

BULLETIN

August 14, 2009

Contact: Ms. Annmarie Visciano
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R.C. 2212

To: The Members of the Board

RE: New York Workers Compensation - WC & EL Manual
Information Page Notes – WC 00 00 01A

Following the authorization from the NYCIRB Underwriting Committee, and approval of the New York State Insurance Department, we are pleased to announce an update to the New York Information Page Notes (pages 2 & 3 of endorsement WC 00 00 01A) as contained in the New York Workers Compensation and Employers Liability Manual. This change has an issue date of September 1, 2009 for new and renewal business.

The updating of the NY Information Page Notes was necessary to reflect recent policy data element requirement changes at the Rating Board.

The endorsement changes are summarized below:

- Items #2 and #3 – updated language regarding the treatment and handling of Insured Name and Policy Number.
- Item #3 – updated language requiring NCCI carrier code and NCCI Interstate Risk ID numbers (when applicable).
- Item #5 – new language regarding requirements for FEIN number for each entity.

The modified pages noted in this bulletin are attached and also included in an updated version of the New York Workers Compensation & Employers Liability Manual which is available via our website at: www.nycirb.org.

Very truly yours,

Monte Almer

President

WVT:tg
Encl.

Issued September 1, 2009

INFORMATION PAGE

Policy No.

Insurer: _____

1. The Insured: _____ Individual _____ Partnership
 Mailing address: _____ Corporation or _____
 Other workplaces not shown above: _____

2. The policy period is from _____ to _____ at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers' Compensation Law of the states listed here:

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part Two are:

Bodily Injury by Accident \$ _____ each accident
 Bodily Injury by Disease \$ _____ policy limit
 Bodily Injury by Disease \$ _____ each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

D. This policy includes these endorsements and schedules:

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
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Total Estimated Annual Premium \$

Minimum Premium \$

Expense Constant \$

Countersigned by: _____

INFORMATION PAGE NOTES

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1. The sequence of Items 1 through 4 of the Information Page may not be changed except for Item 3.D. (See Note 10.) The format of each item may be rearranged and these suggested headings may be used: 1. Insured; 2. Policy Period; 3. Coverage; and 4. Premium.
2. The name of the insurer is to be shown prominently on the Information Page in the space above Item 1. Multi-company groups must make appropriate reference to the name of the member of the group providing the insurance.

The address and kind of insurer (stock, mutual, or other) are to be shown on the Information Page, the policy, or a policy jacket.
3. The policy number must be appropriately labeled and shown in the space reserved above Item 1 on the Information Page. This number should be unique to the company and remain constant during the policy period. It should be used on all endorsements issued after the policy is issued.

The policy number appearing on the Information Page should be the same as the policy number contained in the carrier's internal statistical records.

The five-digit NCCI carrier code number and the NCCI Interstate Risk Identification Number must be shown and appropriately labeled on the Information Page.
4. Use appropriate text on the Board copy of a renewal policy Information Page to designate the prior policy by number.

New business may be designated "New." At its option, the company may show this on the insured's copy of the Information Page.

The policy number of a rewritten or replaced policy must also be on the Information Page.
5. List in Item 1. the exact name of the employer insured and indicate whether the employer is an individual, partnership, joint venture, corporation, association or other legal entity.

Also include the respective federal employer's identification number (FEIN), appropriately labeled, for each entity included on the policy.

If separate legal entities are insured in a single policy, consistent with the manual of rules, separately show the complete name of each insured employer and indicate each employer's legal entity status.
6. List in Item 1 or by schedule all usual workplaces of the insured that are to be covered by the policy.
7. The effective date and hour of the policy, and its expiration date and hour must be shown in Item 2. The hour may be included as part of the printed form at the company's option.
8. List in Item 3.A. states where state workers compensation insurance is provided. If none is provided, "none" or "not covered" may be shown.
9. Show limits of liability separately for bodily injury by accident and by disease in Item 3.B.
10. States may be shown in Item 3.C. by name or by designation, but do not name or designate a state listed in Item 3.A. a monopolistic state fund state, or a state where the insurer will not provide this coverage.

The following entry may also be included: "All states except North Dakota, Ohio, Washington, West Virginia, Wyoming, states designated in Item 3.A. of the Information Page and _____"

If the company learns that the insured is conducting operations in a 3.C. state, and if the company agrees to continue coverage, the company should add that state to Item 3.A. and remove it from Item 3.C. Normal company procedures apply when the state is added to Item 3.A.

11. Item 3.D. may be omitted so long as the list of the policy's schedules and endorsements appears somewhere on the Information Page.
12. The content of Item 4 may be rearranged by the company. If the policy is issued for less than one year, the company may state whether the premium information is shown for the policy period or for an annual period.
13. In Item 4, the development of estimated annual premium shall be displayed separately for each classification by state. This same display of premium development must be shown on any classification schedules attached to the policy.

Total Estimated Standard Premium must be shown by state on the Information Page or on a schedule attached to the policy.

14. The experience rating modification factor shall be shown in Item 4 for risks subject to the experience rating plan, unless this factor is not available when the policy is issued. The company then may make an appropriate entry in Item 4 to show that the factor is not available. See the Experience Rating Modification Factor Endorsement for more information.
15. Premium discount must be shown in Item 4, the Premium Discount Endorsement, or both.
16. All charges or credits affecting the total estimated premium must be shown in Item 4. The deposit premium and the interim adjustment period must also appear on the Information Page.

The date and place of policy issuance, date and place of countersignature and other related information may also be shown on the Information Page.

17. Three-Year Fixed Rate Policies must be so designated on the Information Page as required by Rule XI of the Basic Manual.
18. Other entries may be made on the Information Page as authorized by Notes to Standard Endorsements, including: Anniversary Rating Date; Defense Base Act Coverage; Voluntary Compensation Maritime Coverage Endorsements and the endorsements that apply to the inclusion and exclusion of executive officers and sole proprietors and partners.
19. The company may use its own method of execution and place the execution clause at the end of the Information Page, at the end of the standard policy, or on a policy jacket.