

## ACORD 133 (2016/03) - Workers Compensation Insurance Plan Assigned Risk Section

ACORD 133, Workers Compensation Insurance Plan Assigned Risk Section, is designed to be used in conjunction with the ACORD Workers Compensation Application (ACORD 130). These two forms collect the data necessary for submitting assigned risk business.

Please answer all questions thoroughly. Any omission may result in delay or denial of coverage. Where space restricts a complete answer, attach answer on a separate sheet of paper. These applications do not provide coverage.

Refer to the National Council on Compensation Insurance Inc. (NCCI) WCIP State Instruction pages for state specific instructions on completing the ACORD 133 and ACORD 130 for WCIP business.

All questions regarding the preparation of this form should be referred to the NCCI Service Center shown on the state instruction pages.

### Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
APPLICANT INFORMATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
APPLICANT INFORMATION SECTION	Applicant Name	Enter text: The named insured(s) as it / they will appear on the policy declarations page. As used here, enter the complete legal name of the employer. Provide all applicable D.B.A.'s (Doing business as). If more than one named insured, please submit appropriate ERM-14 form(s) "Confidential Request for Information." Contact NCCI for this form.
APPLICANT INFORMATION SECTION	Proposed Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY) As used here, enter the proposed policy effective date. Such requested effective date shall be the later of the following options:  <ol style="list-style-type: none"> <li>1. 12:01 A.M. on the date following the receipt by the Plan Administrator of a complete and eligible application,</li> <li>2. the date of expiration of existing coverage, or</li> <li>3. a date the application requested.</li> </ol>
APPLICANT INFORMATION SECTION	Payroll Office Name and Address	Enter text: The full name of the location. As used here, list the company name, physical address and telephone number where payroll records are maintained. A P.O. box address only is not acceptable.
APPLICANT INFORMATION SECTION		Enter text: The address line one of the physical location.
APPLICANT INFORMATION SECTION		Enter text: The address line two of the physical location.

<b>APPLICANT INFORMATION SECTION</b>		Enter text: The city name of the physical location.
<b>APPLICANT INFORMATION SECTION</b>		Enter code: The state or province code of the physical location.
<b>APPLICANT INFORMATION SECTION</b>		Enter code: The postal code of the physical location.
<b>APPLICANT INFORMATION SECTION</b>		Enter number: The primary phone number of the location.
<b>SUPPLEMENTAL INFORMATION</b>	<b>State Developing Highest Payroll</b>	Enter code: The state which generates the highest payroll. Follow all specific instructions for this state.
<b>SUPPLEMENTAL INFORMATION</b>	<b>Has there been previous workers compensation coverage: In this state? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Has there been previous workers compensation coverage in this state?". As used here, If there was no prior coverage, indicate why by checking the appropriate box for either new business, self insured (independent or group), or insufficient number of employees.
<b>SUPPLEMENTAL INFORMATION</b>	<b>Has there been previous workers compensation coverage: In this state? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Has there been previous workers compensation coverage in this state?".
<b>SUPPLEMENTAL INFORMATION</b>	<b>Has there been previous workers compensation coverage: In any other state? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Has there been previous workers compensation coverage in any other state?".
<b>SUPPLEMENTAL INFORMATION</b>	<b>Has there been previous workers compensation coverage: In any other state? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Has there been previous workers compensation coverage in any other state?".
<b>SUPPLEMENTAL INFORMATION</b>	<b>If No to Both - New Business</b>	Check the box (if applicable): Indicates the response expected from the company is a new issued policy.
<b>SUPPLEMENTAL INFORMATION</b>	<b>If No to Both - Self Insured-Indep</b>	Check the box (if applicable): Indicates if the insured is independently self-insured.
<b>SUPPLEMENTAL INFORMATION</b>	<b>If No to Both - Self Insured-Group</b>	Check the box (if applicable): Indicates if the insured is self-insured as part of a group.
<b>SUPPLEMENTAL INFORMATION</b>	<b>If No to Both - # Employees</b>	Check the box (if applicable): Indicates there was no previous coverage due to the number of employees.

<b>SUPPLEMENTAL INFORMATION</b>	<b>Is there any unpaid workers compensation premium due or in dispute from you or any commonly managed or owned enterprises? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Is there any unpaid workers compensation premium due or in dispute from you or any commonly managed or owned enterprise?". As used here, if "YES", explain, including entity name(s) and policy number(s). Details of any outstanding obligations must be furnished in the available space. If more space is required use the Remarks Section or attach additional sheets of paper.
<b>SUPPLEMENTAL INFORMATION</b>	<b>Is there any unpaid workers compensation premium due or in dispute from you or any commonly managed or owned enterprises? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Is there any unpaid workers compensation premium due or in dispute from you or any commonly managed or owned enterprise?".
<b>SUPPLEMENTAL INFORMATION</b>	<b>Explanation</b>	Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.
<b>SUPPLEMENTAL INFORMATION</b>	<b>Year Applicant's Business Began</b>	Enter year: The year the business was started.
<b>SUPPLEMENTAL INFORMATION</b>	<b>Has there been a name change, consolidation, merger or ownership change during the past five years? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Has there been a name change, consolidation, merger, acquisition, sale, purchase or transfer of assets or ownership change during the past mandated number of years?". As used here, a signed ERM-14 form "Confidential Request for Information," must accompany the application if a name or ownership change has occurred over the past five years, and has not already been reported. Contact NCCI for this form.
<b>SUPPLEMENTAL INFORMATION</b>	<b>Has there been a name change, consolidation, merger or ownership change during the past five years? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Has there been a name change, consolidation, merger, acquisition, sale, purchase or transfer of assets or ownership change during the past mandated number of years?".
<b>SUPPLEMENTAL INFORMATION</b>	<b>Is applicant related through common management or ownership to any entity not listed here, whether coverage is required or not? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Is the applicant related through common management or ownership to any entity not listed here whether coverage is required or not?". As used here, a signed ERM-14 form "Confidential Request for Information," must accompany the application if applicant is related through common management or ownership to any entity not listed on the ACORD 130 form, whether coverage is required or not. Contact NCCI for this form.
<b>SUPPLEMENTAL INFORMATION</b>	<b>Is applicant related through common management or ownership to any entity not listed here, whether coverage is required or not? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Is the applicant related through common management or ownership to any entity not listed here whether coverage is required or not?".

<b>SUPPLEMENTAL INFORMATION</b>	<b>Do you lease workers from a professional employers organization? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you lease workers from a professional employer organization (PEO)?". As used here, refer to the WCIP state instruction sheet for state requirements.
<b>SUPPLEMENTAL INFORMATION</b>	<b>Do you lease workers from a professional employers organization? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Do you lease workers from a professional employer organization (PEO)?".
<b>SUPPLEMENTAL INFORMATION</b>	<b>Name of Professional Employer Organization (PEO)</b>	Enter text: The full name of the employer organization (PEO).
<b>SUPPLEMENTAL INFORMATION</b>	<b>Do you lease workers to a client company? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you lease workers to a client company?". As used here, refer to the WCIP state instruction sheet for state requirements.
<b>SUPPLEMENTAL INFORMATION</b>	<b>Do you lease workers to a client company? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Do you lease workers to a client company?".
<b>SUPPLEMENTAL INFORMATION</b>	<b>Are you seeking to cover the leased workers? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Are you seeking to cover the leased workers?". As used here, refer to the WCIP state instruction sheet for state requirements.
<b>SUPPLEMENTAL INFORMATION</b>	<b>Are you seeking to cover the leased workers? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Are you seeking to cover the leased workers?".
<b>SUPPLEMENTAL INFORMATION</b>	<b>Do you provide temporary arrangement services to other employers? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you provide temporary arrangement services to other employers?". As used here, if "YES", provide a completed Temporary Labor Contractor Employee form.
<b>SUPPLEMENTAL INFORMATION</b>	<b>Do you provide temporary arrangement services to other employers? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Do you provide temporary arrangement services to other employers?".
<b>SUPPLEMENTAL INFORMATION</b>	<b>Do you have a franchise or licensing agreement? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you have a franchise or licensing agreement?". As used here, if "YES", provide a copy of the agreement.
<b>SUPPLEMENTAL INFORMATION</b>	<b>Do you have a franchise or licensing agreement? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Do you have a franchise or licensing agreement?".
<b>SUPPLEMENTAL INFORMATION</b>	<b>Is coverage requested for a sports team? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Is coverage requested for a sports team?". As used here, if "YES", provide the name of the sports team and domiciled state in the space provided.
<b>SUPPLEMENTAL INFORMATION</b>	<b>Is coverage requested for a sports team? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Is coverage requested for a sports team?".
<b>SUPPLEMENTAL INFORMATION</b>	<b>Name of Sports Team</b>	Enter text: The name of a sports team for which coverage is being requested.

<b>SUPPLEMENTAL INFORMATION</b>	<b>Domiciled State</b>	Enter text: The state or province code where a sports team is domiciled.
<b>SUPPLEMENTAL INFORMATION</b>	<b>Do trucking classifications apply? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Do trucking classifications apply?". As used here, if yes, complete questions 13 - 20.
<b>SUPPLEMENTAL INFORMATION</b>	<b>Do trucking classifications apply? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Do trucking classifications apply?".
<b>SUPPLEMENTAL INFORMATION</b>	<b>Do you or your employees regularly operate from a base terminal(s) which is (are) used to load, unload, store or transfer freight? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you or your employees regularly operate from a base terminal(s) which is (are) used to load, unload, store or transfer freight?". As used here, if "YES", list the complete address for each base terminal which is used by the drivers to load, unload, and/or transfer freight on a regular basis.
<b>SUPPLEMENTAL INFORMATION</b>	<b>Do you or your employees regularly operate from a base terminal(s) which is (are) used to load, unload, store or transfer freight? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Do you or your employees regularly operate from a base terminal(s) which is (are) used to load, unload, store or transfer freight?".
<b>SUPPLEMENTAL INFORMATION</b>	<b>#1 Street</b>	Enter text: The address line one of the physical location.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#1 City</b>	Enter text: The city name of the physical location.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#1 County</b>	Enter text: The county name of the physical location.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#1 ST</b>	Enter code: The state or province code of the physical location.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#1 Zip Code</b>	Enter code: The postal code of the physical location.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#2 Street</b>	Enter text: The address line one of the physical location.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#2 City</b>	Enter text: The city name of the physical location.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#2 County</b>	Enter text: The county name of the physical location.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#2 ST</b>	Enter code: The state or province code of the physical location.

<b>SUPPLEMENTAL INFORMATION</b>	<b>#2 Zip Code</b>	Enter code: The postal code of the physical location.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#3 Street</b>	Enter text: The address line one of the physical location.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#3 City</b>	Enter text: The city name of the physical location.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#3 County</b>	Enter text: The county name of the physical location.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#3 ST</b>	Enter code: The state or province code of the physical location.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#3 Zip Code</b>	Enter code: The postal code of the physical location.
<b>SUPPLEMENTAL INFORMATION</b>	<b>Can each driver's state or majority driving time be established through verifiable records or logs? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Can each driver's state of majority driving time be established through verifiable records or logs?". As used here, if the state of majority driving time can be established for each driver through verifiable logs or records, list the state for each driver in the appropriate section of question 15.
<b>SUPPLEMENTAL INFORMATION</b>	<b>Can each driver's state or majority driving time be established through verifiable records or logs? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Can each driver's state of majority driving time be established through verifiable records or logs?".
<b>SUPPLEMENTAL INFORMATION</b>	<b>#1 Driver Name</b>	Enter text: The driver's full name.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#1 Terminal #</b>	Enter number: The producer assigned number of the location.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#1 Majority Driving State</b>	Enter code: The state or province where the driver does the majority of their driving.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#1 Residence State</b>	Enter code: The state or province of the driver.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#2 Driver Name</b>	Enter text: The driver's full name.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#2 Terminal #</b>	Enter number: The producer assigned number of the location.

<b>SUPPLEMENTAL INFORMATION</b>	<b>#2 Majority Driving State</b>	Enter code: The state or province where the driver does the majority of their driving.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#2 Residence State</b>	Enter code: The state or province of the driver.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#3 Driver Name</b>	Enter text: The driver's full name.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#3 Terminal #</b>	Enter number: The producer assigned number of the location.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#3 Majority Driving State</b>	Enter code: The state or province where the driver does the majority of their driving.
<b>SUPPLEMENTAL INFORMATION</b>	<b>#3 Residence State</b>	Enter code: The state or province of the driver.
<b>SUPPLEMENTAL INFORMATION</b>	<b>What type(s) of goods are being hauled?</b>	Enter text: The type(s) of goods that are being hauled.
<b>SUPPLEMENTAL INFORMATION</b>	<b>Do you own these goods? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you own goods that are being hauled?".
<b>SUPPLEMENTAL INFORMATION</b>	<b>Do you own these goods? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Do you own goods that are being hauled?".
<b>SUPPLEMENTAL INFORMATION</b>	<b>Is applicant under exclusive contract with any retail store(s)? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Is applicant under exclusive contract with any retail stores?". As used here, if "YES", provide a copy of contract(s).
<b>SUPPLEMENTAL INFORMATION</b>	<b>Is applicant under exclusive contract with any retail store(s)? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Is applicant under exclusive contract with any retail stores?".
<b>SUPPLEMENTAL INFORMATION</b>	<b>Is applicant under exclusive contract with any postal service? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Is applicant under exclusive contract with any postal service?". As used here, if "YES", provide a copy of contract(s).
<b>SUPPLEMENTAL INFORMATION</b>	<b>Is applicant under exclusive contract with any postal service? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Is applicant under exclusive contract with any postal service?".
<b>SUPPLEMENTAL INFORMATION</b>	<b>Within what mile radius is hauling done?</b>	Enter number: The radius in whole numbers within which hauling is done.

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE</b>	<b>Have you received any offers of voluntary coverage? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Have you received any offers of voluntary coverage?". As used here, an offer of voluntary coverage will affect an applicant's eligibility for Plan coverage; therefore voluntary offers of coverage must be fully and completely described including plan terms.
<b>INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE</b>	<b>Have you received any offers of voluntary coverage? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Have you received any offers of voluntary coverage?".
<b>INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE</b>	<b>Explanation</b>	Enter text: An explanation of a response to a general information or underwriting question. Normally, "Yes" responses require an explanation.
<b>INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE</b>	<b>Indicate the number of insurance companies which have refused the applicant coverage in the last 60 days (or in accordance with state specific guidelines)</b>	Enter number: The number of insurance companies that have refused the applicant coverage in the past specified time. As used here, refer to the state instructions for requirements regarding the number of refusals needed before an applicant is eligible for the state's WCIP coverage. Refusal must come from non-affiliated insurers who are licensed and actively writing workers compensation insurance in the state of application. The employer and/or its representative must retain in file the refusing carrier's name, contact person, address, phone number and date of refusal.
<b>INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE</b>	<b>Company Name One</b>	Enter text: The full name of an insurer that has rejected coverage for the applicant.
<b>INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE</b>	<b>Representative Name One</b>	Enter text: The full name of the representative of the insurer that has rejected coverage for the applicant.
<b>INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE</b>	<b>Telephone Number One</b>	Enter number: The phone number of the insurer rejecting coverage.
<b>INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE</b>	<b>Date of Refusal One</b>	Enter date: The date the insurer refused coverage.
<b>INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE</b>	<b>Comments One</b>	Enter text: The comments regarding the refusal of insurance.



<b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b>	<b>Company Name Two</b>	Enter text: The full name of an insurer that has rejected coverage for the applicant.
<b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b>	<b>Representative Name Two</b>	Enter text: The full name of the representative of the insurer that has rejected coverage for the applicant.
<b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b>	<b>Telephone Number Two</b>	Enter number: The phone number of the insurer rejecting coverage.
<b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b>	<b>Date of Refusal Two</b>	Enter date: The date the insurer refused coverage.
<b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b>	<b>Comments Two</b>	Enter text: The comments regarding the refusal of insurance.
<b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b>	<b>Company Name Three</b>	Enter text: The full name of an insurer that has rejected coverage for the applicant.
<b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b>	<b>Representative Name Three</b>	Enter text: The full name of the representative of the insurer that has rejected coverage for the applicant.
<b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b>	<b>Telephone Number Three</b>	Enter number: The phone number of the insurer rejecting coverage.
<b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b>	<b>Date of Refusal Three</b>	Enter date: The date the insurer refused coverage.
<b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b>	<b>Comments Three</b>	Enter text: The comments regarding the refusal of insurance.
<b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b>	<b>Company Name Four</b>	Enter text: The full name of an insurer that has rejected coverage for the applicant.
<b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b>	<b>Representative Name Four</b>	Enter text: The full name of the representative of the insurer that has rejected coverage for the applicant.

<b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b>	<b>Telephone Number Four</b>	Enter number: The phone number of the insurer rejecting coverage.
<b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b>	<b>Date of Refusal Four</b>	Enter date: The date the insurer refused coverage.
<b>INSURANCE COMPANIES WHO HAVE OFFERED/ REFUSED INSURANCE</b>	<b>Comments Four</b>	Enter text: The comments regarding the refusal of insurance.
<b>PREMIUM PAYMENT</b>	<b>Is the premium financed through a third party premium finance company? Yes</b>	Check the box (if applicable): Indicates the premium has been financed. As used here, if "YES", provide a copy of the agreement.
<b>PREMIUM PAYMENT</b>	<b>Is the premium financed through a third party premium finance company? No</b>	Check the box (if applicable): Indicates the premium has not been financed.
<b>PREMIUM PAYMENT</b>	<b>In applicable jurisdictions on qualifying risk, is the loss sensitive rating program (LSRP) contingency deposit being paid in full at this time? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "In applicable jurisdictions on qualifying risks, is the loss sensitive rating program (LSRP) contingency deposit being paid in full at this time?".
<b>PREMIUM PAYMENT</b>	<b>In applicable jurisdictions on qualifying risk, is the loss sensitive rating program (LSRP) contingency deposit being paid in full at this time? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "In applicable jurisdictions on qualifying risks, is the loss sensitive rating program (LSRP) contingency deposit being paid in full at this time?".

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<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).

<b>APPLICANT'S STATEMENT</b>	<b>Statement</b>	Enter text: The description of any difficulties the applicant has had with any producer or company in regard to handling of any claim or accident report. As used here, list any exceptions with regard to bona fide disputes in the space provided. The Loss Sensitive Rating Plan acknowledgement applies only in those jurisdictions where the program has been approved for use.  Reminder: Both the 130 and 133 applications must be signed by the insured and the producer.
<b>APPLICANT'S STATEMENT</b>	<b>The insured elects to be excluded from the list of employers in the Tennessee assigned risk plan - YES (checkbox)</b>	Check the box (if applicable): Indicates the insured elects to be excluded from the list of employers in the Tennessee assigned risk plan.
<b>APPLICANT'S STATEMENT</b>	<b>The insured elects to be excluded from the list of employers in the Tennessee assigned risk plan - NO (checkbox)</b>	Check the box (if applicable): Indicates the insured does not elect to be excluded from the list of employers in the Tennessee assigned risk plan.
<b>APPLICANT'S STATEMENT</b>	<b>Applicant consents and agrees to receive electronically transmitted information issued by NCCI - YES (checkbox)</b>	Check the box (if applicable): Indicates applicant consents and agrees to receive electronically transmitted information issued by NCCI.
<b>APPLICANT'S STATEMENT</b>	<b>Applicant consents and agrees to receive electronically transmitted information issued by NCCI - NO (checkbox)</b>	Check the box (if applicable): Indicates applicant does not consent and agree to receive electronically transmitted information issued by NCCI.
<b>APPLICANT'S STATEMENT</b>	<b>Applicant's e-mail address</b>	Enter text: The named insured's primary e-mail address.
<b>APPLICANT'S STATEMENT</b>	<b>Applicant consents and agrees to receive electronically transmitted information issued by the assigned carrier - YES (checkbox)</b>	Check the box (if applicable): Indicates applicant consents and agrees to receive electronically transmitted information issued by the assigned carrier.
<b>APPLICANT'S STATEMENT</b>	<b>Applicant consents and agrees to receive electronically transmitted information issued by the assigned carrier - NO (checkbox)</b>	Check the box (if applicable): Indicates applicant does not consent and agree to receive electronically transmitted information issued by the assigned carrier.

<b>APPLICANT'S STATEMENT</b>	<b>Applicant's e-mail address</b>	Enter text: The named insured's primary e-mail address.
<b>APPLICANT'S STATEMENT</b>	<b>Applicant's Name</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
<b>APPLICANT'S STATEMENT</b>	<b>Signature</b>	Sign here: Accommodates the signature of the applicant or named insured. As used here, this application must be signed by an officer, owner or partner. If a person other than any of these has signed the application (e.g., spouse, trustee, general manager), attach a copy of the power of attorney. With the signature, provide the signer's name, title and signature date.
<b>APPLICANT'S STATEMENT</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)

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<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>PRODUCER COMMUNICATIONS</b>	<b>Producer consents and agrees to receive electronically transmitted information issued by NCCI - YES (checkbox)</b>	Check the box (if applicable): Indicates producer consents and agrees to receive electronically transmitted information issued by NCCI.
<b>PRODUCER COMMUNICATIONS</b>	<b>Producer consents and agrees to receive electronically transmitted information issued by NCCI - NO (checkbox)</b>	Check the box (if applicable): Indicates producer does not consent and agree to receive electronically transmitted information issued by NCCI.
<b>PRODUCER COMMUNICATIONS</b>	<b>Producer's e-mail address</b>	Enter text: The producer's contact person's e-mail address.
<b>PRODUCER COMMUNICATIONS</b>	<b>Producer consents and agrees to receive electronically transmitted information issued by the assigned carrier - YES (checkbox)</b>	Check the box (if applicable): Indicates producer consents and agrees to receive electronically transmitted information issued by the assigned carrier.
<b>PRODUCER COMMUNICATIONS</b>	<b>Producer consents and agrees to receive electronically transmitted information issued by the assigned carrier - NO (checkbox)</b>	Check the box (if applicable): Indicates producer does not consent and agree to receive electronically transmitted information issued by the assigned carrier.

