	131-190	60
10	**TERMINATION EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the Franchisee Termination Effective Date.	N	191-196	6
11	**ENTITIES RECEIVING THIS FORM** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the name(s) of all entities receiving a copy of this endorsement.	AN	197-248	52

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Field No.	Field Title/Description	Class	Position	Bytes
12	**DATE SENT** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the date this endorsement was sent. Format YYMMDD.	N	249-254	6
13	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report all or a portion of the name of the insured as accommodated by this field.	AN	255-288	34
14	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
15	**RESERVED FOR FUTURE USE**		295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
WISCONSIN EMPLOYEE LEASING COMPANY LEASED EMPLOYEE INCLUSION ENDORSEMENT				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the code of the state covered by this endorsement record.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report “EI”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report "WC480322".	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *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.	A	59-59	1
7	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*		60-70	11
8	**NAME OF LABOR CONTRACTOR** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report all or a portion of the name of the Labor Contractor as accommodated by this field.	AN	71-130	60
9	**POLICY NUMBER OF LABOR CONTRACTOR** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the policy number of the Labor Contractor.	AN	131-148	18
10	**FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OF LABOR CONTRACTOR**	N	149-157	9

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

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Field No.	Field Title/Description	Class	Position	Bytes
WISCONSIN NAMED INSURED CANCELLATION ENDORSEMENT				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report "48".	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report "EJ".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*		48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report "WC480323".	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *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.	A	59-59	1
7	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*		60-70	11
8	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the Name of Insured being cancelled. Report one Name of Insured per Record Type Code EJ.	AN	71-160	90
9	**ADDRESS OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the Address of Insured being cancelled.	AN	161-240	80
10	**REASON FOR CANCELLATION CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	N	241-242	2

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Field No.	Field Title/Description	Class	Position	Bytes

Report the code identifying the reason for cancellation.

Code	Description
01	Retiring From Business or Out of Business
02	Completed Operations (No Employees/No Exposure/No Operations)
03	Cancelled by Employer
04	Cancelled by Underwriter and/or Plan Administrator N/A: CA, PA This code is not used in the EJ record. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA
05	Nonpayment of Premium This code is not used in the EJ record. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA
06	Reserved for Future Use
07	Rewrite (Use with Cancellation Type Code 1 [position 49]) N/A: NCCI This code is not used in the EJ record. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA
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 This code is not used in the EJ record. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA
15	Substantial Change in Risk N/A: NJ, PA This code is not used in the EJ record. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA
16	Failure to Comply With the Terms and Conditions or Audit Failure N/A: MA, PA This code is not used in the EJ record. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA

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Field No.	Field Title/Description	Class	Position	Bytes
	17 Not in “Good Faith” Entitled to Coverage N/A: CA, MA, NJ, PA, WI This code is not applicable for voluntary policies. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA This code is only applicable for Assigned Risk policies. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	18 Participation in Wrap-Up Complete N/A: CA, NJ This code is not used in the EJ record. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA			
	19 Underwriting Reasons N/A: CA, NJ, PA This code is not used in the EJ record. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA			
	20 Cancelled at Request of the Finance Company N/A: CA, NJ, PA			
	21 Material Misrepresentation/Fraud N/A: NJ, PA This code is not used in the EJ record. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA			
	22 Employee Leasing Agreement Terminated N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA This code is not used in the EJ record. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA			
	23 Failure to Submit Payroll Information N/A: CA, DE, MA, MN, NC, NJ, NY, PA, WI			
	99 Other N/A: NC, PA, WI			
11	**CANCELLATION EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the Named Insured Cancellation Effective Date. Format: CCYYMMDD.	N	243-250	8
12	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	AN	251-254	4
13	**PRIMARY NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report all or a portion of the primary name of the insured as accommodated by this field.	AN	255-288	34
14	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	N	289-296	8

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Field No.	Field Title/Description	Class	Position	Bytes
	Report the date that the endorsement becomes effective on the policy. Format: CCYYMMDD.			
15	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	AN	297-300	4

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Field No.	Field Title/Description	Class	Position	Bytes
WISCONSIN WRAP-UP SOLE AGENT AND ASSIGNMENT OF CONSENT ENDORSEMENT				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report "48".	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report "EK".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report "WC480609".	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the bureau-approved version identifier that corresponds with the Endorsement Number reported.	A	59-59	1
7	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	AN	60-70	11
8	**Name of Wrap-Up Sponsor** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the name of the Wrap-Up Sponsor identified in the schedule. Report one name of Wrap-Up Sponsor per Record Type Code EK.	AN	71-190	120
9	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	AN	191-254	64
10	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report all or a portion of the name of the insured as	AN	255-288	34

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Field No.	Field Title/Description	Class	Position	Bytes
	accommodated by this field.			
11	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA* Report the date that the endorsement becomes effective on the policy. Format: CCYYMMDD.	N	289-296	8
12	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA*	AN	297-300	4

