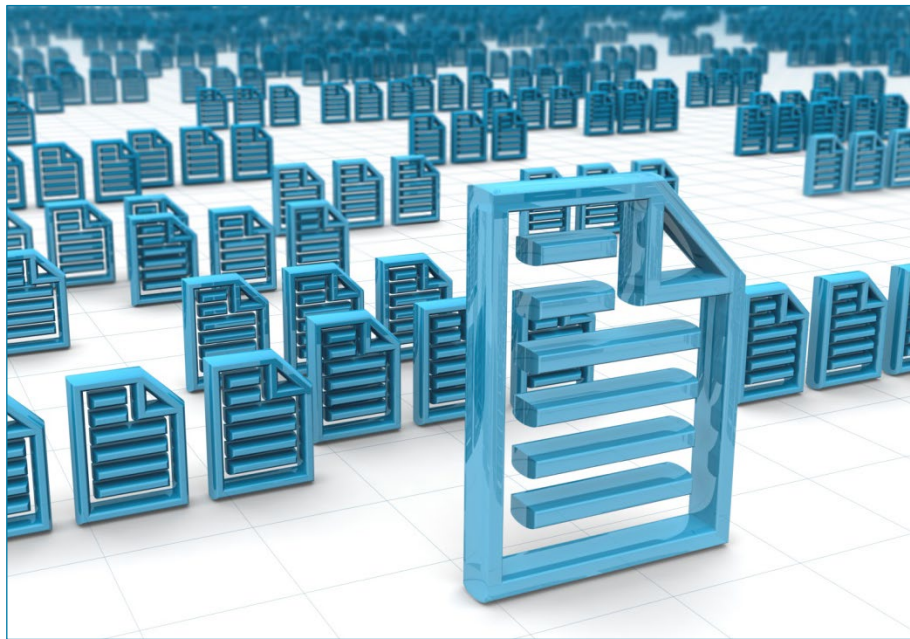


WCIRB Data Reporting Handbook

September 2023

Policy Reporting



Notice

This *WCIRB Data Reporting Handbook – Policy Reporting* was developed by the Workers' Compensation Insurance Rating Bureau of California (WCIRB) for the convenience and guidance of its users. It does not bear the official approval of the California Insurance Commissioner and is not a regulation.

© 2023 Workers' Compensation Insurance Rating Bureau of California. All rights reserved.

No part of this work may be reproduced or transmitted in any form or by any means, electronic or mechanical, including, without limitation, photocopying and recording, or by any information storage or retrieval system without the prior written permission of the Workers' Compensation Insurance Rating Bureau of California (WCIRB), unless such copying is expressly permitted in this copyright notice or by federal copyright law. No copyright is claimed in the text of statutes and regulations quoted within this work.

Each WCIRB member company, including any registered third party entities (Company), is authorized to reproduce any part of this work solely in connection with the transaction of workers' compensation insurance and to the extent reasonably necessary for the training of Company personnel. This reproduction right does not include the right to make any part of this work available on any website or any form of social media.

Workers' Compensation Insurance Rating Bureau of California, WCIRB, WCIRB California, WCIRB Connect, WCIRB Inquiry, WCIRB CompEssentials, X-Mod Direct, eSCAD, Comprehensive Risk Summary, X-Mods and More, Annual Business Comparative and the WCIRB California logo (WCIRB Marks) are registered trademarks or service marks of the WCIRB. WCIRB Marks may not be displayed or used in any manner without the WCIRB's prior written permission. Any permitted copying of this work must maintain any and all trademarks and/or service marks on all copies.

To seek permission to use any of the WCIRB Marks or any copyrighted material, please contact the WCIRB at customerservice@wcirb.com.

Table of Contents

Section 1 — Introduction

A. Data Reporting Handbook Policy Reporting Scope	1
B. Overview of Policy Reporting	1
C. Submission Creation and Transmission	1
D. Submission Testing	1
E. Resources	1
F. WCIRB Policy Reporting Contacts	1

Section 2 — General Reporting Requirements

A. WCPOLS Transaction Types	2
------------------------------------	----------

Section 3 — Field-by-Field Reporting Guidelines for California

A. Link Data Fields	6
1. Carrier Code	6
2. Policy Number Identifier	6
3. Policy Effective Date	6
4. Transaction Issue Date	7
5. Transaction Code	7
B. Header Record (Record 01)	7
1. Record Type Code	7
2. Policy Expiration Date	7
3. Type of Coverage Id Code	8
4. Employee Leasing Policy Type Code	8
5. Policy Term Code	8
6. Prior Policy Number Identifier	9
7. Legal Nature of Insured Code	9
8. Wrap-Up/Owner Controlled Insurance Program (OCIP) Code	9
9. Business Segment Identifier	10
10. Retrospective Rating Code	10
11. Name of Producer	10
12. Group Coverage Status Code	10
13. Original Carrier Code	10
14. Original Policy Number Identifier	10
15. Original Policy Effective Date	11
16. Text for “Other” Legal Nature of Insured	11
17. Policy Change Effective Date	11
18. Policy Change Expiration Date	11
C. Name Record (Record 02)	11
1. Record Type Code	11
2. Name Type Code	11
3. Name Link Identifier	12
4. Professional Employer Organization or Client Company Code	12
5. Name of Insured	12