<b>PRODUCER COMMUNICATIONS</b>	<b>Producer's e-mail address</b>	Enter text: The producer's contact person's e-mail address.
<b>PRODUCER'S CERTIFICATION</b>	<b>Agency FEIN</b>	Enter identifier: The producer's tax identification number.
<b>PRODUCER'S CERTIFICATION</b>	<b>Agency License Number</b>	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.
<b>PRODUCER'S CERTIFICATION</b>	<b>Agency Phone Number</b>	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
<b>PRODUCER'S CERTIFICATION</b>	<b>Agency Fax Number</b>	Enter number: The fax number of the producer / agency.
<b>PRODUCER'S CERTIFICATION</b>	<b>Resident License Number</b>	Enter identifier: The State License Number of the producer.
<b>PRODUCER'S CERTIFICATION</b>	<b>State</b>	Enter code: The state or province code of the producer's resident license.
<b>PRODUCER'S CERTIFICATION</b>	<b>Expiration Date</b>	Enter date: The date the producer's state license expires.
<b>PRODUCER'S CERTIFICATION</b>	<b>Non-Resident License Number</b>	Enter identifier: The producer's non-resident license number.
<b>PRODUCER'S CERTIFICATION</b>	<b>State</b>	Enter code: The state or province code of the producer's non-resident license.
<b>PRODUCER'S CERTIFICATION</b>	<b>Expiration Date</b>	Enter date: The date the producer's non-resident license expires.
<b>PRODUCER'S CERTIFICATION</b>	<b>Producer Name</b>	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
<b>PRODUCER'S CERTIFICATION</b>	<b>E-Mail Address</b>	Enter text: The producer's contact person's e-mail address.
<b>PRODUCER'S CERTIFICATION</b>	<b>Producer Signature</b>	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
<b>PRODUCER'S CERTIFICATION</b>	<b>Date</b>	Enter date: The date the producer signed the form.
<b>REMARKS</b>	<b>Remarks</b>	Enter text: The remarks associated with the Workers Compensation line of business. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

## NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to Rule 4 of NCCI's *Basic Manual for Workers Compensation and Employers Liability Insurance*, NCCI's *Basic Manual User's Guide* (National pages), and NCCI's *Assigned Risk Supplement*, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

ALASKA				
Estimated Annual Premium	Payment Basis	Minimum Deposit %	Additional Payments During Year	Number of Refusers: Two—one must be the current carrier, if applicable.
Under \$2,000	Annual	100%	None	Effective Date: The later of the following options: <ul style="list-style-type: none"> <li>12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application</li> <li>The date of expiration of existing coverage</li> <li>A date the applicant requests</li> </ul> If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage.
At least \$2,000	Deposit + 1	50%	The balance is due 90 days after policy inception	
At least \$5,000	Deposit + 2	30%	Two installments due at the beginning of months three and six	
	Deposit + 7	30%	Seven installments due at the beginning of months two through eight	
	Deposit + 11	30%	Installments are calculated using the insured's monthly report of actual payroll to the carrier as specified in 3 AAC 30.130(2)	

Additional premium installments must be made in equal amounts, the sum of which, when added to the deposit premium, must equal 100% of the estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit premium percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit and premium installment table.

The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, consistent with Alaska Regulation 3 AAC 30.130(3), may make appropriate changes to the governing state's premium installment basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.

Premiums paid by installment must either be structured to reflect seasonal peaks in premium or be based on the employer's monthly report of actual payroll to the assigned carrier. The insurer must make this provision clear in the insurance policy.

**Minimum Premium Policies**

The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.

For any dispute concerning the change of an employer's payment basis, refer to *Basic Manual* Rule 4-A-10.

**Alaska Insurance Guaranty Association Surcharge**

The Alaska Insurance Guaranty Association (AIGA) surcharge percentage is determined by the AIGA. At the time of application, the Plan Administrator calculates, collects, and remits the estimated AIGA surcharge amount. Specifically, the AIGA surcharge percentage is:

- Applied to the Alaska total estimated annual premium only
- Collected by the Plan Administrator
- Remitted, with the deposit premium, to the assigned carrier when coverage is bound
- Not included in estimated annual premium when determining the premium installment basis for a policy
- Required to be shown separately from the premium for coverage on the policy
- Subject to adjustment by the assigned carrier at policy issuance, preliminary, interim, and/or final audit(s) or when an endorsement is issued; the assigned carrier is responsible for the calculation and application of the surcharge at renewal
- Not to be considered premium

**Application Submission Options:**

- Online—Applications may be submitted via NCCI's website at [ncci.com](http://ncci.com). To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at [customer\\_service@ncci.com](mailto:customer_service@ncci.com).
- Telephone—Applications may be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123.
- Mail—Applications may be submitted via the US Postal Service or private overnight delivery service to the address provided below.

**Note:** Under Alaska law, an out-of-state agent/producer is required to have an Alaska resident or nonresident license to submit an application to NCCI for primary coverage. Additionally, when an agency submits an application, the agency's employee who submits the application must have an Alaska producer license, the agency must have an Alaska producer license, and each individual employed as an insurance producer must have an Alaska producer license.

**Voluntary Coverage Assistance Program (VCAP® Service):**

NCCI's *VCAP® Service* applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System (*RMAPS® Online Application Service*). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through *VCAP® Service* to determine if they match the preselected criteria specified by a participating voluntary coverage provider.

Refer to NCCI's *Basic Manual* Rule 4-D—Voluntary Coverage Assistance Program (*VCAP® Service*) for the applicable rules.

**Guide to Premium Calculation** (for detailed information, refer to Alaska State Special Rules in NCCI's *Basic Manual*):

- Experience modification, if applicable
- Assigned risk surcharge of 25% applies only to modified premium in excess of \$3,000
- Alaska Residual Market Safe Workplace Incentive Program, if applicable

**Election/Rejection Under State Law:**

**Sole proprietors and partners** are not automatically covered, but may elect coverage by making a written application to a carrier. Attach to the application a copy of the election. Payroll must be included for any sole proprietor or partners electing coverage.

**Members of limited liability companies** are not automatically covered, but may elect coverage by specifically including the member in the contract of insurance. Members of limited liability companies are treated as sole proprietors/partners for premium determination purposes. Payroll must be included for any members of limited liability companies electing coverage.

**Executive officers** are automatically covered, but may elect to be excluded from coverage provided the officer has received an Executive Officer Waiver from the Alaska Department of Labor, Division of Workers' Compensation. Attach a copy of the Waiver to the application. Payroll must be excluded for any executive officers rejecting coverage.

**Executive officers of a municipal corporation, or of a charitable, religious, educational, or other nonprofit corporation** are not automatically covered, but may elect coverage by specifically including the officer in the contract of insurance. Payroll must be included for any executive officers of a municipal corporation, or of a charitable, religious, educational, or other nonprofit corporation electing coverage.

Failure to file the appropriate forms/notices for election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

**Volunteers**

**Members of the Alaska State Defense Force** (voluntary state militia) are automatically covered under the Act.

**Volunteer ambulance attendants, police officers, firefighters, and search and rescue personnel** are not automatically covered under the Act, but the political subdivision may elect coverage for such volunteers. The election shall be made by filing copies of the insurance policy or policies with the commissioner.

Refer to the Department of Labor at [www.labor.state.ak.us](http://www.labor.state.ak.us) for the most current rules, regulations, and forms.

**Note:** This information applies only to Alaska law. If additional states are to be covered, additional action may be necessary under applicable state law.

**Employee Leasing:**

There are no filed and approved NCCI manual rules regarding the policy issuance requirements for Professional Employer Organization (PEO) arrangements in Alaska. Obtain forms from NCCI.

**Other:**

In "Remarks" or on a separate paper, answer the following:

Do you have a written and monitored workplace safety program? If yes, who is (are) the person(s) responsible for administering your program?

If you are currently in bankruptcy proceedings, provide trustee name and phone number.

Alaska law provides that employers are liable for injury of the employees of uninsured subcontractors. Payments for subcontract labor without certificates of insurance must be included in the premium calculation.

**Submit Application via Regular Mail to:** NCCI  
Attn: Treasury Department  
PO Box 3045  
Boca Raton, FL 33431

**Submit Application via Overnight Delivery to:** NCCI  
Attn: Treasury Department  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362

**Send Correspondence to:** NCCI Customer Service Center  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362  
Phone: 800-622-4123  
Fax: 561-893-1191

## NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to Rule 4 of NCCI's **Basic Manual for Workers Compensation and Employers Liability Insurance**, NCCI's **Basic Manual User's Guide** (National pages), and NCCI's **Assigned Risk Supplement**, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

ALABAMA				
Estimated Annual Premium	Premium Installment Basis	Minimum Deposit %	Additional Payments During Year	Number of Refusers: Two—one must be the current carrier, if applicable.
Under \$5,000	Annual	100%	None	<b>Effective Date:</b> The later of the following options: <ul style="list-style-type: none"> <li>12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application</li> <li>The date of expiration of existing coverage</li> <li>A date the applicant requests</li> </ul> If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
At least \$5,000	Semiannual	75%	One	
At least \$10,000	Quarterly	50%	Three	
At least \$50,000	Monthly	25%	Nine	
<p>Additional premium installments must be made in equal amounts, the sum of which, when added to the deposit premium, must equal 100% of the estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit and premium installment table.</p> <p>The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate changes to the governing state's premium installment basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.</p> <p><b>Minimum Premium Policies</b></p> <p>The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.</p> <p><b>Short-Term Policies</b></p> <p>The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the Plan Administrator.</p> <p>For any dispute concerning the change of an employer's payment basis, refer to <b>Basic Manual</b> Rule 4-A-10.</p>				
<p><b>Application Submission Options:</b></p> <ul style="list-style-type: none"> <li>Online—Applications may be submitted via NCCI's website at <a href="http://ncci.com">ncci.com</a>. To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at <a href="mailto:customer_service@ncci.com">customer_service@ncci.com</a>.</li> <li>Telephone—Applications may be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123.</li> <li>Mail—Applications may be submitted via the US Postal Service or private overnight delivery service to the address provided below.</li> </ul> <p><b>Note:</b> Under Alabama law, an out-of-state agent/producer is required to have an Alabama resident or nonresident license to submit an application to NCCI for primary coverage. Additionally, when an agency submits an application, the agency's employee who submits the application must have an Alabama producer license, and the agency must also have an Alabama producer license. Further, an employer must submit an application through a properly licensed agent/producer.</p>				
<p><b>Voluntary Coverage Assistance Program (VCAP® Service):</b></p> <p>NCCI's <b>VCAP® Service</b> applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System (<b>RMAPS® Online Application Service</b>). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through <b>VCAP® Service</b> to determine if they match the preselected criteria specified by a participating voluntary coverage provider.</p> <p>Refer to NCCI's <b>Basic Manual</b> Rule 4-D—Voluntary Coverage Assistance Program (<b>VCAP® Service</b>) for the applicable rules.</p>				
<p><b>Loss Sensitive Rating Plan:</b></p> <p>The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating plan for those employers that have a workers compensation and employers liability insurance policy(ies) with an LSRP standard premium that equals or exceeds \$250,000 (effective 1/1/12).</p> <p>In addition to the WCIP initial or deposit premium, employers qualifying for the LSRP are required to submit an LSRP contingency deposit to the assigned carrier. The LSRP contingency deposit is calculated by multiplying the LSRP standard premium by 20%. Subject to certain conditions, the LSRP contingency deposit may be paid by Automated Clearing House/Electronic Funds Transfer (ACH/EFT), credit card, personal or business check, or an Irrevocable Letter of Credit (ILOC).</p> <p>Refer to NCCI's <b>Basic Manual</b> Rule 4-C—Loss Sensitive Rating Plan (LSRP) for the applicable rules.</p>				
<p><b>Guide to Premium Calculation</b> (for detailed information, refer to Alabama State Special Rules in NCCI's <b>Basic Manual</b>):</p> <ul style="list-style-type: none"> <li>Experience modification, if applicable</li> <li>Merit rating, if applicable</li> <li>Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to modified premium with a maximum surcharge of 1.20</li> <li>Deductible Insurance, if applicable</li> <li>Drug-Free Workplace Premium Credit factor, if applicable</li> </ul>				



**Election/Rejection Under State Law:**

**Sole proprietors and partners** are not automatically covered under Alabama law, but may elect to have themselves or their employees come under the provisions of the Act. To elect coverage, sole proprietors and partners must file the applicable form with the Department of Industrial Relations, Workers' Compensation Division (WCD) and must attach a copy of the form to this application. The form is available from the WCD. Payroll must be included for any sole proprietor or partners electing coverage.

**Corporate officers and members of limited liability companies** are automatically covered under the Act. They may elect to be exempt from coverage by filing the applicable form with the Department of Industrial Relations, Workers' Compensation Division (WCD). The form is available from the WCD. Attach to this application a copy of the exemption Form. Payroll must be excluded for any corporate officers or members of limited liability companies rejecting coverage.

**Note:** Members of limited liability companies are treated as corporate officers for premium determination purposes in Alabama.

Failure to file the appropriate forms/notices for election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

**Volunteers**

No volunteers are automatically covered under the Act. Volunteer fire departments and rescue squads are not automatically covered under the Act but may elect coverage.

Refer to the Workers' Compensation Division at [www.dir.alabama.gov/wc](http://www.dir.alabama.gov/wc) for the most current rules, regulations, and forms.

**Note:** This information applies only to Alabama law. If additional states are to be covered, additional action may be necessary under the applicable state law.

**Employee Leasing:**

**IMPORTANT: Before completing Professional Employer Organization (PEO) Arrangement applications, refer to NCCI's Basic Manual Rule 4-B—Professional Employer Organization (PEO) Arrangements for the applicable rules. Obtain forms from NCCI.**

- All of the PEO's leased workers to clients under the state's WCIP must be secured under an MCP basis
- The client's policy covering its leased workers will be issued in the name and FEIN of the client in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business
  - Direct workers of a client will not be included on the client's policy for its leased workers
- The PEO's policy covering its direct workers will be issued in the name and FEIN of the PEO in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business under the WCIP
  - If the PEO has no direct workers in the state where its clients' coverage is being obtained, the PEO's policy will be issued with premium based on the use of Code 8810—Clerical Office Employees NOC on an "if any" basis

**Submit Application via**

NCCI  
Attn: Treasury Department  
PO Box 3045  
Boca Raton, FL 33431

**Send Correspondence to:**

NCCI Customer Service Center  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362  
Phone: 800-622-4123  
Fax: 561-893-1191

**Regular Mail to:**

**Submit Application via  
Overnight Delivery to:**

NCCI  
Attn: Treasury Department  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362

## NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to Rule 4 of NCCI's **Basic Manual for Workers Compensation and Employers Liability Insurance**, NCCI's **Basic Manual User's Guide** (National pages), and NCCI's **Assigned Risk Supplement**, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

ARKANSAS				
Estimated Annual Premium	Premium Installment Basis	Minimum Deposit %	Additional Payments During Year	Number of Refusers: Two—one must be the current carrier, if applicable.
Less than \$2,500	Annual	100%	None	<b>Effective Date:</b> The later of the following options: <ul style="list-style-type: none"> <li>12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application</li> <li>The date of expiration of existing coverage</li> <li>A date the applicant requests</li> </ul> If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
At least \$2,500	Semiannual	50%	One	
At least \$10,000	Quarterly	50%	Three	
\$50,000 or more	Monthly	25%	Eight	
Additional premium installments must be made in equal amounts, the sum of which, when added to the deposit premium, must equal 100% of the estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit and premium installment table.				
The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based upon sound underwriting practices, may make appropriate changes to the governing state's premium installment basis that the employer has selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.				
<b>Minimum Premium Policies</b> The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.				
<b>Short-Term Policies</b> The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the Plan Administrator.				
For any dispute concerning the change of an employer's payment basis, refer to <b>Basic Manual</b> Rule 4-A-10.				
<b>Application Submission Options:</b> <ul style="list-style-type: none"> <li>Online—Applications may be submitted via NCCI's website at <a href="http://ncci.com">ncci.com</a>. To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at <a href="mailto:customer_service@ncci.com">customer_service@ncci.com</a>.</li> <li>Telephone—Applications may be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123.</li> <li>Mail—Applications may be submitted via the US Postal Service or private overnight delivery service to the address provided below.</li> </ul> <b>Note:</b> Under Arkansas law, an out-of-state agent/producer is required to have an Arkansas resident or nonresident license to submit an application to NCCI for primary coverage.				
<b>Voluntary Coverage Assistance Program (VCAP® Service):</b> NCCI's <b>VCAP® Service</b> applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System ( <b>RMAPS® Online Application Service</b> ). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through <b>VCAP® Service</b> to determine if they match the preselected criteria specified by a participating voluntary coverage provider. Refer to NCCI's <b>Basic Manual</b> Rule 4-D-Voluntary Coverage Assistance Program ( <b>VCAP® Service</b> ) for the applicable rules.				
<b>Guide to Premium Calculation</b> (for detailed information, refer to Arkansas State Special Rules in NCCI's <b>Basic Manual</b> ): <ul style="list-style-type: none"> <li>Deductible insurance, if applicable</li> <li>Assigned Risk Alternate Preferred Plan, if applicable</li> <li>Experience modification, if applicable</li> </ul> <ul style="list-style-type: none"> <li>Tabular Adjustment Program, if applicable</li> <li>Merit rating, if applicable</li> <li>Alcohol- and Drug-Free Workplace Premium Credit, if applicable</li> </ul>				
<b>Election/Rejection Under State Law:</b> <b>Corporate officers, sole proprietors, partners, members of limited liability companies, members of professional associations, and a self-employed employer who is not a subcontractor and who owns and operates his or her own business</b> are automatically covered under the Act, but may by agreement or contract elect to be excluded from coverage. In accordance with ACA-11-9-108, a current, signed and dated Arkansas Workers' Compensation Rejection of Coverage form OR a current, signed and dated exclusion of coverage letter from any individuals who are listed as excluded on the application and who are to be excluded from workers compensation and employer's liability coverage under the policy must be submitted to the carrier or attached to the application at time of submission. <b>Note:</b> The Arkansas Application for Certificate of Non-coverage is a separate state form. Only the Arkansas Workers' Compensation Rejection of Coverage form OR an exclusion of coverage letter from each excluded individual are considered permissible under ACA-11-9-108 and should accompany the application or be submitted to the assigned carrier if any individuals are excluded from coverage. Refer to the Arkansas Insurance Department website, at <a href="http://www.insurance.arkansas.gov/index_htm_files/Rejection.pdf">http://www.insurance.arkansas.gov/index_htm_files/Rejection.pdf</a> , for the applicable				

form.

Payroll must be excluded for any corporate officers, sole proprietors, partners, and members of limited liability companies rejecting coverage.

**Note:** Members of limited liability companies are treated as sole proprietors/partners for premium determination purposes in Arkansas.

Failure to file any applicable forms/notices for election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

**Volunteers**

**Volunteer firefighters of municipalities** are automatically covered under the Act.

**“Volunteer public safety organizations”** are not automatically covered under the Act, but the quorum court of the county served by the organization may elect to cover the “volunteer public safety organizations,” which include:

- County organization for emergency services
- Sheriff’s auxiliary
- Ambulance service or rescue squad
- Rural volunteer fire department or a subscription fire service department formed as a nonprofit organization

In order to obtain coverage for volunteers under Arkansas law, the employer and/or its representative must include payroll for those workers in the premium calculation.

Refer to the Arkansas Workers’ Compensation Commission at [www.awcc.state.ar.us](http://www.awcc.state.ar.us) for the most current rules, regulations, and forms.

**Note:** This information applies only to Arkansas. If additional states are to be covered, additional action may be necessary under the applicable state law.