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Field No.	Field Title/Description	Class	Position	Bytes
MASSACHUSETTS EMPLOYEE LEASING ENDORSEMENT - MASSACHUSETTS RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “20”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “FA”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report WC200304 (Client), WC200308 (PEO Extension) or WC000322 (PEO Client Exclusion).	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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 PEO** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI* For endorsement WC200304, report the client name. For endorsement WC200308, report the PEO name. For endorsement WC000322, report the PEO name.	AN	71-150	80
9	**CLIENT OR PEO FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)**	N	151-159	9

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

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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** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
MASSACHUSETTS QUALIFIED LOSS MANAGEMENT PROGRAM ENDORSEMENT - MASSACHUSETTS RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “20”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report “FB”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report WC200402.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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 QUALIFIED LOSS MANAGEMENT PROGRAM** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the name of the qualified loss management program as shown on the notification from WCRIBMA to the data provider.	AN	71-160	90
9	**SUBSCRIPTION DATE** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI*	N	161-166	6

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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** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the date the employer subscribed to the program as shown on the notification from WCRIBMA to the data provider. Format YYMMDD.	N	167-172	6
11	**CREDIT FACTOR** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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.	N	173-176	4
12	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI* 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	177-210	34
13	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	211-216	6
14	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	217-300	84

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Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR FUTURE USE				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI* Report “21”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI* Report “GA”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-300	253

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Field No.	Field Title/Description	Class	Position	Bytes
MINNESOTA INDEPENDENT CONTRACTORS COVERAGE ENDORSEMENT				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report “22”.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report “HA”.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report WC220302.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* 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 INDEPENDENT CONTRACTOR** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the name of the independent contractor being covered.	AN	71-160	90
9	**CLASSIFICATION CODE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the classification code corresponding to the classification assigned to the insured.	N	161-164	4

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

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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** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI*	AN	249-254	6
16	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format YYMMDD.	N	289-294	6
18	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
MINNESOTA THIRD DEGREE OF KINDRED FAMILY MEMBER EXCLUSION ENDORSEMENT				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, 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.	AN	1-43	43
2	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI*	AN	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report “HB”. Multiples of this record is required whenever there is more than one Family Member being excluded under the policy.	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report WC220303.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* 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 TO BE EXCLUDED** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the name of the person excluded from coverage on the policy.	AN	71-130	60
9	**RELATIONSHIP TO EXECUTIVE OFFICER OR LIMITED LIABILITY COMPANY (LLC) MANAGER** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI*	AN	131-160	30

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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** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the name of the individual to which the excluded family member listed on the endorsement is related.	AN	161-220	60
11	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI*	AN	221-254	34
12	**NAME OF INSURED** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* 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
13	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the date that the endorsement to the policy becomes effective. Format YYMMDD.	N	289-294	6
14	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
MINNESOTA EMPLOYEE LEASING ENDORSEMENT				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report "22".	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report "HC".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report WC220304.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the name of the client.	AN	71-120	50
9	**LEASING ADDRESS TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the code that identifies the address type being reported.	A	121-121	1

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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** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the street number and name, post office box, or other description.	AN	122-181	60
11	**ADDRESS - CITY** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the city name.	AN	182-211	30
12	**ADDRESS - STATE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the U.S. Postal Service abbreviation for the state.	AN	212-213	2
13	**ADDRESS - ZIP CODE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the postal or zip code.	AN	214-222	9
14	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI*	AN	223-224	2
15	**CLIENT FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the FEIN of the client.	N	225-233	9
16	**CLIENT'S UNEMPLOYMENT INSURANCE (UI) NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* 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** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI*	AN	249-254	6

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

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Field No.	Field Title/Description	Class	Position	Bytes
MINNESOTA OWNER OR CONTRACTOR-CONTROLLED INSURANCE PROGRAM (OCIP/CCIP) ENDORSEMENT RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, DE, MA, MI, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report "22".	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report "HD".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI*	AN	48-50	3
5	**ENDORSEMENT NUMBER** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report WC220621, WC220622, WC220623, or WC220624.	AN	51-58	8
6	**BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the bureau-approved version identifier that corresponds with the Endorsement Number reported.	A	59-59	1
7	**CARRIER VERSION IDENTIFIER** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* 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 PROJECT** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the name of the project being covered.	AN	71-120	50
9	**PROJECT SPONSOR, GENERAL CONTRACTOR, OR CONSTRUCTION MANAGER NAME** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the name of the Project Sponsor for Endorsements WC220621 and WC220622. Report the name of the General	AN	121-170	50