**Employee Leasing:**

**IMPORTANT: Before completing Professional Employer Organization (PEO) Arrangement applications, refer to NCCI’s *Basic Manual Rule 4-B—Professional Employer Organization (PEO) Arrangements for the applicable rules. Obtain forms from NCCI.***

- All of the PEO’s leased workers to clients under the state’s WCIP must be secured under an MCP basis
- The client’s policy covering its leased workers will be issued in the name and FEIN of the client in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business
  - Direct workers of a client will not be included on the client’s policy for its leased workers
- The PEO’s policy covering its direct workers will be issued in the name and FEIN of the PEO in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business under the WCIP
  - If the PEO has no direct workers in the state where its clients’ coverage is being obtained, the PEO’s policy will be issued with premium based on the use of Code 8810—Clerical Office Employees NOC on an “if any” basis

**Submit Application via Regular Mail to:**

NCCI  
Attn: Treasury Department  
PO Box 3045  
Boca Raton, FL 33431

**Send Correspondence to:**

NCCI Customer Service Center  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362  
Phone: 800-622-4123  
Fax: 561-893-1191

**Submit Application via Overnight Delivery to:**

NCCI  
Attn: Treasury Department  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362

## NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to Rule 4 of NCCI's **Basic Manual for Workers Compensation and Employers Liability Insurance**, NCCI's **Basic Manual User's Guide** (National pages), and NCCI's **Assigned Risk Supplement**, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

<b>ARIZONA</b>			
Estimated Annual Premium	Minimum Deposit %	Premium Installment Basis	Number of Refusers: Two nonaffiliated carriers; one must be the current carrier, if applicable.
Under \$2,500	100%	Annual	<b>Effective Date:</b> The later of the following options: <ul style="list-style-type: none"> <li>12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application</li> <li>The date of expiration of existing coverage</li> <li>A date the applicant requests</li> </ul> If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
At least \$2,500	75%	Semiannual	
At least \$10,000	50%	Quarterly	
At least \$25,000	25%	Monthly	
<p>Additional premium installments must be made in equal amounts, the sum of which, when added to the deposit premium, must equal 100% of the estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit and premium installment table.</p> <p>The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate changes to the governing state's premium installment basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.</p> <p><b>Minimum Premium Policies</b></p> <p>The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.</p> <p><b>Short-Term Policies</b></p> <p>The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the Plan Administrator.</p> <p>For any dispute concerning the change of an employer's payment basis, refer to <b>Basic Manual</b> Rule 4-A-10.</p>			
<p><b>Application Submission Options:</b></p> <ul style="list-style-type: none"> <li>Online—Applications may be submitted via NCCI's website at <a href="http://ncci.com">ncci.com</a>. To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at <a href="mailto:customer_service@ncci.com">customer_service@ncci.com</a>.</li> <li>Telephone—Applications may be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123.</li> <li>Mail—Applications may be submitted via the US Postal Service or private overnight delivery service to the address provided below.</li> </ul> <p><b>Note:</b> Under Arizona law, an out-of-state agent/producer is required to have an Arizona resident or nonresident license to submit an application to NCCI for primary coverage.</p>			
<p><b>Voluntary Coverage Assistance Program (VCAP® Service):</b></p> <p>NCCI's <b>VCAP® Service</b> applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System (<b>RMAPS® Online Application Service</b>). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through <b>VCAP® Service</b> to determine if they match the preselected criteria specified by a participating voluntary coverage provider.</p> <p>Refer to NCCI's <b>Basic Manual</b> Rule 4-D—Voluntary Coverage Assistance Program (<b>VCAP® Service</b>) for the applicable rules.</p>			
<p><b>Loss Sensitive Rating Plan:</b></p> <p>The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating plan for those employers that have a workers compensation and employers liability insurance policy(ies) with an LSRP standard premium that equals or exceeds \$250,000 (effective 1/1/13 in Arizona).</p> <p>In addition to the WCIP initial or deposit premium, employers qualifying for the LSRP are required to submit an LSRP contingency deposit to the assigned carrier. The LSRP contingency deposit is calculated by multiplying the LSRP standard premium by 20%. Subject to certain conditions, the LSRP contingency deposit may be paid by Automated Clearing House/Electronic Funds Transfer (ACH/EFT), credit card, personal or business check, or an Irrevocable Letter of Credit (ILOC).</p> <p>Refer to NCCI's <b>Basic Manual</b> Rule 4-C—Loss Sensitive Rating Plan (LSRP) for the applicable rules.</p>			
<p><b>Guide to Premium Calculation</b> (for detailed information, refer to Arizona State Special Rules in NCCI's <b>Basic Manual</b>):</p> <ul style="list-style-type: none"> <li>Experience modification, if applicable</li> <li>Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to modified premium with a maximum surcharge of 1.25</li> <li>Alcohol- and Drug-Free Workplace Premium Credit</li> </ul>			
<p><b>Election/Rejection Under State Law:</b></p> <p><b>Sole proprietors and working partners</b> are not automatically covered, but may elect coverage; attach to the application a written notice clearly stating the intent to elect coverage. Payroll must be included for any sole proprietor or working partners electing coverage.</p> <p><b>Members of a limited liability company</b> are treated as corporate officers for premium determination purposes in Arizona. Members are</p>			

automatically covered, but may elect to reject coverage. Attach to the application a written notice clearly stating the intent to reject coverage. Payroll must be excluded for any members of a limited liability company rejecting coverage.

**Corporate officers** are automatically covered, but may reject coverage by providing written notice, in duplicate, to his employer, which the employer will provide to the carrier. A form notice rejecting coverage is available on the Industrial Commission of Arizona's webpage. Attach to the application a copy of the officer's rejection of coverage. Payroll must be excluded for any corporate officers rejecting coverage.

Failure to file any applicable forms/notices for election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

#### **Volunteers**

The following volunteer workers are automatically covered under the Act:

- Firemen
- Policemen
- Department of public safety reserve members
- Sheriff's reserve members
- Certified ambulance drivers and attendants
- Search or rescue personnel
- Volunteer of a licensed healthcare institution (upon written acceptance by the insurer of an application by the healthcare institution)
- Emergency management personnel
- Game and fish department reserve members
- Capitol police reserve members

Volunteer workers of a county, city, town, or other political subdivision are not automatically covered under the Act, but the county, city, town, or other political subdivision may elect coverage by passing a resolution or ordinance defining the nature and type of volunteer work and workers to be entitled to such benefits.

Refer to the Department of Labor at [www.ica.state.az.us](http://www.ica.state.az.us) for the most current rules, regulations, and forms.

**Note:** This information applies only to Arizona. If additional states are to be covered, additional action may be necessary under applicable state law.

#### **Employee Leasing:**

**IMPORTANT: Before completing Professional Employer Organization (PEO)/Employee Leasing Arrangement applications, refer to the Arizona state rule exceptions in NCCI's *Basic Manual* Rule 3-D—Employee Leasing Arrangements for the applicable rules. Obtain forms from NCCI.**

The leased workers provided to each client by the employee leasing company must be written under a separate workers compensation insurance policy. The separate workers compensation insurance policy must contain the name of the labor contractor as the named insured with reference to the name of the client. For example, the named insured should read, "ABC Labor Contractor, for leased workers to XYZ Client."

Separate policies may be issued to the employee leasing company's direct employees and each client's nonleased (direct) workers.

<b>Submit Application via Regular Mail to:</b>	NCCI Attn: Treasury Department PO Box 3045 Boca Raton, FL 33431	<b>Send Correspondence to:</b>	NCCI Customer Service Center 901 Peninsula Corporate Circle Boca Raton, FL 33487-1362 Phone: 800-622-4123 Fax: 561-893-1191
<b>Submit Application via Overnight Delivery to:</b>	NCCI Attn: Treasury Department 901 Peninsula Corporate Circle Boca Raton, FL 33487-1362		

## NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to Rule 4 of NCCI's **Basic Manual for Workers Compensation and Employers Liability Insurance**, NCCI's **Basic Manual User's Guide** (National pages), and NCCI's **Assigned Risk Supplement**, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

CONNECTICUT				
Estimated Annual Premium	Premium Installment Basis	Minimum Deposit %	Additional Payments During Year	Number of Refusers: Two—one must be from the current carrier, if applicable.
Under \$5,000	Annual	100%	None	<b>Effective Date:</b> The later of the following options: <ul style="list-style-type: none"> <li>12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application</li> <li>The date of expiration of existing coverage</li> <li>A date the applicant requests</li> </ul> If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
At least \$5,000	Semiannual	75%	One	
At least \$10,000	Quarterly	50%	Three	
At least \$50,000	Monthly	25%	Nine	
Additional premium installments must be made in equal amounts, the sum of which, when added to the deposit premium, must equal 100% of the estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit and premium installment table.				
The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate changes to the governing state's premium installment basis selected by the employer. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.				
<b>Minimum Premium Policies</b> The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.				
<b>Short-Term Policies</b> The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the Plan Administrator.				
For any dispute concerning the change of an employer's payment basis, refer to <b>Basic Manual</b> Rule 4-A-10.				
<b>Application Submission Options:</b> <ul style="list-style-type: none"> <li>Online—Applications may be submitted via NCCI's website at <a href="http://ncci.com">ncci.com</a>. To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at <a href="mailto:customer_service@ncci.com">customer_service@ncci.com</a>.</li> <li>Telephone—Application may be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123.</li> <li>Mail—Applications may be submitted via the US Postal Service or private overnight delivery to the address provided below.</li> </ul>				
<b>Note:</b> Under Connecticut law, an out-of-state agent/producer is required to have a Connecticut resident or nonresident license to submit an application to NCCI for primary coverage.				
<b>Voluntary Coverage Assistance Program (VCAP® Service):</b> NCCI's <b>VCAP® Service</b> applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System ( <b>RMAPS® Online Application Service</b> ). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through <b>VCAP® Service</b> to determine if they match the preselected criteria specified by a participating voluntary coverage provider.				
Refer to NCCI's <b>Basic Manual</b> Rule 4-D—Voluntary Coverage Assistance Program ( <b>VCAP® Service</b> ) for the applicable rules.				
<b>Loss Sensitive Rating Plan:</b> The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating plan for those employers that have a workers compensation and employers liability insurance policy(ies) with an LSRP standard premium that equals or exceeds \$250,000 (effective 1/1/12). In addition to the WCIP initial or deposit premium, employers qualifying for the LSRP are required to submit an LSRP contingency deposit to the assigned carrier. The LSRP contingency deposit is calculated by multiplying the LSRP standard premium by 20%. Subject to certain conditions, the LSRP contingency deposit may be paid by Automated Clearing House/Electronic Funds Transfer (ACH/EFT), credit card, personal or business check, or an Irrevocable Letter of Credit (ILOC).				
Refer to NCCI's <b>Basic Manual</b> Rule 4-C Loss Sensitive Rating Plan (LSRP) for the applicable rules.				
<b>Guide to Premium Calculation</b> (for detailed information, refer to Connecticut State Special Rules in the NCCI <b>Basic Manual</b> ): <ul style="list-style-type: none"> <li>Experience modification, if applicable</li> <li>Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to debit-modified premium with a maximum surcharge of 1.25</li> <li>Premium discount, if applicable</li> <li>Deductible Insurance, if applicable</li> <li>CCPAP, if applicable</li> </ul>				
<b>Election/Rejection Under State Law:</b> <b>Sole proprietors and the member of a single-member limited liability company (LLC)</b> are not automatically covered under the Connecticut				

Worker's Compensation Act (Act), but may elect coverage by filing the proper election form with the Connecticut Workers Compensation Commission. Attach to the application a copy of the completed election form. Payroll must be included for any sole proprietor or member of a single-member limited liability company electing coverage.

**Corporate officers, partners, managers of an LLC, and members of a multimember LLC** are automatically covered under the Act, but may elect to be excluded from coverage by filing the proper election form with the Connecticut Workers Compensation Commission. Attach to the application a copy of the completed election form. Payroll must be excluded for any corporate officers, partners, managers of an LLC, or members of a multi-member limited liability company rejecting coverage.

Failure to file the appropriate forms/notices for election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

**Volunteers**

**Volunteer firefighters and volunteer ambulance service members** are automatically covered under the Act.

**Volunteer police officers** are not automatically covered under the Act, but the legislative body of the town, city, or borough in which the officer serves may vote to elect coverage for volunteer police officers.

Refer to the Connecticut Workers Compensation Commission at [www.wcc.state.ct.us](http://www.wcc.state.ct.us) for the most current rules, regulations, and forms.

**Note:** This information applies only to Connecticut law. If additional states are to be covered, additional action may be necessary under applicable state law.

**Employee Leasing:**

**Q: #6: Do you lease workers from a labor contractor?**

If yes, complete side B of the appropriate Supplemental Employee Leasing Application.

**Q: #7: Do you lease workers to client companies?**

If yes, complete side A of the appropriate Supplemental Employee Leasing Application.

**Q: #8: Are you seeking to cover the leased workers?**

If yes, provide all payrolls for leased workers.

If no, provide proof of coverage for leased workers.

**Forms may be obtained from NCCI.**

**Submit Application via Regular Mail to:** NCCI  
Attn: Treasury Department  
PO Box 3045  
Boca Raton, FL 33431

**Send Correspondence to:** NCCI Customer Service Center  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362  
Phone: 800-622-4123  
Fax: 561-893-1191

**Submit Application via Overnight Delivery to:** NCCI  
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DISTRICT OF COLUMBIA				
Estimated Annual Premium	Premium Installment Basis	Minimum Deposit %	Additional Payments During Year	Number of Refusers: Two—one must be the current carrier, if applicable.
Under \$5,000	Annual	100%	None	<b>Effective Date:</b> The later of the following options: <ul style="list-style-type: none"> <li>12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application</li> <li>The date of expiration of existing coverage</li> <li>A date the applicant requests</li> </ul> If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
At least \$5,000	Semi-annual	75%	One	
At least \$10,000	Quarterly	50%	Three	
<p>Additional premium installments must be made in equal amounts, the sum of which, when added to the deposit premium, must equal 100% of estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit and premium installment table.</p> <p>The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate changes to the governing state's premium installment basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.</p> <p><b>Minimum Premium Policies</b>                      The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.</p> <p><b>Short-Term Policies</b>                      The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the Plan Administrator.</p> <p>For any dispute concerning the change of an employer's payment basis, refer to <b>Basic Manual</b> Rule 4-A-10.</p>				
<p><b>Application Submission Options:</b></p> <ul style="list-style-type: none"> <li>Online—Applications may be submitted via NCCI's website at <b>ncci.com</b>. To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at <b>customer_service@ncci.com</b>.</li> <li>Telephone—Applications may be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123.</li> <li>Mail—Applications may be submitted via the US Postal Service or private overnight delivery service to the address provided below.</li> </ul> <p><b>Note:</b> Under District of Columbia law, an out-of-state agent/producer is required to have a District of Columbia resident or nonresident license to submit an application to NCCI for primary coverage. Additionally, when an agency submits an application, the agency's employee who submits the application must have a District of Columbia producer license, the agency must have a District of Columbia producer license, and each officer, director, partner, and employee of the agency who acts as a producer must have a District of Columbia license.</p>				
<p><b>Voluntary Coverage Assistance Program (VCAP® Service):</b></p> <p>NCCI's <b>VCAP® Service</b> applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System (<b>RMAPS® Online Application Service</b>). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through <b>VCAP® Service</b> to determine if they match the preselected criteria specified by a participating voluntary coverage provider.</p> <p>Refer to NCCI's <b>Basic Manual</b> Rule 4-D—Voluntary Coverage Assistance Program (<b>VCAP® Service</b>) for the applicable rules.</p>				
<p><b>Loss Sensitive Rating Plan:</b></p> <p>The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating plan for those employers that have a workers compensation and employers liability insurance policy(ies) with a standard premium that equals or exceeds \$200,000. In addition to the WCIP initial or deposit premium, employers qualifying for the LSRP are required to submit an LSRP contingency premium to the assigned carrier.</p> <p>The LSRP contingency premium is calculated by multiplying the standard premium by 20%. The LSRP contingency deposit may be paid either by check, made payable to the assigned carrier, or by an Irrevocable Letter of Credit (ILOC), made payable to the assigned carrier. All ILOCs must be drawn on a bank that is a member of the Federal Reserve.</p> <p>Refer to NCCI's <b>Basic Manual</b> Rule 4-C—Loss Sensitive Rating Plan (LSRP) for the applicable rules.</p>				
<p><b>Guide to Premium Calculation</b> (for detailed information, refer to District of Columbia State Special Rules in NCCI's <b>Basic Manual</b>):</p> <ul style="list-style-type: none"> <li>Experience modification, if applicable</li> </ul>				



- Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to total modified premium with a maximum surcharge of 1.25
- Employer Safe Workplace Program, if applicable

**Election/Rejection Under State Law:**

For information on District of Columbia sole proprietors, partners, and corporate officer election/rejection of coverages, please refer to state law.

**Volunteers**

No volunteers are automatically covered under the Act, or may elect coverage under the Act.

Refer to the Department of Employment Services at [www.does.ci.washington.dc.us/main.shtm](http://www.does.ci.washington.dc.us/main.shtm) for the most current rules and regulations.

**Note:** This information applies only to District of Columbia law. If additional states are to be covered, additional action may be necessary under applicable state law.

**Employee Leasing:**

**IMPORTANT: Before completing Professional Employer Organization (PEO) Arrangement applications, refer to NCCI's *Basic Manual Rule 4-B—Professional Employer Organization (PEO) Arrangements for the applicable rules. Obtain forms from NCCI.***

- All of the PEO's leased workers to clients under the state's WCIP must be secured under an MCP basis
- The client's policy covering its leased workers will be issued in the name and FEIN of the client in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business
  - Direct workers of a client will not be included on the client's policy for its leased workers
- The PEO's policy covering its direct workers will be issued in the name and FEIN of the PEO in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business under the WCIP
  - If the PEO has no direct workers in the state where its clients' coverage is being obtained, the PEO's policy will be issued with premium based on the use of Code 8810—Clerical Office Employees NOC on an "if any" basis

**Submit Application via**

NCCI  
Attn: Treasury Department  
PO Box 3045  
Boca Raton, FL 33431

**Send Correspondence to:**

NCCI Customer Service Center  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362  
Phone: 800-622-4123  
Fax: 561-893-1191

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GEORGIA				
Estimated Annual Premium	Premium Installment Basis	Minimum Deposit %	Additional Payments During Year	Number of Refusers: Four rejections within 75 days; one must be from the current carrier, if applicable.
Under \$5,000	Annual	100%	None	<b>Effective Date:</b> The later of the following options: <ul style="list-style-type: none"> <li>12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application</li> <li>The date of expiration of existing coverage</li> <li>A date the applicant requests</li> </ul> If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
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<b>Voluntary Coverage Assistance Program (VCAP® Service):</b> NCCI's <i>VCAP® Service</i> applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System ( <i>RMAPS® Online Application Service</i> ). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through <i>VCAP® Service</i> to determine if they match the preselected criteria specified by a participating voluntary coverage provider. Refer to NCCI's <i>Basic Manual</i> Rule 4-D—Voluntary Coverage Assistance Program ( <i>VCAP® Service</i> ) for the applicable rules.				
<b>Loss Sensitive Rating Plan:</b> The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating plan for those employers that have a workers compensation and employers liability insurance policy(ies) with an LSRP standard premium that equals or exceeds \$250,000 (effective 1/1/12). In addition to the WCIP initial or deposit premium, employers qualifying for the LSRP are required to submit an LSRP contingency deposit to the assigned carrier. The LSRP contingency deposit is calculated by multiplying the LSRP standard premium by 20%. Subject to certain conditions, the LSRP contingency deposit may be paid by Automated Clearing House/Electronic Funds Transfer (ACH/EFT), credit card, personal or business check, or an Irrevocable Letter of Credit (ILOC). Refer to NCCI's <i>Basic Manual</i> Rule 4-C—Loss Sensitive Rating Plan (LSRP) for the applicable rules.				
<b>Guide to Premium Calculation</b> (for detailed information, refer to Georgia State Special Rules in NCCI's <i>Basic Manual</i> ): <ul style="list-style-type: none"> <li>Experience modification, if applicable</li> <li>Merit rating, if applicable</li> <li>Drug-Free Workplace Premium Credit</li> <li>Three-tier rating program</li> <li>Deductible insurance, if applicable</li> </ul>				
<b>Election/Rejection Under State Law:</b> <b>Sole proprietors and partners</b> are not automatically covered under the Act, but may elect to be covered by providing to the carrier the Georgia State Board of Workers Compensation Notice of Election or Rejection Form. Attach to the application a copy of the Form. Payroll must be included for any sole proprietor or partners electing coverage.				

**Corporate officers and members of limited liability companies** are automatically covered under the Act, but may elect to reject coverage for up to five officers/members of limited liability companies by providing to the carrier the applicable state form. Attach to the application a copy of the form. Payroll must be excluded for any corporate officers or members of limited liability companies rejecting coverage.

**Note:** Members of limited liability companies are treated as corporate officers for premium determination purposes in Georgia.

Failure to file the appropriate forms/notices for election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

**Volunteers**

No volunteers are automatically covered under the Act.

The following volunteers are not automatically covered under the Act, but the governing authority of the county or municipality for which such services are rendered may pass a resolution to cover such volunteers:

- Firefighter
- Law enforcement personnel
- Member or worker of an emergency management or civil defense organization, emergency medical service, or rescue organization
- Medical first responder for any volunteer first responder services

Refer to the Georgia State Board of Workers Compensation at [www.sbwc.georgia.gov](http://www.sbwc.georgia.gov) for the most current rules, regulations, and forms.

**Note:** This information applies only to Georgia law. If additional states are to be covered, additional action may be necessary under the applicable state law.

**Employee Leasing:**

There are no filed and approved NCCI manual rules regarding the policy issuance requirements for Professional Employer Organization (PEO) arrangements in Georgia. Obtain forms from NCCI.