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Field No.	Field Title/Description	Class	Position	Bytes
	WC220621 and WC220622. Report the name of the General Contractor or Construction Manager for Endorsements WC220623 and WC220624.			
10	**OCIP/CCIP ADDRESS TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the code that identifies the address type being reported. **Code** **Description** 1 Project Sponsor Mailing Address 2 General Contractor or Construction Manager Mailing Address 3 Workplace Address Must a report a minimum of one workplace address per endorsement. As many of these records as needed may be reported.	N	171-171	1
11	**ADDRESS - STREET** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the street number and name, post office box, or other description.	AN	172-231	60
12	**ADDRESS - CITY** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the city name.	AN	232-261	30
13	**ADDRESS - STATE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the Postal Service abbreviation for the state, Canadian Province, or Puerto Rico.	AN	262-263	2
14	**ADDRESS - ZIP CODE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the postal or U.S. Postal Service zip code.	AN	264-272	9
15	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI*	AN	273-288	16
16	**ENDORSEMENT EFFECTIVE DATE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI* Report the date that the endorsement becomes effective on the policy. Format: YYMMDD	N	289-294	6

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Field No.	Field Title/Description	Class	Position	Bytes
17	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI*	AN	295-300	6

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Field No.	Field Title/Description	Class	Position	Bytes
NONCOMPLIANCE/COMPLIANCE OF POLICY TERMS AND CONDITIONS RECORD				
1	**LINK DATA** *NOT APPLICABLE: CA, 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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, MI, NCCI, NJ, NY, PA, WI* Report the state code for the state covered by this record.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, NJ, NY, PA, WI* Report "Z1". This record is to be used for Assigned Risk policies only. N/A: CA, DE, MA, NC, NCCI, NJ, NY, PA, WI	AN	46-47	2
4	**NONCOMPLIANCE/COMPLIANCE NOTIFICATION TYPE CODE** *NOT APPLICABLE: CA, NJ, NY, PA, WI* *OPTIONAL: MI* 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	N	48-48	1
5	**PRIMARY NONCOMPLIANCE REASON CODE** *NOT APPLICABLE: CA, NJ, NY, PA, WI* *OPTIONAL: MI* 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	N	49-50	2

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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** N 51-52 2

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

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** N 53-54 2

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

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

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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** *NOT APPLICABLE: CA, MN, NC, NJ, NY, PA, WI* *OPTIONAL: MI* Report additional noncompliance reason code if one exists. This is a recurring field. Repeat as needed.	N	55-56	2
	Code Description			
	01 Nonpayment of Amount Billed at Final Audit			
	02 Nonpayment – Dispute Resolved; Debt not Paid			
	03 Nonpayment – Default on Payment Plan (i.e. deposit, installment, or endorsement premium)			
	04 Noncompliance – Audit			
	05 Noncompliance – Loss Control or Inspections			
	98 Nonpayment – Other (e.g. nonpayment of claim deductible)			
	99 Noncompliance – Other			
9	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, NJ, NY, PA, WI*	AN	57-64	8
10	**PRIMARY COMPLIANCE REASON CODE** *NOT APPLICABLE: CA, NJ, NY, PA, WI* *OPTIONAL: MI* 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	N	65-66	2
	Code Description			
	01 Compliance of Nonpayment - Paid in Full N/A:			

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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** *NOT APPLICABLE: CA, MN, NC, NJ, NY, PA, WI* *OPTIONAL: MI*	N	67-68	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

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Field No.	Field Title/Description	Class	Position	Bytes
	99 Compliance - Other			
12	**ADDITIONAL COMPLIANCE REASON CODE** *NOT APPLICABLE: CA, MN, NC, NJ, NY, PA, WI* *OPTIONAL: MI*	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** *NOT APPLICABLE: CA, MN, NC, NJ, NY, PA, WI* *OPTIONAL: MI*	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

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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** *NOT APPLICABLE: CA, NJ, NY, PA, WI*	AN	73-80	8
15	**CURRENT OUTSTANDING PREMIUM DUE AMOUNT** *NOT APPLICABLE: CA, NJ, NY, PA, WI* *OPTIONAL: MI* Report the premium amount still owed by 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** *NOT APPLICABLE: CA, NJ, NY, PA, WI*	AN	91-258	168
17	**NONCOMPLIANCE/COMPLIANCE TRANSACTION SEQUENCE NUMBER** *NOT APPLICABLE: CA, NJ, NY, PA, WI* *OPTIONAL: MI* 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** *NOT APPLICABLE: CA, NJ, NY, PA, WI*	AN	261-281	21
19	**DCO GENERATED TRANSACTION CODE** *NOT APPLICABLE: CA, MA, MN, NC, NCCI, NJ, NY, PA, WI* *OPTIONAL: MI* 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

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

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Field No.	Field Title/Description	Class	Position	Bytes
THIS RECORD IS RESERVED FOR ISO USE				
1	**LINK DATA** *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.	AN	1-43	43
2	**STATE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report the state code for the state covered by this record.	N	44-45	2
3	**RECORD TYPE CODE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI* Report "ZZ".	AN	46-47	2
4	**RESERVED FOR FUTURE USE** *NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI*	AN	48-300	253

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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** *NOT APPLICABLE: CA, NCCI* 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** *NOT APPLICABLE: CA, NCCI* 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

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