**Submit Application via  
Regular Mail to:**

NCCI  
Attn: Treasury Department  
PO Box 3045  
Boca Raton, FL 33431

**Send Correspondence to:**

NCCI Customer Service Center  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362  
Phone: 800-622-4123  
Fax: 561-893-1191

**Submit Application via  
Overnight Delivery to:**

NCCI  
Attn: Treasury Department  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362

## NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD®133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to Rule 4 of NCCI's *Basic Manual for Workers Compensation and Employers Liability Insurance*, NCCI's *Basic Manual User's Guide* (National pages), and NCCI's *Assigned Risk Supplement*, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

IOWA				
Estimated Annual Premium	Premium Installment Basis	Minimum Deposit %	Additional Payments During Year	Number of Refusers: Two—one must be the current carrier, if applicable.
Under \$2,500	Annual	100%	None	<b>Effective Date:</b> The later of the following options: • 12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application • The date of expiration of existing coverage • A date the applicant requests If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
At least \$2,500	Semiannual	75%	One	
At least \$5,000	Quarterly	50%	Three	
At least \$25,000	Monthly	25%	Eight	
<p>Additional premium installments must be made in equal amounts, the sum of which, when added to the deposit premium, must equal 100% of estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit and premium installment table.</p> <p>The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based upon sound underwriting practices, may make appropriate changes to the governing state's premium installment basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.</p> <p><b>Minimum Premium Policies</b>                      The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.</p> <p><b>Short-Term Policies</b>                      The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the Plan Administrator.</p> <p>For any dispute concerning the change of an employer's payment basis, refer to <i>Basic Manual</i> Rule 4-A-10.</p>				
<p><b>Application Submission Options:</b></p> <ul style="list-style-type: none"> <li>• Online—Applications may be submitted via NCCI's website at <a href="http://ncci.com">ncci.com</a>. To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at <a href="mailto:customer_service@ncci.com">customer_service@ncci.com</a>.</li> <li>• Telephone—Applications may be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123.</li> <li>• Mail—Applications may be submitted via the US Postal Service or private overnight delivery service to the address provided below.</li> </ul> <p><b>Note:</b> Under Iowa law, an out-of-state agent/producer is required to have an Iowa nonresident license to submit an application to NCCI for primary coverage.</p>				
<p><b>Guide to Premium Calculation</b> (for detailed information, refer to Iowa State Special Rules in NCCI's <i>Basic Manual</i>):</p> <ul style="list-style-type: none"> <li>• Experience modification, if applicable</li> <li>• Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to modified premium with a maximum surcharge of 1.25, but not applicable to a credit experience modification</li> </ul>				
<p><b>Election/Rejection Under State Law:</b></p> <p><b>Sole proprietor, partners, and members of limited liability companies</b> actively engaged in the business on a substantially full-time basis are not automatically covered, but may elect coverage by purchasing insurance specifically including the individual(s) electing coverage. Payroll must be included for any sole proprietor, partners, or members of limited liability companies electing coverage.</p> <p><b>Note:</b> Members of limited liability companies are treated as executive officers for premium determination purposes.</p> <p><b>Corporate officers (excluding family farm corporations)</b> are automatically covered. The president, vice president, secretary, and treasurer—but not to exceed four officers per corporation—may exclude themselves from coverage by signing and attaching to the policy a written rejection form from the Iowa Division of Workers Compensation. Attach to the application a copy of the written rejection form. Payroll must be excluded for any corporate officers rejecting coverage.</p> <p>Failure to file the appropriate forms/notices for election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.</p> <p><b>Volunteers</b>                      Volunteer firefighters and reserve peace officers are automatically covered under the Act. Volunteer ambulance drivers and emergency medical care providers performing volunteer services are not automatically covered under the Act, but the employer may elect coverage.</p> <p>Refer to the Division of Workers' Compensation at <a href="http://www.iowaworkforce.org/wc/index.html">www.iowaworkforce.org/wc/index.html</a> for the most current rules, regulations, and forms.</p> <p><b>Note:</b> This information applies only to Iowa law. If additional states are to be covered, additional action may be necessary under applicable state law.</p>				

**Employee Leasing:**

**IMPORTANT: Before completing Professional Employer Organization (PEO) Arrangement applications, refer to NCCI's *Basic Manual Rule 4-B—Professional Employer Organization (PEO) Arrangements for the applicable rules. Obtain forms from NCCI.***

- All of the PEO's leased workers to clients under the state's WCIP must be secured under an MCP basis
- The client's policy covering its leased workers will be issued in the name and FEIN of the client in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business
  - Direct workers of a client will not be included on the client's policy for its leased workers
- The PEO's policy covering its direct workers will be issued in the name and FEIN of the PEO in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business under the WCIP
  - If the PEO has no direct workers in the state where its clients' coverage is being obtained, the PEO's policy will be issued with premium based on the use of Code 8810—Clerical Office Employees NOC on an "if any" basis

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Attn: Treasury Department  
PO Box 3045  
Boca Raton, FL 33431

**Send Correspondence to:** NCCI Customer Service Center  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362  
Phone: 800-622-4123  
Fax: 561-893-1191

**Submit Application via Overnight Delivery to:** NCCI  
Attn: Treasury Department  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362

## NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to Rule 4 of NCCI's **Basic Manual for Workers Compensation and Employers Liability Insurance**, NCCI's **Basic Manual User's Guide** (National pages), and NCCI's **Assigned Risk Supplement**, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

IDAHO			
Estimated Annual Premium	Minimum Deposit %	Premium Installment Basis	Number of Refusers: Three—one must be the Idaho State Insurance Fund and one the current carrier, if applicable.
Under \$2,000	100%	Annual	<b>Effective Date:</b> The later of the following options: <ul style="list-style-type: none"> <li>12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application</li> <li>The date of expiration of existing coverage</li> <li>A date the applicant requests</li> </ul> If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
At least \$2,000	75%	Semiannual	
At least \$5,000	50%	Quarterly	
At least \$25,000	25%	Monthly	
Additional premium installments must be made in equal amounts, the sum of which, when added to the deposit premium, must equal 100% of the estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit and premium installment table.			
The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate changes to the governing state's premium installment basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file			
<b>Minimum Premium Policies</b> The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.			
<b>Short-Term Policies</b> The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the Plan Administrator.			
For any dispute concerning the change of an employer's payment basis, refer to <b>Basic Manual</b> Rule 4-A-10.			
<b>Application Submission Options:</b> <ul style="list-style-type: none"> <li>Online—Applications may be submitted via NCCI's website at <a href="http://ncci.com">ncci.com</a>. To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or <a href="mailto:customer_service@ncci.com">customer_service@ncci.com</a>.</li> <li>Telephone—Applications may be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123.</li> <li>Mail—Applications may be submitted via the US Postal Service or private overnight delivery to the address provided below.</li> </ul> <b>Note:</b> The state of Idaho requires that when an agency submits an application, the agency's employee who submits the application must have an Idaho license, and the agency must also have an Idaho license. Additionally, the servicing carrier must maintain a copy of the active Idaho producer license in each policy file. An out-of-state agent/producer is required to have an Idaho resident or nonresident license to submit an application to NCCI for primary coverage.			
<b>Voluntary Coverage Assistance Program (VCAP® Service):</b> NCCI's <b>VCAP® Service</b> applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System ( <b>RMAPS® Online Application Service</b> ). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through <b>VCAP® Service</b> to determine if they match the preselected criteria specified by a participating voluntary coverage provider. Refer to NCCI's <b>Basic Manual</b> Rule 4-D—Voluntary Coverage Assistance Program ( <b>VCAP® Service</b> ) for the applicable rules.			
<b>Loss Sensitive Rating Plan:</b> The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating plan for those employers that have a workers compensation and employers liability insurance policy(ies) with an LSRP standard premium that equals or exceeds \$250,000 (effective 1/1/12). In addition to the WCIP initial or deposit premium, employers qualifying for the LSRP are required to submit an LSRP contingency deposit to the assigned carrier. The LSRP contingency deposit premium is calculated by multiplying the LSRP standard premium by 20%. Subject to certain conditions, the LSRP contingency deposit may be paid by Automated Clearing House/Electronic Funds Transfer (ACH/EFT), credit card, personal or business check, or an Irrevocable Letter of Credit (ILOC). Refer to NCCI's <b>Basic Manual</b> Rule 4-C—Loss Sensitive Rating Plan (LSRP) for the applicable rules.			
<b>Guide to Premium Calculation</b> (for detailed information, refer to the Idaho State Special Rules in NCCI's <b>Basic Manual</b> ): <ul style="list-style-type: none"> <li>Experience modification, if applicable</li> <li>Assigned Risk Adjustment Program (ARAP), if applicable, applies to total modified premium with a maximum surcharge of 1.25</li> <li>Assigned risk surcharge of 60% applies to modified premium, does not apply to minimum premium policies</li> <li>Alcohol- and Drug-Free Workplace Premium Credit, if applicable</li> </ul>			

## Election/Rejection Under State Law:

### Corporate Officers:

- An officer who at all times during the period involved owns not less than 10% of all of the issued and outstanding voting stock of the corporation and, if the corporation has directors, is also a director thereof, is not automatically covered, but may elect coverage. Such an election to be covered is made by filing with the Idaho Industrial Commission the applicable form. Attach a copy of the form to the application. Payroll must be included for any corporate officers electing coverage.
- Officers of a corporation are automatically covered under the Act (except for officers as described above). Payrolls for such officers must be included.

### Sole Proprietorship:

- **An owner of a sole proprietorship or a family member employee residing in the household of an employer that is an owner of a sole proprietorship** are not automatically covered, but may elect coverage. Such an election to be covered is made by filing with the Idaho Industrial Commission the applicable form. Attach a copy of the form to the application. Payroll must be included for any owner of a sole proprietor or family member employee residing in a sole proprietor's household electing coverage.
- **A family member employee who does not reside in the household of the sole proprietor and who is related to the sole proprietor employer within the first degree of consanguinity** is automatically covered, but may elect to be exempt from coverage. Such an election to be exempt from coverage is made by filing with the Idaho Industrial Commission the applicable form. For details regarding the filing procedure, see ID ADC 17.02.02.011. Attach a copy of the form to the application. Payroll must be excluded for any individual rejecting coverage.

**Partnership:** Working members of a partnership are not automatically covered but may elect coverage. Such an election to be covered is made by filing with the Idaho Industrial Commission the applicable form. Attach a copy of the form to the application. Payroll must be included for any working members of a partnership electing coverage.

### Member of a limited liability company (LLC):

- **Working members of an LLC** are not automatically covered but may elect coverage. Such an election to be covered is made by filing with the Idaho Industrial Commission the applicable form. Attach a copy of the form to the application. Payroll must be included for any working members of an LLC electing coverage. Members of limited liability companies are treated as executive officers for premium determination purposes in Idaho.
- **A family member employee residing in the household of an employer that is a single member limited liability company taxed as a sole proprietorship** is not automatically covered, but may elect coverage. Such an election to be covered is made by filing with the Idaho Industrial Commission the applicable form. Attach a copy of the form to the application. Payroll must be included for any family member employee residing in the employer's household electing coverage.

**Note:** Failure to file the appropriate forms/notices for election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

### Volunteers

**Volunteer emergency responders** are automatically covered under the Act. "Volunteer emergency responders" includes:

- Firefighter
- Peace officer
- "Publicly employed certified personnel," which includes first responder; emergency medical technician—basic; advanced emergency medical technician—ambulance; emergency medical technician—intermediate; and emergency medical technician—paramedic
- Regularly enrolled volunteer member or trainee of the department of disaster and civil defense, or of a civil defense corps
- Persons providing voluntary service to an approved Idaho national guard morale, welfare, and recreational activity

**Volunteer ski patrollers** are not automatically covered under the Act, but the employer may elect coverage. Such an election to be covered is made by filing with the Idaho Industrial Commission the applicable form. Attach a copy of the form to the application.

Refer to the Idaho Industrial Commission at [www.iic.idaho.gov](http://www.iic.idaho.gov) for the most current rules, regulations, and forms.

**Note:** This information applies only to Idaho law. If additional states are to be covered, additional action may be necessary under applicable state law.

## Employee Leasing:

**IMPORTANT: Before completing Professional Employer Organization (PEO) Arrangement applications, refer to NCCI's *Basic Manual Rule 4-B—Professional Employer Organization (PEO) Arrangements for the applicable rules. Obtain forms from NCCI.***

- All of the PEO's leased workers to clients under the state's WCIP must be secured under an MCP basis
- The client's policy covering its leased workers will be issued in the name and FEIN of the client in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business
  - Direct workers of a client will not be included on the client's policy for its leased workers
- The PEO's policy covering the direct workers will be issued in the name and FEIN of the PEO in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business under the WCIP
  - If the PEO has no direct workers in the state where its clients' coverage is being obtained, the PEO's policy will be issued with premium based on the use of Code 8810—Clerical Office Employees NOC on an "if any" basis

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Boca Raton, FL 33431

**Send Correspondence to:** NCCI Customer Service Center  
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Phone: 800-622-4123  
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901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362

## NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to Rule 4 of NCCI's **Basic Manual for Workers Compensation and Employers Liability Insurance**, NCCI's **Basic Manual User's Guide** (National pages), and NCCI's **Assigned Risk Supplement**, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

ILLINOIS				
Estimated Annual Premium	Premium Installment Basis	Minimum Deposit %	Additional Payments During Year	Number of Refusers: Two—one must be the current carrier, if applicable.
\$1,000 or less	Annual	100%	None	<b>Effective Date:</b> The later of the following options: <ul style="list-style-type: none"> <li>• 12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application</li> <li>• The date of expiration of existing coverage</li> <li>• A date the applicant requests</li> </ul> If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
At least \$1,001	Quarterly	40%	Three	
At least \$10,000	Monthly	25%	Eleven	
Additional premium installments must be made in equal amounts, the sum of which, when added to the deposit premium, must equal 100% of the estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit and premium installment table.				
The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate changes to the governing state's premium installment basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.				
<b>Minimum Premium Policies</b> The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.				
<b>Short-Term Policies</b> The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the Plan Administrator.				
For any dispute concerning the change of an employer's payment basis, refer to <b>Basic Manual</b> Rule 4-A-10.				
<b>Application Submission Options:</b> <ul style="list-style-type: none"> <li>• Online—Applications may be submitted via NCCI's website at <a href="http://ncci.com">ncci.com</a>. To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at <a href="mailto:customer_service@ncci.com">customer_service@ncci.com</a>.</li> <li>• Telephone—Applications may be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123.</li> <li>• Mail—Applications may be submitted via the US Postal Service or private overnight delivery to the address provided below.</li> </ul> <b>Note:</b> Under Illinois law, an out-of-state agent/producer is required to have an Illinois resident or nonresident license to submit an application to NCCI for primary coverage.				
<b>Voluntary Coverage Assistance Program (VCAP® Service):</b> NCCI's <b>VCAP® Service</b> applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System ( <b>RMAPS® Online Application Service</b> ). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through <b>VCAP® Service</b> to determine if they match the preselected criteria specified by a participating voluntary coverage provider. Refer to NCCI's <b>Basic Manual</b> Rule 4-D—Voluntary Coverage Assistance Program ( <b>VCAP® Service</b> ) for the applicable rules.				
<b>Loss Sensitive Rating Plan:</b> The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating plan for those employers that have a workers compensation and employers liability insurance policy(ies) with LSRP standard premium that equals or exceeds \$250,000. In addition to the WCIP initial or deposit premium, employers qualifying for the LSRP are required to submit an LSRP contingency deposit to the assigned carrier. The LSRP contingency deposit is calculated by multiplying the LSRP standard premium by 20%. Subject to certain conditions, the LSRP contingency deposit may be paid by Automated Clearing House/Electronic Funds Transfer (ACH/EFT), credit card, personal or business check, or an Irrevocable Letter of Credit (ILOC). Refer to NCCI's <b>Basic Manual</b> Rule 4-C—Loss Sensitive Rating Plan (LSRP) for the applicable rules.				
<b>Guide to Premium Calculation</b> (for detailed information, refer to Illinois State Special Rules in NCCI's <b>Basic Manual</b> ): <ul style="list-style-type: none"> <li>• Experience modification, if applicable</li> <li>• Deductible insurance, if applicable</li> <li>• Assigned Risk Adjustment Program (ARAP), if applicable, applies to modified premium with a maximum surcharge of 1.25</li> </ul>				
<b>Election/Rejection Under State Law:</b> <b>Sole proprietors, partners, and members of limited liability companies who engage in an extra hazardous business</b> (as defined in 820 ILCS 305/3) are automatically covered under the Act, but may elect to exclude themselves from the Act by giving written notice to the carrier. Attach a copy of the written notice to the application. Payroll must be excluded for any sole proprietor, partners, or members of limited liability companies rejecting coverage.				



**Note:** Members of limited liability companies are treated as sole proprietors/partners for premium determination purposes in Illinois.

**Sole proprietors and partners** who do not engage in extra hazardous business are **not** automatically covered under the Act, but may elect to include themselves under the Act. Payroll must be included for any sole proprietor or partners electing coverage.

**Corporate officers** (which include only the President, Vice President, Secretary, and Treasurer) are automatically covered under the Act, but may elect to exclude themselves from the Act by giving written notice to the carrier. Attach a copy of the written notice to the application. Payroll must be excluded for any corporate officers rejecting coverage.

Failure to file the appropriate notice/form for election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

**Volunteers**

Volunteers for the Emergency Services and Disaster Agencies and for the Illinois Emergency Management Agencies are automatically covered under the Act. Only death benefits are automatically covered for volunteer firemen, civil defense workers, and civil air patrol persons.

Refer to the Workers' Compensation Commission at [www.iwcc.illinois.gov](http://www.iwcc.illinois.gov) for the most current rules and regulations.

**Note:** This information applies only to Illinois law. If additional states are to be covered, additional action may be necessary under applicable state law.

**Employee Leasing:**

**IMPORTANT:** Before completing Professional Employer Organization (PEO)/Employee Leasing Arrangement applications, refer to the Illinois state rule exceptions in NCCI's *Basic Manual* Rule 3-D—Employee Leasing Arrangements for the applicable rules. Obtain forms from NCCI.

The employee leasing company and client(s) must secure coverage for the leased workers under a master policy. Direct workers of the client or employee leasing company will not be included on the master policy for the leased workers.

**Insurance Companies That Have Offered/Refused Insurance:**

Question #1, which appears in this section on the ACORD® 133 application, is not applicable in Illinois.

**Applicant's Statement:**

The paragraph of the Applicant's Statement on the ACORD® 133 application, which requires the employer to certify that it has had no difficulties with any agent or company in regard to payroll records, the amount of premium charged, the payment of premium, etc., is not applicable in Illinois.

**Submit Application via**

NCCI  
Attn: Treasury Department  
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**Submit Application via  
Overnight Delivery to:**

NCCI  
Attn: Treasury Department  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362

## NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to NCCI's *Basic Manual for Workers Compensation and Employers Liability Insurance*, NCCI's *Basic Manual User's Guide* (National pages), and NCCI's *Assigned Risk Supplement*, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

INDIANA				
Estimated Annual Premium	Premium Installment Basis	Minimum Deposit %	Additional Payments During Year	Number of Refusers: Three—one must be the current carrier, if applicable.
Under \$2,500	Annual	100%	None	<b>Effective Date:</b> The later of the following options: <ul style="list-style-type: none"> <li>12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application</li> <li>The date of expiration of existing coverage</li> <li>A date the applicant requests</li> </ul> If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
At least \$2,500	Semiannual	75%	One	
At least \$5,000	Quarterly	50%	Three	
At least \$25,000	Monthly	25%	Eight	
Additional premium installments must be made in equal amounts, the sum of which, when added to the deposit premium, must equal 100% of the estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit and premium installment table.				
The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate changes to the governing state's premium installment basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.				
<b>Minimum Premium Policies</b> The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments. For any dispute concerning the change of an employer's payment basis, refer to <i>Basic Manual</i> Indiana Workers Compensation Insurance Plan of Operation for the Indiana Assigned Risk Reinsurance Pool Article VIII.				
<b>Application Submission Options:</b> <ul style="list-style-type: none"> <li>Online—Applications may be submitted via NCCI's website at <a href="http://ncci.com">ncci.com</a>. To enroll for access to this free service, contact the ICRB at 317-842-2800.</li> <li>Mail—Applications may be submitted via the US Postal Service or private overnight delivery service to the address provided below.</li> </ul> <b>Note:</b> Under Indiana law, an out-of-state agent/producer is required to have an Indiana nonresident license to submit an application to NCCI for primary coverage.				
<b>Loss Sensitive Rating Plan:</b> The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating plan for those employers that have a workers compensation and employers liability insurance policy(ies) with LSRP standard premium that equals or exceeds \$250,000. In addition to the WCIP initial or deposit premium, employers qualifying for the LSRP are required to submit an LSRP contingency deposit to the assigned carrier. The LSRP contingency deposit is calculated by multiplying the LSRP standard premium by 20%. Subject to certain conditions, the LSRP contingency deposit may be paid by Automated Clearing House/Electronic Funds Transfer (ACH/EFT), credit card, personal or business check, or an Irrevocable Letter of Credit (ILOC). Refer to NCCI's <i>Basic Manual</i> Rule 4-C—Loss Sensitive Rating Plan (LSRP) for the applicable rules.				
<b>Guide to Premium Calculation</b> (for detailed information, refer to Indiana State Special Rules in NCCI's <i>Basic Manual</i> ): <ul style="list-style-type: none"> <li>Experience modification, if applicable</li> <li>Coinsurance/deductible insurance, if applicable</li> <li>Assigned risk surcharge of 25% applies to the premium in excess of \$2,500 of the standard premium</li> </ul>				
<b>Election/Rejection Under State Law:</b> <b>Sole proprietors, partners, and members/managers of limited liability companies</b> who are actually and actively engaged in the business are not automatically covered under the Indiana workers compensation Act, but may elect coverage by giving written notice to the carrier and to the Indiana Compensation Rating Bureau (ICRB). Attach a copy of the written notice of election to the application. Payroll must be included for any sole proprietor, partners, and members/managers of limited liability companies electing coverage. <b>Sole executive officer:</b> An officer of a corporation who is the sole officer of the corporation is automatically covered under the Act, but may elect to be excluded from the Act by giving written notice of the election to the carrier and the ICRB. Attach a copy of the written notice of election to the application. Payroll must be excluded for any sole executive officer rejecting coverage. <b>Executive officers of charitable, religious, educational, or other nonprofit corporations</b> are not automatically covered under the Act, but may elect coverage by specifically including the executive officer in the contract of insurance. Payroll must be included for any executive officers of charitable, religious, educational, or other nonprofit corporations electing coverage. Failure to file the appropriate forms/notices for election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.				

**Volunteers**

“**Volunteer workers for a state institution**” and “**rostered volunteers,**” as defined in the Indiana workers compensation Act, are automatically covered to the extent set forth in the Act.

**Unpaid participants under the federal School to Work Opportunities Act** are automatically covered under the Act to the extent set forth in IC 22-3-2-2.5.

**Volunteer firefighters, volunteer members of the emergency medical services personnel, or volunteer emergency medical technicians working for a volunteer fire department or ambulance company** are covered; and **volunteers working for a hazardous materials response team** may be covered, to the extent set forth in the workers compensation Act.

Refer to the Workers Compensation Board of Indiana at [www.in.gov/workcomp](http://www.in.gov/workcomp) for the most current rules, regulations, and forms.

**Note:** This information applies only to Indiana law. If additional states are to be covered, additional action may be necessary under applicable state law.

**Employee Leasing:**

**IMPORTANT: Before completing Professional Employer Organization (PEO) Arrangement applications, refer to NCCI's *Basic Manual Rule 4-B—Professional Employer Organization (PEO) Arrangements for the applicable rules. Obtain forms from the ICRB.***

- All of the PEO's leased workers to clients under the state's WCIP must be secured under an MCP basis
- The client's policy covering its leased workers will be issued in the name and FEIN of the client in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business
  - Direct workers of a client will not be included on the client's policy for its leased workers
- The PEO's policy covering its direct workers will be issued in the name and FEIN of the PEO in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business under the WCIP
  - If the PEO has no direct workers in the state where its clients' coverage is being obtained, the PEO's policy will be issued with premium based on the use of Code 8810—Clerical Office Employees NOC on an “if any” basis

**Submit Application via Regular Mail to:**

NCCI—Indiana  
PO Box 74608  
Chicago, IL 60675-4608

**Send Correspondence to:**

Indiana Compensation Rating Bureau  
5920 Castleway, West Drive  
PO Box 50400  
Indianapolis, IN 46250  
Phone: 317-842-2800  
Fax: 317-842-3717

**Submit Application via Overnight Delivery to:**

Lockbox #74608 NCCI  
Northern Trust Bank  
350 North Orleans Street  
Receipt & Dispatch, 8th Floor  
Chicago, IL 60654

## NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to Rule 4 of NCCI's **Basic Manual for Workers Compensation and Employers Liability Insurance**, NCCI's **Basic Manual User's Guide** (National pages), and NCCI's **Assigned Risk Supplement**, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

KANSAS				
Estimated Annual Premium	Premium Installment	Minimum Deposit %	Additional Payments During Year	Number of Refusers: Three—one must be the current carrier, if applicable. The application must show in the "remarks" section the name of each such insurer and the representative contacted.
Under \$1,001	Annual	100%	None	<b>Effective Date:</b> The later of the following options: <ul style="list-style-type: none"> <li>12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application</li> <li>The date of expiration of existing coverage</li> <li>A date the applicant requests</li> </ul> If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark or meter mark on the envelope or the expiration of existing coverage.
At least \$1,001	Quarterly	40%	Three	
At Least \$10,000	Monthly	25%	Eight	
Additional premium installments must be made in equal amounts, the sum of which, when added to the deposit premium, must equal 100% of the estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit premium and premium installment table.				
The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate changes to the governing state's premium installment basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.				
<b>Minimum Premium Policies</b> The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.				
<b>Short-Term Policies</b> The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the Plan Administrator.				
For any dispute concerning the change of an employer's payment basis, refer to <b>Basic Manual</b> Rule 4-A-10.				
<b>Application Submission Options:</b> Applications for an employer requesting coverage must be submitted by a properly licensed producer. <ul style="list-style-type: none"> <li>Online—Applications may be submitted via NCCI's website at <a href="http://ncci.com">ncci.com</a>. To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at <a href="mailto:customer_service@ncci.com">customer_service@ncci.com</a>.</li> <li>Telephone—Applications may be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123.</li> <li>Mail—Applications may be submitted via the US Postal Service or private overnight delivery service to the address provided below.</li> </ul> <b>Note:</b> Under Kansas law, an out-of-state agent/producer is required to have a Kansas resident or nonresident license to submit an application to NCCI for primary coverage. Additionally, when an agency submits an application, the agency's employee who submits the application must have a Kansas producer license, the agency must have a Kansas producer license, and each officer, director, partner, and employee of the agency who acts as a producer must have a Kansas producer license.				
<b>Voluntary Coverage Assistance Program (VCAP® Service):</b> NCCI's <b>VCAP® Service</b> applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System ( <b>RMAPS® Online Application Service</b> ). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through <b>VCAP® Service</b> to determine if they match the preselected criteria specified by a participating voluntary coverage provider.				
Refer to NCCI's <b>Basic Manual</b> Rule 4-D—Voluntary Coverage Assistance Program ( <b>VCAP® Service</b> ) for the applicable rules.				
<b>Loss Sensitive Rating Plan:</b> The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating plan for those employers that have a workers compensation and employers liability insurance policy(ies) with an LSRP standard premium that equals or exceeds \$250,000 (effective 1/1/12).				
In addition to the WCIP initial or deposit premium, employers qualifying for the LSRP are required to submit an LSRP contingency deposit to the assigned carrier. The LSRP contingency deposit is calculated by multiplying the LSRP standard premium by 20%. Subject to certain conditions, the LSRP contingency deposit may be paid by Automated Clearing House/Electronic Funds Transfer (ACH/EFT), credit card, personal or business check, or an Irrevocable Letter of Credit (ILOC).				
Refer to NCCI's <b>Basic Manual</b> Rule 4-C—Loss Sensitive Rating Plan (LSRP) for the applicable rules.				
<b>Guide to Premium Calculation</b> (for detailed information, refer to Kansas State Special Rules in NCCI's <b>Basic Manual</b> ): <ul style="list-style-type: none"> <li>Experience modification, if applicable</li> <li>Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to modified premium with a maximum surcharge of 1.49</li> <li>Deductible insurance, if applicable</li> </ul> <ul style="list-style-type: none"> <li>Assigned Risk Small Employer Loss-Free Policy Premium Credit, if applicable</li> <li>Assigned Risk Safety Seminar Premium Credit, if applicable</li> <li>KARRP, if applicable</li> </ul>				
<b>Election/Rejection Under State Law:</b> <b>Sole proprietors, partners, and members of limited liability companies</b> are not automatically covered, but may elect coverage within the provisions of the Act by filing the applicable form with the Division of Workers Compensation (DWC) of the Kansas Department of Labor. The form may be obtained from the				

DWC. Attach a copy of the form to the application. Payroll must be included for any sole proprietor, partners, or members of limited liability companies electing coverage.

**Note:** Members of limited liability companies are treated as sole proprietors/partners for premium determination purposes in Kansas.

**Corporate stockholders:** An employee of a corporation who owns 10% or more of the corporate stock is automatically covered, but may elect not to accept coverage under the Act by filing the applicable form with the Division of Workers Compensation (DWC) of the Kansas Department of Labor. The form may be obtained from the DWC. Attach a copy of the form to the application. Officers of nonprofit organizations are automatically excluded. Payroll must be excluded for any corporate stockholders rejecting coverage.

Failure to file any applicable form/notice for election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

#### **Volunteers**

The following volunteers are automatically covered under the Act:

- Firefighters
- Law enforcement officers
- First responders
- Emergency medical technician
- Emergency medical technician—intermediate
- Emergency medical technician—defibrillator
- Mobile intensive care technician
- Ambulance drivers (land and air)
- Members of Kansas Department of Civil Air Patrol

The following volunteers are not automatically covered under the Act:

- Volunteers in any employment—Applicable form is filed by an employer with the Division of Workers Compensation (DWC) of the Kansas Department of Labor to elect to provide coverage for all or part of his or her volunteer workers. The form may be obtained from the DWC. Attach a copy of the form to the application.
- Persons performing community service—Applicable form is filed by an employer with the DWC to elect to provide coverage for persons who are performing public or community service as a requirement to receive public assistance or as a result of a contract or diversion, assignment to a community corrections program, or suspension of sentence or as a condition of probation or in lieu of a fine. The form may be obtained from the DWC. Attach a copy of the Form to the application.
- Noncompensated volunteer officer, director or trustee of a nonprofit corporation—Applicable form is filed by volunteer directors, officers, or trustees of a nonprofit organization with the DWC to elect coverage under the Act. The form may be obtained from the DWC. Attach a copy of the form to the application.

The employer must include payroll for the covered volunteer workers in the premium calculation.

Refer to the Department of Labor at [www.dol.ks.gov](http://www.dol.ks.gov) for the most current rules, regulations, and forms.

**Note:** This information applies only to Kansas. If additional states are to be covered, additional action may be necessary under applicable state law.

#### **Employee Leasing:**

**IMPORTANT: Before completing Professional Employer Organization (PEO) Arrangement applications, refer to NCCI's Basic Manual Rule 4-B—Professional Employer Organization (PEO) Arrangements for the applicable rules. Obtain forms from NCCI.**

- All of the PEO's leased workers to clients under the state's WCIP must be secured under an MCP basis
- The client's policy covering its leased workers will be issued in the name and FEIN of the client in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business
  - Direct workers of a client will not be included on the client's policy for its leased workers
- The PEO's policy covering its direct workers will be issued in the name and FEIN of the PEO in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business under the WCIP
  - If the PEO has no direct workers in the state where its clients' coverage is being obtained, the PEO's policy will be issued with premium based on the use of Code 8810—Clerical Office Employees NOC on an "if any" basis

**Submit Application via Regular Mail to:** Community First National Bank—  
NCCI—Kansas  
215 S. Seth Child Road  
Manhattan, KS 66502-3089

**Send Correspondence to:** NCCI Customer Service Center  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362  
Phone: 800-622-4123  
Fax: 561-893-1191

**Submit Application via Regular Mail or Overnight Delivery to:** NCCI—Kansas  
Attn: Treasury Department  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362

## NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instructions Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to Rule 4 of NCCI's **Basic Manual for Workers Compensation and Employers Liability Insurance**, NCCI's **Basic Manual User's Guide** (National pages), and NCCI's **Assigned Risk Supplement**, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

NEW HAMPSHIRE					
Estimated Annual Premium	Premium Installment Basis	Minimum Deposit %	Additional Payments During Year	Service Fee	Number of Refusers: Two—one must be the current carrier, if applicable.
Under \$1,000	Annual	100%	None	N/A	<b>Effective Date:</b> The later of the following options: <ul style="list-style-type: none"> <li>12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application</li> <li>The date of expiration of existing coverage</li> <li>A date the applicant requests</li> </ul> If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
At least \$1,000	Deposit + 2	50%	Two equal installments due at the beginning of months four and seven	\$5 each	
Above \$5,000	Deposit + 8	30%	Eight equal installments due at the beginning of months two through nine	\$5 each	
<p>Additional premium installments must be made in equal amounts, the sum of which, when added to the deposit premium, must equal 100% of estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit and premium installment table.</p> <p>Following issuance of two nonpayment cancellation notices within the policy period, the assigned carrier must reinstate the policy coverage effective the day following the date of receipt of all premium due. Thereafter, the payment plan privileges are forfeited for the balance of the policy year.</p> <p>Payment of the entire outstanding balance of the estimated policy premium is required.</p> <p>The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate changes to the governing state's premium installment basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.</p> <p><b>Minimum Premium Policies</b>                      The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.</p> <p><b>Short-Term Policies</b>                      The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the Plan Administrator.</p> <p>For any dispute concerning the change of an employer's payment basis, refer to <b>Basic Manual</b> Rule 4-A-10.</p>					
<p><b>Application Submission Options:</b></p> <ul style="list-style-type: none"> <li>Online—Applications may be submitted via NCCI's website at <a href="http://ncci.com">ncci.com</a>. To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at <a href="mailto:customer_service@ncci.com">customer_service@ncci.com</a>.</li> <li>Telephone—Applications can be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123.</li> <li>Mail Applications can be submitted via the US Postal Service or private overnight delivery service to the address provided below.</li> </ul> <p><b>Note:</b> Under New Hampshire law, an out-of-state agent/producer is required to have a New Hampshire resident or nonresident license to submit an application to NCCI for primary coverage.</p>					
<p><b>Voluntary Coverage Assistance Program (VCAP® Service):</b></p> <p>NCCI's <b>VCAP® Service</b> applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System (<b>RMAPS® Online Application Service</b>). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through <b>VCAP® Service</b> to determine if they match the preselected criteria specified by a participating voluntary coverage provider.</p> <p>Refer to NCCI's <b>Basic Manual</b> Rule 4-D—Voluntary Coverage Assistance Program (<b>VCAP® Service</b>) for the applicable rules.</p>					
<p><b>Loss Sensitive Rating Plan:</b></p> <p>The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating plan for those employers that have a workers compensation and employers liability insurance policy(ies) with a LSRP standard premium that equals or exceeds \$250,000 (effective 01/01/2012).</p> <p>In addition to the WCIP initial or deposit premium, employers qualifying for the LSRP are required to submit an LSRP contingency deposit to the assigned carrier. The LSRP contingency deposit is calculated by multiplying the LSRP standard premium by 20%. Subject to certain conditions, the LSRP contingency deposit may be paid by Automated Clearing House/Electronic Funds Transfer (ACH/EFT), credit card, personal or business check, or an Irrevocable Letter of Credit (ILOC).</p> <p>Refer to NCCI's <b>Basic Manual</b> Rule 4-C—Loss Sensitive Rating Plan (LSRP) for the applicable rules.</p>					
<p><b>Guide to Premium Calculation</b> (for detailed information, refer to New Hampshire State Special Rules in NCCI's <b>Basic Manual</b>):</p> <ul style="list-style-type: none"> <li>Experience modification, if applicable</li> <li>Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to total modified premium with a maximum surcharge of 1.25</li> <li>Premium discount, if applicable, applies to policies with an experience modification of less than 1.50</li> <li>Deductible insurance, if applicable</li> </ul>					

**Election/Rejection Under State Law:**

**Sole proprietors and partners** are not automatically covered under the Workers Compensation Act (Act), but they may elect coverage by attaching a written notice of election to the application. Payroll must be included for any sole proprietor or partners electing coverage.

**Corporations/limited liability companies:** Officers/members are automatically covered, but may elect to exclude up to three officers/members from the Act by filing a written notice with the Commissioner of the New Hampshire Department of Labor. Attach to the application a copy of the notice to be excluded from coverage. Payroll must be excluded for any corporate officers or members of limited liability companies rejecting coverage.

**Note:** Members of limited liability companies are treated as executive officers for premium determination in New Hampshire.

Failure to file the appropriate notices/forms for election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

**Volunteers**

The following volunteers are automatically covered under the Act:

- Firefighters
- Police
- Ambulance or rescue service member
- State police
- Member or trainee of the Emergency Management Corps
- Forest firefighters
- Individuals assisting in a search for, an attempt to rescue, or the rescue of another
- Individuals in a New Hampshire citizen corps local council program

Refer to the Department of Labor at [www.nh.gov/labor/workers-comp/index.htm](http://www.nh.gov/labor/workers-comp/index.htm) for the most current rules, regulations, and forms.

**Note:** This information applies only to New Hampshire law. If additional states are to be covered, additional action may be necessary under applicable state law.

**Employee Leasing:**

Pursuant to New Hampshire SB 740-FN, employee leasing companies shall be licensed by the New Hampshire Department of Labor prior to submission of an application for insurance under the Plan.

**IMPORTANT: Before completing Professional Employer Organization (PEO) Arrangement applications, refer to NCCI's Basic Manual Rule 4-B—Professional Employer Organization (PEO) Arrangements for the applicable rules. Obtain forms from NCCI.**

- All of the PEO's leased workers to clients under the state's WCIP must be secured under an MCP basis
- The client's policy covering its leased workers will be issued in the name and FEIN of the client in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business
  - Direct workers of a client will not be included on the client's policy for its leased workers
- The PEO's policy covering its direct workers will be issued in the name and FEIN of the PEO in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business under the WCIP
  - If the PEO has no direct workers in the state where its clients' coverage is being obtained, the PEO's policy will be issued with premium based on the use of Code 8810—Clerical Office Employees NOC on an "if any" basis

<b>Submit Application via Regular Mail to:</b>	NCCI Attn: Treasury Department PO Box 3045 Boca Raton, FL 33431	<b>Send Correspondence to:</b>	NCCI Customer Service Center 901 Peninsula Corporate Circle Boca Raton, FL 33487-1362 Phone: 800-622-4123 Fax: 561-893-1191
<b>Submit Application via Overnight Delivery to:</b>	NCCI Attn: Treasury Department 901 Peninsula Corporate Circle Boca Raton, FL 33487-1362		

## NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to NCCI's *New Mexico Workers' Compensation Assigned Risk Pool Manual*, NCCI's *Basic Manual for Workers Compensation and Employers Liability Insurance*, NCCI's *Basic Manual User's Guide*, and NCCI's *Assigned Risk Supplement*, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

NEW MEXICO			
Estimated Annual Premium (EAP)	Payroll Reporting Basis	Minimum Deposit Percentage of EAP	Number of Refusers: Two—one must be the current carrier, if applicable.
\$0–\$999	Annual	100%	<b>Effective Date:</b> The later of the following options: <ul style="list-style-type: none"> <li>12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application</li> <li>The date of expiration of existing coverage</li> <li>A date the applicant requests</li> </ul> If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
\$1,000–\$4,999	Semiannual	65%	
\$5,000–\$9,999	Quarterly	40%	
\$10,000 and over	Monthly	20%	
<p>The audit adjustment program is the payment program used in New Mexico. Employers that choose not to pay on an annual basis are billed according to the results of their payroll reports. Employers under this program pay a deposit premium based on estimated annual premium in accordance with the deposit and payroll reporting table. At policy inception, the employer may request a higher minimum deposit percentage but may not select a deposit percentage lower than the minimum stated in the deposit and payroll reporting table.</p> <p>The deposit and payroll reporting table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate changes to the payroll reporting basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.</p> <p><b>Minimum Premium Policies</b>                      The deposit premium for a minimum premium policy is 100% of the estimated annual premium. A minimum premium policy must be paid in full and is not eligible for the audit adjustment program.</p> <p><b>Short-Term Policies</b>                      At the time of application, the required deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the New Mexico Workers' Compensation Assigned Risk Pool Administrator.</p> <p>For renewal policies, the required deposit premium for short-term policies with a duration of six months or less is also 100% of the estimated premium, subject to the discretion of the assigned carrier.</p>			
<p><b>Application Submission Options:</b></p> <ul style="list-style-type: none"> <li>Online—Applications may be submitted via NCCI's website at <a href="http://ncci.com">ncci.com</a>. To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at <a href="mailto:customer_service@ncci.com">customer_service@ncci.com</a>.</li> <li>Telephone—Applications may be submitted by contacting NCCI's Customer Service Center at 505-242-1330.</li> <li>Mail—Applications may be submitted via the US Postal Service or private overnight delivery service to the address provided below.</li> </ul> <p><b>Note:</b> Under New Mexico law, an out-of-state agent/producer is required to have a New Mexico resident or nonresident license to submit an application to NCCI for primary and/or multistate coverage.</p>			
<p><b>Voluntary Coverage Assistance Program (VCAP® Service):</b>                      NCCI's <b>VCAP® Service</b> applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System (<b>RMAPS® Online Application Service</b>). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through <b>VCAP® Service</b> to determine if they match the preselected criteria specified by a participating voluntary coverage provider.</p> <p>Refer to NCCI's <i>New Mexico Workers' Compensation Assigned Risk Pool Manual</i> for the applicable rules.</p>			
<p><b>Guide to Premium Calculation</b> (for detailed information, refer to NCCI's <i>New Mexico Workers' Compensation Assigned Risk Pool Manual</i> or the New Mexico State Special Rules in NCCI's <i>Basic Manual</i>):</p> <ul style="list-style-type: none"> <li>Experience modification, if applicable</li> <li>Assigned risk surcharge of 10% applies to standard premium on all policies <b>including</b> minimum premium</li> <li>Safety device coverage, if applicable</li> <li>Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to total modified premium with a maximum surcharge of 1.49</li> <li>Deductible insurance, if applicable</li> </ul>			
<p><b>Election/Rejection Under State Law:</b></p> <p><b>Sole proprietors</b> are automatically covered under the Act, but may elect to be excluded by filing with the carrier the applicable form, available from the New Mexico Workers' Compensation Administration. Attach to the application a copy of the election form. Payroll must be excluded for any sole proprietor rejecting coverage.</p> <p><b>“Executive employees” owning 10% or more of outstanding stock</b> are automatically covered under the Act, but may elect to be excluded by filing with the carrier the applicable form, available from the New Mexico Workers' Compensation Administration. “Executive employee” includes chairperson of the board, president, vice president, secretary, treasurer, or other executive officer. Attach to the application a copy of the election form. Payroll must be excluded for any executive employee rejecting coverage. Executive employees owning less than 10% are not eligible to be excluded from coverage.</p>			



**Members of limited liability companies owning 10% or more interest** are automatically covered under the Act, but may elect to be excluded by filing with the carrier the applicable form, available from the New Mexico Workers' Compensation Administration. Attach to the application a copy of the election form. Payroll must be excluded for any members of limited liability companies rejecting coverage.

**Note:** Members of limited liability companies are treated as executive employees for premium determination purposes in New Mexico.

**Partners** are not covered under the Act, but may elect coverage by filing with the carrier the applicable form, available from the New Mexico Workers' Compensation Administration. Attach to the application a copy of the election form. Payroll must be included for any partners electing coverage.

Failure to file any applicable forms for election or rejection status in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

#### **Volunteers**

No volunteers are automatically covered under the Act. Volunteer firefighters are not automatically covered under the Act, but the municipality may elect coverage.

Refer to the Workers' Compensation Administration at [www.workerscomp.state.nm.us](http://www.workerscomp.state.nm.us) for the most current rules, regulations, and forms.

#### **Employee Leasing:**

**IMPORTANT: Before completing Professional Employer Organization (PEO) Arrangement applications, refer to NCCI's *New Mexico Workers' Compensation Assigned Risk Pool Manual* for the applicable rules. Obtain forms from NCCI.**

- All of the PEO's leased workers to clients under the state's WCIP must be secured under an MCP basis
- The client's policy covering its leased workers will be issued in the name and FEIN of the client in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business
  - Direct workers of a client will not be included on the client's policy for its leased workers
- The PEO's policy covering the direct workers will be issued in the name and FEIN of the PEO in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business under the WCIP
  - If the PEO has no direct workers in the state where its clients' coverage is being obtained, the PEO's policy will be issued with premium based on the use of Code 8810—Clerical Office Employees NOC on an "if any" basis

#### **Submit Application via**

#### **Regular Mail to:**

NCCI  
Attn: Treasury Dept.  
PO Box 3045  
Boca Raton, FL 33431

#### **Send Correspondence to:**

NCCI  
6301 Indian School Road  
Suite 990  
Albuquerque, NM 87110  
Phone: 505-242-1330  
Fax: 505-242-1032

#### **Submit Application via**

#### **Overnight Delivery to:**

NCCI  
Attn: Treasury Dept.  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362

## NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to Rule 4 of NCCI's **Basic Manual for Workers Compensation and Employers Liability Insurance**, NCCI's **Basic Manual User's Guide** (National pages), and NCCI's **Assigned Risk Supplement**, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

NEVADA				
Estimated Annual Premium	Premium Installment Basis	Minimum Deposit %	Additional Payments During Year	Number of Refusers: Two—one must be the current carrier, if applicable.
Under \$1,000	Annual	100%	None	<p><b>Effective Date:</b> The later of the following options:</p> <ul style="list-style-type: none"> <li>12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application</li> <li>The date of expiration of existing coverage</li> <li>A date the applicant requests</li> </ul> <p>If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.</p>
At least \$1,000	Semiannual	65%	One	
At least \$5,000	Quarterly	40%	Three	
At least \$10,000	Monthly	20%	Nine	
<p>Additional premium installments must be made in equal amounts, the sum of which, when added to the deposit premium, must equal 100% of the estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum in the deposit premium and premium installment table.</p> <p>The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate changes to the governing state's premium installment basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.</p> <p><b>Minimum Premium Policies</b> The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.</p> <p><b>Short-Term Policies</b> The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the Plan Administrator. For any dispute concerning the change of an employer's payment basis, refer to <b>Basic Manual</b> Rule 4-A-10.</p>				
<p><b>Application Submission Options:</b></p> <ul style="list-style-type: none"> <li>Online—Applications may be submitted via NCCI's website at <b>ncci.com</b>. To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at <b>customer_service@ncci.com</b>.</li> <li>Telephone—Applications may be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123.</li> <li>Mail—Applications may be submitted via the US Postal Service or private overnight delivery service to the address provided below.</li> </ul> <p><b>Note:</b> Under Nevada law, an out-of-state agent/producer is required to have a Nevada resident or nonresident license. Additionally, a producer acting on behalf of an agency must have a Nevada license, and the agency must have a Nevada license.</p>				
<p><b>Voluntary Coverage Assistance Program (VCAP® Service):</b> NCCI's <b>VCAP® Service</b> applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System (<b>RMAPS® Online Application Service</b>). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through <b>VCAP® Service</b> to determine if they match the preselected criteria specified by a participating voluntary coverage provider. Refer to NCCI's <b>Basic Manual</b> Rule 4-D—Voluntary Coverage Assistance Program (<b>VCAP® Service</b>) for the applicable rules.</p>				
<p><b>Loss Sensitive Rating Plan:</b> The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating plan for those employers that have a workers compensation and employers liability insurance policy(ies) with an LSRP standard premium that equals or exceeds \$250,000 (effective 1/1/12). In addition to the WCIP initial or deposit premium, employers qualifying for the LSRP are required to submit an LSRP contingency deposit to the assigned carrier. The LSRP contingency deposit premium is calculated by multiplying the LSRP standard premium by 20%. Subject to certain conditions, the LSRP contingency deposit may be paid by Automated Clearing House/Electronic Funds Transfer (ACH/EFT), credit card, personal or business check, or an Irrevocable Letter of Credit (ILOC). Refer to NCCI's <b>Basic Manual</b> Rule 4-C—Loss Sensitive Rating Plan (LSRP) for the applicable rules.</p>				
<p><b>Guide to Premium Calculation</b> (for detailed information, refer to Nevada State Special Rules in NCCI's <b>Basic Manual</b>):</p> <ul style="list-style-type: none"> <li>Experience modification, if applicable</li> <li>Deductible insurance, if applicable</li> <li>Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to modified premium with a maximum surcharge of 1.25 (effective 1/1/04)</li> </ul>				
<p><b>Election/Rejection Under State Law:</b> <b>Sole proprietors and partners</b> are not automatically covered under the Act, but may elect coverage by filing the applicable form with the carrier and the Administrator of the Division of Industrial Relations—Workers Compensation Section. The form is available from the Division of Industrial</p>				

Relations. Attach to the application a copy of the form. Payroll must be included for any sole proprietor or partners electing coverage.

**Uncompensated corporate officers/members of limited liability companies** are automatically covered, but may elect to reject coverage for themselves by filing written notice thereof with the corporation/limited liability company and the carrier. Attach to the application a copy of the written notice to reject coverage. Payroll must be excluded for any uncompensated corporate officers or members of limited liability companies rejecting coverage.

**Uncompensated officers of nonprofit corporations** are automatically covered, but the nonprofit corporation may elect to reject coverage for its current and all future uncompensated officers by filing written notice thereof with the corporation and the insurer. Attach to the application a copy of the written notice to reject coverage. Payroll must be excluded for any uncompensated corporate officers rejecting coverage.

**Compensated corporate officers/members of limited liability companies who are owners** are automatically covered, but may elect to reject coverage for themselves by filing written notice thereof with the carrier. Attach to the application a copy of the written notice to reject coverage. Payroll must be excluded for any compensated corporate officers or members of limited liability companies who are owners rejecting coverage.

**Compensated corporate officers/members of limited liability companies who are not owners** are automatically covered under the Act and may not be excluded from coverage. Payroll must be included for any compensated corporate officers or members of limited liability companies who are not owners.

**Note:** Members of limited liability companies are treated as corporate officers for premium determination purposes in Nevada.

Failure to file the appropriate notices/forms for election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

#### Volunteers

The following volunteers are automatically covered under the Act:

- Firefighters
- Paid firefighter performing voluntary off-duty services as firefighter
- Nevada Highway Patrol officers
- Police
- Sheriff
- Volunteers to enforce certain laws concerning parking for persons who are handicapped
- "Volunteer category 1 peace officer"—peace officers for detection and investigation of and response to cases of sexual abuse or sexual exploitation of children
- A member of a nonprofit service organization or club, while engaged in rendering volunteer ambulance service
- Persons who, under a written agreement between a public agency and a private organization, perform volunteer work for a private organization as part of a public program and who are not specifically covered by any other provisions of the Act
- Volunteer workers at facilities for inpatients of Division of Mental Health and Developmental Services of Department of Health and Human Services
- Junior traffic patrols (i.e., child volunteering as a school crossing guard)
- Voluntary members of county advisory boards to manage wildlife
- Voluntary members of state, county and local departments, boards, commissions, agencies or bureaus, whether elected or appointed

The following volunteers are not automatically covered under the Act, but the employer may elect coverage:

- Voluntary ski patrolman (elect coverage by filing the applicable form with the Administrator of the Division of Industrial Relations—Workers Compensation Section and the carrier)
- Volunteer work in any formal program that is being conducted:
  1. Within a state or local public organization; or
  2. By a federally assisted organization; or
  3. By a private, incorporated, nonprofit organization that provides services to the general community—and when the volunteers are not specifically covered by any other provisions of the Act.

**Note:** The above-listed volunteers (1–3) are covered when the organization approves coverage and complies with the provisions of those chapters and regulations adopted pursuant to them. An Election of Coverage Form is not required.

Refer to the Department of Labor at [www.dirweb.state.nv.us/wcs/wcsform.htm](http://www.dirweb.state.nv.us/wcs/wcsform.htm) for the most current rules, regulations, and forms.

**Note:** This information applies only to Nevada law. If additional states are to be covered, additional action may be necessary under applicable state law.

#### Employee Leasing:

**IMPORTANT: Before completing Professional Employer Organization (PEO)/Employee Leasing Arrangement applications, refer to the Nevada state rule exceptions in NCCI's *Basic Manual* Rule 3-D—Employee Leasing Arrangements for the applicable rules. Obtain forms from NCCI.**

In accordance with Nevada Revised Statutes (NRS), a client company may obtain its own policy which covers all employees of the client company, including leased employees. The policy may name the employee leasing company as an additional insured.

Coverage obtained by a PEO for its leased workers under the state's WCIP must be written on an MCP basis with the following requirements:

- The client's policy covering its leased workers will be issued in the name and FEIN of the client in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business
  - Direct workers of a client will not be included on the client's policy for its leased workers
- The PEO's policy covering its direct workers will be issued in the name and FEIN of the PEO in accordance with NCCI's *Basic Manual* Rule 3-D and all other rules governing the issuance of a standard policy for assigned risk business under the WCIP
  - If the PEO has direct employees covered under a voluntary market policy, or if the PEO has no direct workers in the state where its clients' coverage is being obtained, the PEO's policy will be issued with premium based on the use of Code 8810—Clerical Office Employees NOC on an "if any" basis

#### Submit Application via

##### Regular Mail to:

NCCI  
Attn: Treasury Department  
PO Box 3045  
Boca Raton, FL 33431

#### Send Correspondence to:

NCCI Customer Service Center  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362  
Phone: 800-622-4123  
Fax: 561-893-1191

#### Submit Application via Overnight Delivery to:

NCCI  
Attn: Treasury Department  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362

## NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to NCCI's **Basic Manual for Workers Compensation and Employers Liability Insurance**, NCCI's **Basic Manual User's Guide** (National pages), and NCCI's **Assigned Risk Supplement**, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

### OREGON

The DEPOSIT PREMIUM TABLE below should be used when computing the deposit premium on the ACORD® 130 application.

Estimated Annual Premium	Minimum Deposit %	Audit Basis During Year	Number of Refusers: One—declinations of coverage are not required on preferred worker and no payroll "if any" applications.
Under \$1,000	100%	Annual	<b>Effective Date:</b> The later of the following options: <ul style="list-style-type: none"> <li>12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application</li> <li>The date of expiration of existing coverage</li> <li>A date the applicant requests</li> </ul> If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
At least \$1,000	66.67%	Semiannual	
At least \$7,500	41.67%	Quarterly	
At least \$25,000	25%	Monthly	

Estimated annual premium and the premium installment schedule are subject to adjustment as a result of preliminary, interim, and/or final audit(s), the audit adjustment program, or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit and premium installment table.

The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate changes to the governing state's premium installment basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.

#### Surety Financial Guaranty Bond

A portion of the deposit premium may be satisfied with an authorized surety's financial guaranty bond, but the cash portion cannot be less than either the minimum premium or 25% of the total estimated annual premium, whichever is greater. If you wish to choose this option, contact the Contractors Bonding Insurance Company at 800-926-2242 or 503-287-6000 to obtain the name of an agent in your area who can write the bond.

#### Minimum Premium Policies

The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for the audit adjustment program.

#### Short-Term Policies

The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the Plan Administrator.

For any dispute concerning the audit adjustment program, refer to the Oregon Dispute Resolution Procedure in NCCI's **Basic Manual**.

#### Application Submission Options:

- Online—Applications may be submitted via NCCI's website at [ncci.com](http://ncci.com). To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at [customer\\_service@ncci.com](mailto:customer_service@ncci.com).
- Telephone—Applications may be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123.
- Mail—Applications may be submitted via the US Postal Service or private overnight delivery service to the address provided below.

**Note:** Under Oregon law, an out-of-state agent/producer is required to have an Oregon resident or nonresident license to submit an application to NCCI for primary coverage.

#### Voluntary Coverage Assistance Program (VCAP® Service):

NCCI's **VCAP® Service** applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System (**RMAPS® Online Application Service**). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through **VCAP® Service** to determine if they match the preselected criteria specified by a participating voluntary coverage provider.

Refer to NCCI's **Basic Manual** Rule 4-D—Voluntary Coverage Assistance Program (**VCAP® Service**) for the applicable rules.

#### Loss Sensitive Rating Plan:

The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating plan for those employers that have a workers compensation and employers liability insurance policy(ies) with an LSRP standard premium that equals or exceeds \$250,000 (effective 1/1/12).

In addition to the WCIP initial or deposit premium, employers qualifying for the LSRP are required to submit an LSRP contingency deposit to the assigned carrier. The LSRP contingency deposit premium is calculated by multiplying the LSRP standard premium by 20%. Subject to certain conditions, the LSRP contingency deposit may be paid by Automated Clearing House/Electronic Funds Transfer (ACH/EFT), credit card, personal or business check, or an Irrevocable Letter of Credit (ILOC).

Refer to NCCI's **Basic Manual** Rule 4-C—Loss Sensitive Rating Plan (LSRP) for the applicable rules.

#### Guide to Premium Calculation (for detailed information, refer to Oregon State Special Rules in NCCI's **Basic Manual**):

- Experience rating modification, if applicable
- Merit rating, if applicable
- Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to modified premium
- Nonexperience rated premium credit of 11% (up to \$500), if applicable
- New Small Employer Credit of 15%, if applicable
- Employee leasing client processing fee, if applicable

**NOTE: Workers Compensation Department Assessment of 6.2% (effective 1/1/12) applies to premium after expense constant.**

#### Employee Leasing:

Refer to ORS 656.850 (3). If coverage is desired through the Oregon Plan, payroll by applicable classification, for all of your employees and all client employees to be covered through the Oregon Plan, leased or otherwise, must be included. Also, include a current list of active clients, identifying the total number of worker/leasing company clients and employees.

**IMPORTANT: Before completing Professional Employer Organization (PEO)/Employee Leasing Arrangement applications, refer to the Oregon state rule exceptions in NCCI's **Basic Manual** Rule 3-D—Employee Leasing Arrangements for the applicable rules. Obtain forms from NCCI.**

Every worker leasing company providing leased workers to a client must also provide workers compensation insurance coverage for any subject workers of the client under a master policy, unless the client has a workers compensation insurance policy. In that case, the client's policy must be deemed to provide insurance coverage for all leased workers and subject workers of the client.

If the employee leasing company is providing coverage, the policy must maintain separate statistics for each client. Oregon statute requires that the premium charged for the client's exposure must be based on the client's own modification.

A client can obtain leased workers from only one employee leasing company, unless the client has its own policy providing workers compensation insurance to all of its workers.

**Employee Leasing Client Processing Fee:** To reimburse the carrier for expenses associated with the collection of separate statistics for each client covered under an employee leasing company policy, the leasing company must pay a client processing fee for each client. The fee is shown on the Miscellaneous Values page.

#### **Employers Using Independent Contractors:**

The employer must cover subcontractors, unless those contractors meet common-law tests of independence used by the courts or, if in construction, are licensed with the Construction Contractors Board (CCB) or with the Landscape Constructors Board (LCB).

#### **Election/Rejection Under State Law:**

**Subject to the limitations detailed below, sole proprietors, partners, limited liability company (LLC) members, and corporate officers** are not automatically covered under the Act but may elect coverage by giving written notice to the carrier at policy inception. Attach a copy of the written notice to the application. Payroll must be included for any sole proprietor, partner, LLC member/manager, or corporate officer electing coverage.

**Sole proprietors** are "nonsubject" workers and are not automatically covered under the Act, but may elect coverage. **Exception:** Sole proprietors actively licensed by the Landscape Contractors Board (ORS 671.525) or by the Construction Contractors Board (ORS 701.021) are automatically covered under the Act.

**Partners** are "nonsubject" workers and are not automatically covered under the Act, but may elect coverage. **Exception:** Partners engaged in work performed in direct connection with the construction, alteration, repair, improvement, moving, or demolition of an improvement on real property or appurtenances thereto are automatically covered under the Act. **Partners actively licensed by the Construction Contractors Board (CCB) (ORS 701.021) or Landscape Contractors Board (LCB) (ORS 671.525)** who have a substantial ownership interest in a partnership are "nonsubject" workers and are not automatically covered under the Act, but may elect coverage. "Substantial ownership" means a percentage of ownership equal to or greater than the average percentage of ownership of all the owners, or 10%, whichever is less. If all partners are members of the same family and are parents, spouses, sisters, brothers, daughters, daughters-in-law or sons-in-law, or grandchildren, all such partners are automatically covered by the Act and may elect to be excluded from coverage.

**For all other partnerships licensed under the Landscape Contractors Law (ORS 671.510 to 671.760) or by the CCB (ORS 701.021),** the maximum number of exempt partners shall be whichever is the greater of the following:

- (A) Two partners; or
- (B) One partner for each 10 partnership employees.

**LLC members**, including members who are managers of LLCs, regardless of the nature of the work performed are "nonsubject" workers and are not automatically covered under the Act, but may elect coverage. **Exception:** Members, including members who are managers, of LLCs with more than one Member, while engaged in work performed in direct connection with the construction, alteration, repair, improvement, moving, or demolition of an improvement on real property or appurtenances thereto are automatically covered under the Act. **LLC members actively licensed by the CCB (ORS 701.021) or LCB (ORS 671.525)** who have a substantial ownership interest in the company, regardless of the nature of the work performed, are not automatically covered under the Act, but may elect coverage. "Substantial ownership" means a percentage of ownership equal to or greater than the average percentage of ownership of all the owners, or 10%, whichever is less. If all members of the company are members of the same family and are parents, spouses, sisters, brothers, daughters, daughters-in-law or sons-in-law, or grandchildren, all such members are automatically covered under the Act and may elect to be excluded from coverage.

**For all other LLCs licensed under the Landscape Contractors Law (ORS 671.510 to 671.760) or by the CCB (ORS 701.021),** the maximum number of exempt company members shall be whichever is the greater of the following:

- (A) Two company members; or
- (B) One company member for each 10 company employees.

**Note:** Members of limited liability companies are treated as sole proprietors/partners for premium determination purposes in Oregon. **Corporate officers** who are directors of the corporation (note: "director" is a person elected or appointed to a corporation's board of directors in accordance with its articles of incorporation or bylaws) and who have substantial ownership interest in the corporation (note: "substantial ownership" means a percentage of ownership equal to or greater than the average percentage of ownership of all the owners, or 10%, whichever is less), regardless of the nature of the work performed by such officers, are "nonsubject" workers and are not automatically covered under the Act, but may elect coverage, **subject to the following limitations:**

- **Farm Use Tax Assessment:** If the activities of the corporation are conducted on land that receives farm use tax assessment pursuant to ORS chapter 308A, "corporate officer" includes all individuals identified as directors in the corporate bylaws, regardless of ownership interest, and who are members of the same family, whether related by blood, marriage, or adoption.
- **Commercial Harvest of Timber:** If the activities of the corporation involve the commercial harvest of timber and all officers of the corporation are members of the same family and are parents, daughters or sons, daughters-in-law or sons-in-law, or grandchildren, then all such officers are covered and may elect to be excluded from coverage. For all other corporations involving the commercial harvest of timber, the maximum number of exempt corporate officers for the corporation shall be whichever is the greater of the following:
  - (A) Two corporate officers; or
  - (B) One corporate officer for each 10 corporate employees.

**Corporate officers actively licensed by the CCB (ORS 701.021) or LCB (ORS 671.525)** who are directors of the corporation (note: "director" is a person elected or appointed to a corporation's board of directors in accordance with its articles of incorporation or bylaws) and who have substantial ownership interest in the corporation, regardless of the nature of the work performed, are "nonsubject" workers and are not automatically covered under the Act, but may elect coverage. "Substantial ownership" means a percentage of ownership equal to or greater than the average percentage of ownership of all the owners, or 10%, whichever is less. If all officers of the corporation are members of the same family and are parents, spouses, sisters, brothers, daughters or sons, daughters-in-law or sons-in-law, or grandchildren, all such officers are automatically covered under the Act and may elect to be excluded from coverage.

**For all other corporations licensed under the Landscape Contractors Law (ORS 671.510 to 671.760) or by the CCB (ORS 701.021),** the maximum number of exempt corporate officers shall be whichever is the greater of the following:

- (A) Two corporate officers; or
- (B) One corporate officer for each 10 corporate employees.

Failure to file the appropriate forms/notices for election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

#### **Volunteers**

The following volunteers are automatically covered under the Act:

"Qualified emergency service volunteer." A person who is:

- (a) Registered with the Office of Emergency Management or other public body to perform emergency service activities;
- (b) Acknowledged in writing as a qualified emergency service volunteer, at the time the person offers to volunteer during an emergency, by the Office of

Emergency Management or by another public body; **or**

(c) A member of the Oregon State Defense Force.

"Qualified search and rescue volunteer." A person who is:

(a) Registered with the Office of Emergency Management to conduct search and rescue activities;

(b) Registered with a sheriff to conduct search and rescue activities;

(c) A member of a designated search and rescue organization that is registered with a sheriff or the Office of Emergency Management; **or**

(d) Acknowledged in writing as a qualified search and rescue volunteer by the Office of Emergency Management, or by a sheriff or the designee of a sheriff, at the scene of a search or rescue.

The following volunteers are not automatically covered under the Act, but the employer may elect coverage by written notice to the carrier:

- All municipal, county, or city volunteer personnel
- Individuals engaged in voluntary commuter ride sharing arrangements (must give written notice to the carrier and to the Director of Consumer and Business Services, Workers Compensation Division)

Contact the Department of Consumer and Business Services, Workers Compensation Division at [www.cbs.state.or.us/wcd](http://www.cbs.state.or.us/wcd) for the most current rules, regulations, and forms.

This information applies only to Oregon law. If additional states are to be covered, additional action may be necessary under the applicable state law.

<b>Submit Application via</b>	NCCI	<b>Send Correspondence to:</b>	NCCI Customer Service Center
<b>Regular Mail to:</b>	Attn: Treasury Department PO Box 3045 Boca Raton, FL 33431		901 Peninsula Corporate Circle Boca Raton, FL 33487-1362 Phone: 800-622-4123 Fax: 561-893-1191
<b>Submit Application via</b>	NCCI		
<b>Overnight Delivery to:</b>	Attn: Treasury Department 901 Peninsula Corporate Circle Boca Raton, FL 33487-1362		

## NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to Rule 4 of NCCI's **Basic Manual for Workers Compensation and Employers Liability Insurance**, NCCI's **Basic Manual User's Guide** (National pages), and NCCI's **Assigned Risk Supplement**, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

<b>SOUTH CAROLINA</b>				
Estimated Annual Premium	Premium Installment Basis	Minimum Deposit %	Additional Payments During Year	Number of Refusers: Two—one must be the current carrier, if applicable.
Under \$5,000	Annual	100%	None	<b>Effective Date:</b> The later of the following options: <ul style="list-style-type: none"> <li>12:01 a.m. on the date following receipt by the Plan Administrator of a complete and eligible application</li> <li>The date of expiration of existing coverage</li> <li>A date the applicant requests</li> </ul> If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
At least \$5,000	Semi-annual	75%	One	
At least \$10,000	Quarterly	50%	Three	
<p>Additional premium installments must be made in equal payments, the sum of which, when added to the deposit premium, must equal 100% of the estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit premium and premium installment table.</p> <p>The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate changes to the governing state's premium installment basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.</p> <p><b>Minimum Premium Policies</b></p> <p>The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.</p> <p><b>Short-Term Policies</b></p> <p>The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period unless otherwise approved by the Plan Administrator.</p> <p>For any dispute concerning the change of an employer's payment basis, refer to <b>Basic Manual</b> Rule 4-A-10.</p>				
<p><b>Application Submission Options:</b></p> <ul style="list-style-type: none"> <li>Online—Applications may be submitted via NCCI's website at <a href="http://ncci.com">ncci.com</a>. To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at <a href="mailto:customer_service@ncci.com">customer_service@ncci.com</a>.</li> <li>Telephone—Applications may be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123.</li> <li>Mail—Applications may be submitted via the US Postal Service or private overnight delivery service to the address provided below.</li> </ul> <p><b>Note:</b> Under South Carolina law, an out-of-state agent/producer is required to have a South Carolina resident or nonresident license to submit an application to NCCI for primary coverage. Additionally, a person submitting an application on behalf of an agency must have a South Carolina resident or nonresident producer license, and every stockholder, officer, director, member, employee, or associate of an agency performing any act of a producer must have a South Carolina resident or nonresident license. The agency must have a South Carolina resident or nonresident license as well.</p>				
<p><b>Voluntary Coverage Assistance Program (VCAP® Service):</b></p> <p>NCCI's <b>VCAP® Service</b> applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System (<b>RMAPS® Online Application Service</b>). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through <b>VCAP® Service</b> to determine if they match the preselected criteria specified by a participating voluntary coverage provider.</p> <p>Refer to NCCI's <b>Basic Manual</b> Rule 4-D—Voluntary Coverage Assistance Program (<b>VCAP® Service</b>) for the applicable rules.</p>				
<p><b>Loss Sensitive Rating Plan:</b></p> <p>The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating plan for those employers that have a workers compensation and employers liability insurance policy(ies) with LSRP standard premium that equals or exceeds \$250,000.</p> <p>In addition to the WCIP initial or deposit premium, employers qualifying for the LSRP are required to submit an LSRP contingency deposit to the assigned carrier. The LSRP contingency deposit is calculated by multiplying the LSRP standard premium by 20%. Subject to certain conditions, the LSRP contingency deposit may be paid by Automated Clearing House/Electronic Funds Transfer (ACH/EFT), credit card, personal or business check, or an Irrevocable Letter of Credit (ILOC).</p> <p>Refer to NCCI's <b>Basic Manual</b> Rule 4-C—Loss Sensitive Rating Plan (LSRP) for the applicable rules.</p>				
<p><b>Guide to Premium Calculation</b> (for detailed information, refer to South Carolina State Special Rules in NCCI's <b>Basic Manual</b>):</p> <ul style="list-style-type: none"> <li>Experience modification, if applicable</li> <li>Deductible insurance, if applicable</li> <li>Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to total modified premium with a maximum surcharge of 1.49</li> <li>Drug- and Alcohol-Free Workplace Credit Program, if applicable</li> </ul>				

**Election/Rejection Under State Law:**

**Sole proprietors and partners who are actively engaged in the operation of the business** are not automatically covered under the Act, but may elect to be covered by giving notice to the carrier. Attach to the application a copy of the notification to the carrier. Payroll must be included for any sole proprietor or partners electing coverage.

**Members of limited liability companies who are actively engaged in the operation of the business** are not automatically covered under the Act, but may elect to be covered by giving notice to the carrier. Attach to the application a copy of the notification to the carrier. Payroll must be included for any members of limited liability companies electing coverage. Members of limited liability companies are treated as sole proprietors/partners for premium determination purposes in South Carolina.

**Corporate officers** are automatically covered under the Act, but may reject coverage by filing with the carrier and the employer the applicable form available from the South Carolina Workers Compensation Commission. Attach to the application a copy of the form. A carrier may use its own version of the state form. Payroll must be excluded for any corporate officers rejecting coverage.

Failure to file the appropriate forms/notices for election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

**Volunteers**

The following volunteers are automatically covered under the Act:

- State deputies
- Constables
- Security guards
- Detectives

The following volunteers are automatically covered by the county governing body unless the governing body of the county opts out of the coverage:

- Fireman
- Rescue squad members

Volunteer county deputy sheriffs are not automatically covered under the Act, but the governing body of the county or municipality may elect coverage.

Refer to the South Carolina Workers Compensation Commission at [www.wcc.sc.gov](http://www.wcc.sc.gov) for the most current rules, regulations, and forms.

**NOTE:** This information applies only to South Carolina law. Additional states may not be added.

**Employee Leasing:**

**IMPORTANT: Before completing Professional Employer Organization (PEO) Arrangement applications, refer to NCCI's *Basic Manual Rule 4-B—Professional Employer Organization (PEO) Arrangements for the applicable rules. Obtain forms from NCCI.***

- All of the PEO's leased workers to clients under the state's WCIP must be secured under an MCP basis
- The client's policy covering its leased workers will be issued in the name and FEIN of the client in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business
  - Direct workers of a client will not be included on the client's policy for its leased workers
- The PEO's policy covering its direct workers will be issued in the name and FEIN of the PEO in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business under the WCIP
  - If the PEO has no direct workers in the state where its clients' coverage is being obtained, the PEO's policy will be issued with premium based on the use of Code 8810—Clerical Office Employees NOC on an "if any" basis

**Submit Application via Regular Mail to:**

NCCI  
Attn: Treasury Department  
PO Box 3045  
Boca Raton, FL 33431

**Send Correspondence to:**

NCCI Customer Service Center  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362  
Phone: 800-622-4123  
Fax: 561-893-1191

**Submit Application via Overnight Delivery to:**

NCCI  
Attn: Treasury Department  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362



## NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to Rule 4 of NCCI's **Basic Manual for Workers Compensation and Employers Liability Insurance**, NCCI's **Basic Manual User's Guide** (National pages), and NCCI's **Assigned Risk Supplement**, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

### SOUTH DAKOTA

Estimated Annual Premium	Premium Installment Basis	Minimum Deposit %	Additional Payments During Year	Number of Refusers: Two—one must be the current carrier, if applicable.
Under \$1,000	Annual	100% of annual	None	<b>Effective Date:</b> The later of the following options: <ul style="list-style-type: none"> <li>• 12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application</li> <li>• The date of expiration of existing coverage</li> <li>• A date the applicant requests</li> </ul> If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
At least \$1,000	Semiannual	50% of annual	Two due in months four and seven	
Above \$5,000	Monthly	30% of annual	Eight due in months two through nine	

Upon issuance of a second nonpayment cancellation notice during the policy period, the payment plan privileges are forfeited for the balance of that policy year. Immediate payment of the entire outstanding balance of the premium owed is required to continue coverage.

Additional premium installments must be made in equal amounts, the sum of which, when added to the deposit premium, must equal 100% of estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit and premium installment table.

The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate changes to the governing state's premium installment basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.

#### Minimum Premium Policies

The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.

#### Short-Term Policies

The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the Plan Administrator.

For any dispute concerning the change of an employer's payment basis, refer to **Basic Manual** Rule 4-A-10.

#### Application Submission Options:

- Online—Application may be submitted via NCCI's website at [ncci.com](http://ncci.com). To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at [customer\\_service@ncci.com](mailto:customer_service@ncci.com).
- Telephone—Applications may be submitted by telephone by contacting NCCI's Customer Service Center at 800-NCCI-123.
- Mail—Applications may be submitted via the US Postal Service or private overnight delivery service to the address provided below.

**Note:** Under South Dakota law, an out-of-state agent/producer is required to have a South Dakota resident or nonresident license to submit an application to NCCI for primary coverage.

#### Voluntary Coverage Assistance Program (VCAP® Service):

NCCI's **VCAP® Service** applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System (**RMAPS® Online Application Service**). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through **VCAP® Service** to determine if they match the preselected criteria specified by a participating voluntary coverage provider.

Refer to NCCI's **Basic Manual** Rule 4-D—Voluntary Coverage Assistance Program (**VCAP® Service**) for the applicable rules.

#### Loss Sensitive Rating Plan:

The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating plan for those employers that have a workers compensation and employers liability insurance policy(ies) with LSRP standard premium that equals or exceeds \$250,000.

In addition to the WCIP initial or deposit premium, employers qualifying for the LSRP are required to submit an LSRP contingency deposit to the assigned carrier. The LSRP contingency deposit premium is calculated by multiplying the LSRP standard premium by 20%. Subject to certain conditions, the LSRP contingency deposit may be paid by Automated Clearing House/Electronic Funds Transfer (ACH/EFT), credit card, personal or business check, or an Irrevocable Letter of Credit (ILOC).

Refer to NCCI's **Basic Manual** Rule 4-C—Loss Sensitive Rating Plan (LSRP) for the applicable rules.

#### Guide to Premium Calculation (for detailed information, refer to South Dakota State Special Rules in NCCI's **Basic Manual**):

- Experience modification, if applicable
- Merit rating, if applicable
- Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to total modified premium with a maximum surcharge of 1.25
- Deductible insurance, if applicable

#### Election/Rejection Under State Law:

**Sole proprietors and partners** who perform labor incidental to their occupation are not automatically covered under the Act, but may elect coverage by

attaching to the application a written notice stating the intent to elect. Payroll must be included for any individual electing coverage.

**Corporate officers** (other than a nonprofit corporation) and **members of limited liability companies** are automatically covered, but may elect to reject coverage by giving written notice to the corporation or the limited liability company. Attach to the application a copy of the notice rejecting coverage. Payroll must be excluded for any corporate officers or members of limited liability companies rejecting coverage. Corporate officers of a religious, charitable, educational, or other nonprofit corporation are not automatically covered, but may elect coverage by attaching to the application a written notice stating the intent to elect.

**Note:** Members of limited liability companies are treated as corporate officers for premium determination purposes in South Dakota.

Failure to file the appropriate forms/notices for election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

#### **Volunteers**

The following volunteers are automatically covered under the Act:

- Volunteer worker rendering services in or for any agency, department, institution, or instrumentality of the state or of any of its political subdivisions
- Volunteer firefighter who is a member of any county, municipal, special purpose district, township, or private nonprofit corporation operating as a fire department that has on file a cooperative fire suppression agreement with the South Dakota Department of Agriculture
- All volunteers for a fire department for any county, municipality, special purpose district, or township
- All volunteers for an ambulance service for any county, municipality, special purpose district, or township
- All volunteers for a rescue squad for any county, municipality, special purpose district, or township

Refer to the Department of Labor at [www.dol.sd.gov](http://www.dol.sd.gov) for the most current rules, regulations, and forms.

**Note:** This information applies only to South Dakota. If additional states are to be covered, additional action may be necessary under applicable state law.

#### **Employee Leasing:**

**IMPORTANT: Before completing Professional Employer Organization (PEO) Arrangement applications, refer to NCCI's *Basic Manual Rule 4-B—Professional Employer Organization (PEO) Arrangements for the applicable rules. Obtain forms from NCCI.***

- All of the PEO's leased workers to clients under the state's WCIP must be secured under an MCP basis
- The client's policy covering its leased workers will be issued in the name and FEIN of the client in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business
  - Direct workers of a client will not be included on the client's policy for its leased workers
- The PEO's policy covering its direct workers will be issued in the name and FEIN of the PEO in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business under the WCIP
  - If the PEO has no direct workers in the state where its clients' coverage is being obtained, the PEO's policy will be issued with premium based on the use of Code 8810—Clerical Office Employees NOC on an "if any" basis

**Submit Application via Regular Mail to:** NCCI  
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**Submit Application via Overnight Delivery to:** NCCI  
Attn: Treasury Department  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362

## NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to NCCI's *Basic Manual for Workers Compensation and Employers Liability Insurance*, NCCI's *Basic Manual User's Guide* (National pages), and NCCI's *Assigned Risk Supplement*, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

TENNESSEE				
Estimated Annual Premium	Minimum Deposit %	Premium Installment Basis	Additional Payments During Year	Number of Refusers: Two—not more than sixty (60) days prior to making application—from non-affiliated carriers licensed to write workers compensation insurance in the state of Tennessee.
\$1,000 or less	100%	Annual	None	<b>Effective Date:</b> The later of the following options: <ul style="list-style-type: none"> <li>12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application</li> <li>The date of expiration of existing coverage</li> <li>A date the applicant requests</li> </ul> If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
\$1,001 - \$10,000	40%	Quarterly	Three	
At least \$10,001	25%	Monthly	Ten	
<p>Additional premium installments must be equal payments, the sum of which, when added to the deposit premium, must equal 100% of estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit and premium installment table.</p> <p>This deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate to the governing state's premium installment basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.</p> <p><b>Minimum Premium Policies</b>                      The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.</p> <p><b>Short-Term Policies</b>                      The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the Plan Administrator.                      For any dispute concerning the change of an employer's payment basis, refer to <i>Basic Manual</i> Rule 4-A-10.</p>				
<p><b>Application Submission Options (for applications effective 7/1/2015 and after):</b></p> <ul style="list-style-type: none"> <li>Online—Applications may be submitted via NCCI's website at <a href="http://ncci.com">ncci.com</a>. To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at <a href="mailto:customer_service@ncci.com">customer_service@ncci.com</a>.</li> <li>Telephone—Applications may be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123.</li> <li>Mail—Applications may be submitted via the US Postal Service or private overnight delivery to the address provided below.</li> </ul> <p><b>Note:</b> An agent/producer is required to be licensed with the Tennessee Department of Commerce and Insurance (Department) to submit an application to NCCI for primary coverage. The Department requires completion of signed ACORD® 130 and ACORD® 133 forms before coverage in the Plan is approved.</p>				
<p><b>Voluntary Coverage Assistance Program (VCAP® Service):</b></p> <p>NCCI's <b>VCAP® Service</b> applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's <b>RMAPS® Online Application Service</b>. Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through <b>VCAP® Service</b> to determine if they match the preselected criteria specified by a participating voluntary coverage provider.</p> <p>Refer to NCCI's <i>Basic Manual</i> Rule 4-D—Voluntary Coverage Assistance Program (<b>VCAP® Service</b>) for the applicable rules.</p>				
<p><b>Loss Sensitive Rating Plan:</b></p> <p>The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating plan for those employers that have a workers compensation and employers liability insurance policy(ies) with an LSRP standard premium that equals or exceeds \$250,000.</p> <p>In addition to the WCIP initial or deposit premium, employers qualifying for the LSRP are required to submit an LSRP contingency deposit to the assigned carrier. The LSRP contingency deposit is calculated by multiplying the LSRP standard premium by 20%. Subject to certain conditions, the LSRP contingency deposit may be paid by Automated Clearing House/Electronic Funds Transfer (ACH/EFT), credit card, personal or business check, or an Irrevocable Letter of Credit (ILOC).</p> <p><b>Note:</b> LSRP does not apply to nonprofit organizations. A nonprofit organization means any corporation, trust, community chest fund or</p>				

foundation that is:

- Exempt from United States federal income taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or corresponding provisions of any subsequent federal tax laws (Code); and
- Described in Section 170(c)(2) of the Code.

Refer to NCCI's **Basic Manual** Rule 4-C—Loss Sensitive Rating Plan (LSRP) for the applicable rules.

**Guide to Premium Calculation** (for detailed information, refer to Tennessee State Special Rules in NCCI's **Basic Manual**):

- Experience rating modification, if applicable
- Drug-Free Workplace Premium Credit factor, if applicable
- Premium Discount, if applicable
- Tennessee Tabular Surcharge, if applicable
- Tennessee Small Employer Plan, if applicable
- Tennessee Special Risk Plan, if applicable

#### **Election/Rejection Under State Law:**

**Sole proprietors and partners** are automatically excluded under the Act, but may elect to be covered by providing the applicable form to the carrier and the Tennessee Department of Labor and Workforce Development (TN DLWD). The form is available from the TN DLWD. Attach to the application a copy of the form. Payroll must be included for any sole proprietor or partners electing coverage.

**Members/managers of limited liability companies** are treated as corporate officers for premium determination purposes in Tennessee. Members are automatically included but may elect to reject coverage by providing the applicable form to the carrier and the Tennessee Department of Labor and Workforce Development (TN DLWD). The form is available from the TN DLWD. Attach to the application a copy of the form. Payroll must be excluded for any members/managers of limited liability companies rejecting coverage.

**Corporate officers** are automatically covered but may elect to be excluded from coverage by providing the applicable form to the carrier and the Tennessee Department of Labor and Workforce Development (TN DLWD). The form is available from the TN DLWD. Attach to the application a copy of the form. Payroll must be excluded for any corporate officers rejecting coverage. Failure to provide proper notice/forms related to the election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

#### **Volunteers**

Any carrier offering workers compensation insurance is required to offer medical benefits coverage for paid-on-call and volunteer firefighters. Volunteer firefighter means any member or personnel of a fire department, volunteer fire department, rescue squad or volunteer rescue squad, including, but not limited to, a junior member, a board member, or an auxiliary member of the department or squad.

#### **Construction Industry**

All construction services providers are required to carry workers compensation insurance to cover themselves unless they are eligible for exemption from coverage pursuant to T.C.A. § 50-6-901, et. seq. Refer to the Tennessee Secretary of State Workers' Compensation Exemption Registry Online at [www.tnbear.tn.gov/wc](http://www.tnbear.tn.gov/wc) for further details.

Refer to the Tennessee Department of Commerce and Insurance at [www.tn.gov/commerce](http://www.tn.gov/commerce) for the most current rules, regulations, and forms.

**Note:** This information applies only to Tennessee. If additional states are to be covered, additional action may be necessary under applicable state law.

#### **Employee Leasing:**

**IMPORTANT: Before completing Professional Employer Organization (PEO) Arrangement applications, refer to NCCI's Basic Manual Rule 4-B—Professional Employer Organization (PEO) Arrangements for the applicable rules. Obtain forms from NCCI.**

- All of the PEO's leased workers to clients under the state's WCIP must be secured under an MCP basis
- The client's policy covering its leased workers will be issued in the name and FEIN of the client in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business
  - Direct workers of a client will not be included on the client's policy for its leased workers
- The PEO's policy covering its direct workers will be issued in the name and FEIN of the PEO in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business under the WCIP
  - If the PEO has no direct workers in the state where its clients' coverage is being obtained, the PEO's policy will be issued with premium based on the use of Code 8810—Clerical Office Employees NOC on an "if any" basis

#### **Work Relationship Determination:**

Tennessee Code Annotated Section §50-6-102(11)(D) provides the following factors to be considered in a work relationship to determine whether an individual is an "employee," or whether an individual is a "subcontractor" or an "independent contractor:"

- The right to control the conduct of the work
- The right of termination
- The method of payment
- The freedom to select and hire helpers
- The furnishing of tools and equipment
- Self-scheduling of working hours
- The freedom to offer services to other entities

Carriers should charge premium only for any individual determined to be an employee.

**Submit Application via  
Regular Mail to:**

NCCI  
Attn: Treasury Department  
PO Box 3045  
Boca Raton, FL 33431

**Send Correspondence to:**

NCCI Customer Service Center  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362  
Phone: 800-622-4123  
Fax: 561-893-1191

**Submit Application via  
Overnight Delivery to:**

NCCI  
Attn: Treasury Department  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362

## NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to Rule 4 of NCCI's *Basic Manual for Workers Compensation and Employers Liability Insurance*, NCCI's *Basic Manual User's Guide* (National pages), and NCCI's *Assigned Risk Supplement*, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

VIRGINIA				
Estimated Annual Premium	Minimum Deposit %	Premium Installment Basis	Additional Payments During Year	Number of Refusers: Two—one must be the current carrier, if applicable. The application must show in the "remarks" section the name of each insurer and representative contacted.
Under \$5,000	50%	*	One	<b>Effective Date:</b> The later of the following options: <ul style="list-style-type: none"> <li>12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application</li> <li>The date of expiration of existing coverage</li> <li>A date the applicant requests</li> </ul> If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
At least \$5,000	50%	**	Two	
At least \$10,000	50%	Quarterly	Three	
At least \$25,000	25%	Monthly	Nine	
* Employers with estimated annual premium under \$5,000 are permitted to make a deposit of 50%; the balance due must be paid within 90 days of the policy effective date.				
** Employers with estimated annual premium of at least \$5,000 and less than \$10,000 are permitted to make a deposit of 50% with 75% (i.e., another 25%) paid within 90 days of the effective date and the remaining 25% paid within 180 days of the effective date.				
Additional premium installments must be made in equal amounts, the sum of which, when added to the deposit premium, must equal 100% of the estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit and premium installment table.				
The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate changes to the governing state's premium installment basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.				
<b>Minimum Premium Policies</b> The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.				
<b>Short-Term Policies</b> The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the Plan Administrator.				
For any dispute concerning the change of an employer's payment basis, refer to <i>Basic Manual</i> Rule 4-A-10.				
<b>Application Submission Options:</b> <ul style="list-style-type: none"> <li>Online—Applications may be submitted via NCCI's website at <a href="http://ncci.com">ncci.com</a>. To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at <a href="mailto:customer_service@ncci.com">customer_service@ncci.com</a>.</li> <li>Telephone—Applications may be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123.</li> <li>Mail—Applications may be submitted via the US Postal Service or private overnight delivery service to the address provided below.</li> </ul> <b>Note:</b> Under Virginia law, an out-of-state agent/producer is required to have a Virginia resident or nonresident license to submit an application to NCCI for primary coverage. Additionally, persons submitting an application on behalf of an agency must have a Virginia resident or nonresident license.				
<b>Guide to Premium Calculation</b> (for detailed information, refer to Virginia State Special Rules in NCCI's <i>Basic Manual</i> ):				
<ul style="list-style-type: none"> <li>Experience modification, if applicable</li> <li>Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to total modified premium with a maximum surcharge of 1.49</li> <li>Drug-Free Workplace Premium Credit, if applicable</li> <li>CCPAP, if applicable</li> </ul>				
<b>Election/Rejection Under State Law:</b>				
<b>Sole proprietors and partners</b> are not automatically covered under the Act, but may elect coverage by attaching to the application a written notice clearly stating the intent to elect coverage. Payroll must be included for any sole proprietor or partners electing coverage.				
<b>Members of limited liability companies (LLCs)</b> are not automatically covered under the Act, but may elect coverage by attaching to the application a written notice clearly stating the intent to elect coverage. Payroll must be included for any members of limited liability companies electing coverage.				
<b>Note:</b> Members of an LLC are treated as sole proprietors/partners for premium determination purposes in Virginia.				
<b>Managers of limited liability companies (LLCs)</b> are automatically covered under the Act, but may elect to be excluded from coverage by filing with the carrier and the Virginia Workers Compensation Commission (VWC) the applicable form, available from the VWC. Attach to the application a copy of the form. Managers cannot exclude coverage for occupational diseases. Payroll must be excluded for any managers of limited liability companies rejecting coverage.				
<b>Note:</b> Managers of LLCs are treated as executive officers for premium determination purposes in Virginia.				
<b>Executive officers</b> (excluding noncompensated officers of corporations exempt from taxation, pursuant to § 501(c)(3) of Title 26 of the US				

Code (Internal Revenue Code of 1954)) are automatically covered under the Act, but may elect to be excluded from coverage by filing with the carrier and the VWC the applicable form, available from the VWC. Attach to the application a copy of the form. Officers cannot exclude coverage for occupational diseases. Payroll must be excluded for any executive officers rejecting coverage

Failure to file the appropriate notice/forms for election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

#### **Volunteers**

Volunteer firefighters under the supervision and control of the Department of Forestry are automatically covered under the Act.

The following are automatically covered under the Act if they respond to an incident upon the request of the Department of Emergency Management:

- Volunteer firefighters, volunteer lifesaving or rescue squad members
- Volunteer law enforcement chaplains
- Auxiliary or reserve police/deputy sheriffs
- Volunteer emergency medical technicians
- Members of volunteer search and rescue organizations
- Any other persons who respond to an incident upon request of the Department of Emergency Management

The following are not automatically covered under the Act:

- Volunteers, officers, and employees of any commission or board of any authority created or controlled by a local governing body are not automatically covered, but coverage may be elected by resolution or ordinance duly adopted by the governing board of any county, city, town, or any political subdivision thereof
- Volunteer firefighters or volunteer lifesaving or rescue squad members are not automatically covered, but such companies or squads may elect to be included as an employer

The following are not automatically covered under the Act, but the political subdivision, state subdivision, or state institution of higher learning may elect coverage by adopting a resolution acknowledging the following persons as employees:

- Volunteer firefighters
- Volunteer lifesaving or rescue squad members
- Volunteer law enforcement chaplains
- Auxiliary or reserve police/deputy sheriffs
- Volunteer emergency medical technicians
- Members of volunteer search and rescue organizations
- Volunteer members of regional hazardous materials emergency response teams
- Volunteer members of community emergency response teams
- Volunteer members of medical reserve corps

Refer to the Virginia Workers Compensation Commission at [www.vwc.state.virginia.us](http://www.vwc.state.virginia.us) for the most current rules, regulations, and forms.

**Note:** This information applies only to Virginia. If additional states are to be covered, additional action may be necessary under applicable state law.

#### **Employee Leasing:**

Each client must obtain a separate client policy in their own name covering their leased and nonleased workers. Nonleased workers of the PEO will not be included on the client policy for the leased and nonleased workers. The PEO must maintain a separate policy in its own name covering its nonleased workers.

#### **Submit Application via**

NCCI

#### **Send Correspondence to:**

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901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362  
Phone: 800-622-4123  
Fax: 561-893-1191

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PO Box 3045  
Boca Raton, FL 33431

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Boca Raton, FL 33487-1362

## NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to Rule 4 of NCCI's *Basic Manual for Workers Compensation and Employers Liability Insurance*, NCCI's *Basic Manual User's Guide* (National pages), and NCCI's *Assigned Risk Supplement*, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

VERMONT					
Estimated Annual Premium	Premium Installment Basis	Minimum Deposit %	Additional Payments During Year	Service Fee	Number of Refusers: Two—one must be the current carrier, if applicable.
Under \$1,000	Annual	100%	None	N/A	<b>Effective Date:</b> The later of the following options: <ul style="list-style-type: none"> <li>12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application</li> <li>The date of expiration of existing coverage</li> <li>A date the applicant requests</li> </ul> If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
At least \$1,000	Deposit + 2	50%	Two equal installments due at the beginning of months four and seven	\$5 each	
Above \$5,000	Deposit + 8	30%	Eight equal installments due at the beginning of months two through nine	\$5 each	

Following issuance of two nonpayment cancellation notices during the policy period, payment plan privileges are forfeited for the balance of the policy year. Payment of the entire outstanding balance of the estimated policy premium is required to reinstate coverage. The assigned carrier must reinstate the policy coverage effective the day following the date of receipt of all premiums due.

Additional premium installments must be made in equal amounts, the sum of which, when added to the deposit premium, must equal 100% of estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit and premium installment table.

The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate changes to the governing state's premium installment basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.

#### Minimum Premium Policies

The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.

#### Short-Term Policies

The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the Plan Administrator.

For any dispute concerning the change of an employer's payment basis, refer to *Basic Manual* Rule 4-A-10.

#### Application Submission Options:

- Online—Applications may be submitted via NCCI's website at [ncci.com](http://ncci.com). To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at [customer\\_service@ncci.com](mailto:customer_service@ncci.com).
- Telephone—Applications may be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123.
- Mail—Applications may be submitted via the US Postal Service or private overnight delivery service to the address provided below.

**Note:** Under Vermont law, an out-of-state agent/producer is required to have a Vermont resident or nonresident license to submit an application to NCCI for primary coverage. Additionally, a person submitting an application on behalf of an agency must have a Vermont resident or nonresident license.

#### Voluntary Coverage Assistance Program (VCAP® Service):

NCCI's *VCAP® Service* applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System (*RMAPS® Online Application Service*). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through *VCAP® Service* to determine if they match the preselected criteria specified by a participating voluntary coverage provider.

Refer to NCCI's *Basic Manual* Rule 4-D—Voluntary Coverage Assistance Program (*VCAP® Service*) for the applicable rules.

#### Loss Sensitive Rating Plan:

The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating plan for those employers that have a workers compensation and employers liability insurance policy(ies) with an LSRP standard premium that equals or exceeds \$250,000 (effective 1/1/12).

In addition to the WCIP initial or deposit premium, employers qualifying for the LSRP are required to submit an LSRP contingency deposit to the assigned carrier. The LSRP contingency deposit is calculated by multiplying the LSRP standard premium by 20%. Subject to certain conditions, the LSRP contingency deposit may be paid by Automated Clearing House/Electronic Funds Transfer (ACH/EFT), credit card, personal or business check, or an Irrevocable Letter of Credit (ILOC).

Refer to NCCI's *Basic Manual* Rule 4-C—Loss Sensitive Rating Plan (LSRP) for the applicable rules.

#### Guide to Premium Calculation (for detailed information, refer to Vermont State Special Rules in NCCI's *Basic Manual*):

- Experience modification, if applicable
- Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to modified premium with a maximum surcharge of 1.25.
- Merit rating, if applicable
- Deductible Insurance, if applicable

#### Election/Rejection Under State Law:



**Sole proprietors and partners** are not automatically covered under the Act, but may elect coverage. Payroll must be included for any sole proprietor or partners electing coverage.

**Executive officers and members/managers of limited liability companies** are automatically covered under the Act, but may elect to exclude up to four executive officers or four members/managers by filing the applicable form with the Vermont Department of Labor (DOL). The form is available from the DOL. "Officer" refers to the President, Vice President, Secretary, Clerk, or Treasurer of the corporation. Attach to the application a copy of the form. Payroll must be excluded for any corporate officers or members/managers of limited liability companies rejecting coverage.

**Note:** Members/managers of limited liability companies are treated as executive officers for premium determination purposes in Vermont.

Failure to file the appropriate forms for election or rejection status in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

#### **Volunteers**

No volunteers are automatically covered under the Act.

The following volunteers are not automatically covered under the Act, but the employer may elect coverage:

- Volunteer reserve police officers of towns and incorporated villages when the selectmen or trustees vote to have those officers covered
- Volunteer municipal firefighters, rescue squads, and ambulance squads after the governing officials of such municipal body so vote
- Volunteer private fire department, private rescue squad, and private ambulance squad after the organization elects to have its members covered

Refer to the Department of Labor and Industry at [www.labor.vermont.gov](http://www.labor.vermont.gov) for the most current rules, regulations, and forms.

**Note:** This information applies only to Vermont law. If additional states are to be covered, additional action may be necessary under applicable state law.

#### **Employee Leasing:**

**IMPORTANT: Before completing Professional Employer Organization (PEO) Arrangement applications, refer to NCCI's *Basic Manual Rule 4-B—Professional Employer Organization (PEO) Arrangements for the applicable rules. Obtain forms from NCCI.***

- All of the PEO's leased workers to clients under the state's WCIP must be secured under an MCP basis
- The client's policy covering its leased workers will be issued in the name and FEIN of the client in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business
  - Direct workers of a client will not be included on the client's policy for its leased workers
- The PEO's policy covering its direct workers will be issued in the name and FEIN of the PEO in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business under the WCIP
  - If the PEO has no direct workers in the state where its clients' coverage is being obtained, the PEO's policy will be issued with premium based on the use of Code 8810—Clerical Office Employees NOC on an "if any" basis

#### **Submit Application via**

NCCI

#### **Send Correspondence to:**

NCCI Customer Service Center

#### **Regular Mail to:**

Attn: Treasury Department  
PO Box 3045  
Boca Raton, FL 33431

901 Peninsula Corporate Circle

Boca Raton, FL 33487-1362

Phone: 800-622-4123

Fax: 561-893-1191

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901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362

## NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to NCCI's *Basic Manual for Workers Compensation and Employers Liability Insurance*, NCCI's *Basic Manual User's Guide* (National pages), and NCCI's *Assigned Risk Supplement*, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

<b>WEST VIRGINIA</b>				
Estimated Annual Premium	Minimum Deposit %	Premium Installment Basis	Additional Payments During Year	Number of Refusers: Two—one must be the current carrier, if applicable.
Under \$5,000	100%	Annual	None	<b>Effective Date:</b> The later of the following options: <ul style="list-style-type: none"> <li>12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application</li> <li>The date of expiration of existing coverage</li> <li>A date the applicant requests</li> </ul> If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
At least \$5,000	75%	Semiannual	One	
At least \$10,000	50%	Quarterly	Three	
<p>Additional premium installments must be equal payments, the sum of which, when added to the deposit premium, must equal 100% of estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit and premium installment table.</p> <p>This deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate to the governing state's premium installment basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.</p> <p><b>Minimum Premium Policies</b>                      The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.</p> <p><b>Short-Term Policies</b>                      The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the Plan Administrator.</p> <p>For any dispute concerning the change of an employer's payment basis, refer to <i>Basic Manual</i> Rule 4-A-10.</p>				
<p><b>Application Submission Options:</b></p> <ul style="list-style-type: none"> <li>Online—Applications may be submitted via NCCI's website at <a href="http://ncci.com">ncci.com</a>. To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at <a href="mailto:customer_service@ncci.com">customer_service@ncci.com</a>.</li> <li>Telephone—Applications may be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123.</li> <li>Mail—Applications may be submitted via the US Postal Service or private overnight delivery to the address provided below.</li> </ul> <p><b>Note:</b> Under West Virginia law, an out-of-state agent/producer is required to have a West Virginia resident or nonresident license to submit an application to NCCI for primary coverage.</p>				
<p><b>Voluntary Coverage Assistance Program (VCAP® Service):</b></p> <p>NCCI's <i>VCAP® Service</i> applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System (<i>RMAPS® Online Application Service</i>). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through <i>VCAP® Service</i> to determine if they match the preselected criteria specified by a participating voluntary coverage provider.</p> <p>Refer to NCCI's <i>Basic Manual</i> Rule 4-D—Voluntary Coverage Assistance Program (<i>VCAP® Service</i>) for the applicable rules.</p>				
<p><b>Loss Sensitive Rating Plan:</b></p> <p>The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating plan for those employers that have a workers compensation and employers liability insurance policy(ies) with an LSRP standard premium that equals or exceeds \$250,000 (effective 1/1/12).</p> <p>In addition to the WCIP initial or deposit premium, employers qualifying for the LSRP are required to submit an LSRP contingency deposit to the assigned carrier. The LSRP contingency deposit is calculated by multiplying the LSRP standard premium by 20%. Subject to certain conditions, the LSRP contingency deposit may be paid by Automated Clearing House/Electronic Funds Transfer (ACH/EFT), credit card, personal or business check, or an Irrevocable Letter of Credit (ILOC).</p> <p>Refer to NCCI's <i>Basic Manual</i> Rule 4-C—Loss Sensitive Rating Plan (LSRP) for the applicable rules.</p>				
<p><b>Guide to Premium Calculation</b> (for detailed information, refer to West Virginia State Special Rules in NCCI's <i>Basic Manual</i>):</p> <ul style="list-style-type: none"> <li>Experience modification, if applicable</li> <li>Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to total modified premium with a maximum surcharge of 1.49</li> </ul>				
<p><b>Election/Rejection Under State Law:</b></p> <p><b>Sole proprietors and partners</b> are automatically covered under the Act, but may elect to be excluded by providing the applicable form to the carrier and the West Virginia Workers Compensation Commission (WV WCC). The form is available from the WV WCC. Attach to the</p>				

application a copy of the form. Payroll must be excluded for any sole proprietor or partners rejecting coverage.

**Members/managers of limited liability companies** are automatically covered under the Act, but may elect to exclude no more than four members, managers, or officers by providing the applicable form to the carrier and the West Virginia Workers Compensation Commission (WV WCC). The form is available from the WV WCC. Attach to the application a copy of the form. Payroll must be excluded for any members/managers of limited liability companies rejecting coverage.

**Note:** Members of limited liability companies are treated as partners for premium determination purposes in West Virginia.

**Corporate officers** are automatically covered:

**1. The following officers may elect to be excluded from coverage** by providing the applicable form to the carrier and the WV Workers Compensation Commission (WV WCC). The form is available from the WV WCC. Attach to the application a copy of the form. Payroll must be excluded for any corporate officers rejecting coverage.

- The four principal officers—President, Vice President, Secretary, and Treasurer—may reject coverage **regardless** of whether they are working in a “**dual capacity**”.
- All officers and assistant officers who perform work that can only be performed by an officer may reject coverage.

**2. The following officers may not reject coverage:**

- Officers and assistant officers who work in a “**dual capacity**” **cannot reject coverage**.

\*An officer is considered to be working in a “**dual capacity**” if their activities include both work ordinarily performed by an officer and work ordinarily performed by a worker, administrator, or other employee who is not an officer.

Failure to provide proper notice/forms related to the election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

#### **Volunteers**

- Volunteer firefighters are automatically covered under the Act.
- Volunteer rescue squads, volunteer police auxiliaries, and volunteer organizations created or sponsored by government are not automatically covered under the Act, but the government may elect to provide coverage.

Refer to the West Virginia Offices of the Insurance Commissioner at [www.wvinsurance.gov](http://www.wvinsurance.gov) for the most current rules and regulations.

**Note:** This information applies only to West Virginia. If additional states are to be covered, additional action may be necessary under applicable state law.

#### **Employee Leasing:**

**IMPORTANT: Before completing Professional Employer Organization (PEO) Arrangement applications, refer to NCCI's *Basic Manual Rule 4-B—Professional Employer Organization (PEO) Arrangements for the applicable rules. Obtain forms from NCCI.***

- All of the PEO's leased workers to clients under the state's WCIP must be secured under an MCP basis
- The client's policy covering its leased workers will be issued in the name and FEIN of the client in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business
  - Direct workers of a client will not be included on the client's policy for its leased workers
- The PEO's policy covering its direct workers will be issued in the name and FEIN of the PEO in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business under the WCIP
  - If the PEO has no direct workers in the state where its clients' coverage is being obtained, the PEO's policy will be issued with premium based on the use of Code 8810—Clerical Office Employees NOC on an “if any” basis

#### **Submit Application via**

NCCI

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