Table of Contents

6.	Federal Employer Identification Number (FEIN)	13
7.	Continuation Sequence Number	13
8.	Name Link Counter Identifier	14
9.	Policy Change Effective Date	14
10.	Policy Change Expiration Date	14
D.	Address Record (Record 03)	14
1.	Record Type Code	14
2.	Address Type Code	14
3.	Foreign Address Indicator	15
4.	Address Structure Code	15
5.	Address – Street	15
6.	Address – City	15
7.	Address – State	15
8.	Address – Zip Code	15
9.	Name Link Identifier	16
10.	State Code Link	16
11.	Exposure Record Link for Location Code	16
12.	Number of Employees	16
13.	Industry Code	16
14.	Geographic Area	17
15.	EMail Address	17
16.	Country Code	17
17.	Name Link Counter Identifier	17
18.	Policy Change Effective Date	17
19.	Policy Change Expiration Date	17
E.	State Premium Record (Record 04)	17
1.	State Code	17
2.	Record Type Code	17
3.	State Add/Delete Code	18
4.	Carrier Code	18
5.	Experience Modification Factor/Merit Rating Factor	18
6.	Experience Modification/ Merit Rating Status Code	18
7.	Estimated State Standard Premium Total	19
8.	Experience Modification Effective Date	19
9.	Policy Change Effective Date	19
10.	Excessive Experience Modification Factor	19
11.	Policy Change Expiration Date	19
F.	Exposure Record (Record 05)	19
1.	State Code	19
2.	Record Type Code	20
3.	Classification Code	20
4.	Classification Wording Suffix	20
5.	Exposure Act/Exposure Coverage Code	20

Table of Contents

6.	Exposure Period Effective Date	20
7.	Estimated Exposure Amount	20
8.	Estimated Premium Amount	20
9.	Name Link Identifier	20
10.	State Code Link	21
11.	Exposure Record Link for Exposure Code	21
12.	Name Link Counter Identifier	21
13.	Policy Change Effective Date	21
14.	Policy Change Expiration Date	21
G.	Endorsement Identification Record (Record 07)	21
1.	State Code	21
2.	Record Type Code	22
3.	Endorsement Number	22
4.	Bureau Version Identifier (Edition Identifier)	22
5.	Carrier Version Identifier	22
6.	Policy Change Effective Date	22
7.	Policy Change Expiration Date	23
H.	Cancellation/Reinstatement Record (Record 08)	23
1.	State Code	23
2.	Record Type Code	23
3.	Cancellation/Reinstatement ID Code	23
4.	Reason for Cancellation Code	23
5.	Name of Insured	24
6.	Address of Insured	24
7.	Cancellation Mailed to Insured Date	24
8.	Cancellation/Reinstatement Transaction Sequence Number	24
9.	Cancellation/Reinstatement Effective Date	24
I.	Experience Rating Modification Change Endorsement Record (Record 10)	24
1.	State Code	24
2.	Record Type Code	24
3.	Endorsement Number	25
4.	Bureau Version Identifier (Edition Identifier)	25
5.	Carrier Version Identifier	25
6.	Modification Effective Date	25
7.	Experience Modification Factor	25
8.	Experience Modification Status Code	26
9.	Name of Insured	26
10.	Endorsement Effective Date	26
J.	Policy Period Endorsement Record (Record 13)	26
1.	Record Type Code	26
2.	Endorsement Number	26
3.	Bureau Version Identifier (Edition Identifier)	26
4.	Carrier Version Identifier	26

Table of Contents

5.	Effective Date	27
6.	Expiration Date	27
7.	Name of Insured	27
8.	Endorsement Effective Date	27
K.	Policy Information Page State Premium Change Record (Record 84)	27
1.	Record Type Code	27
2.	Data Element Change Identification Number	27
3.	Carrier Version Identifier	27
4.	Estimated State Standard Premium Total	28
L.	Policy Information Page Supplemental Data Element(s) Change Endorsement Record (Record 85)	28
1.	Record Type Code	28
2.	Data Element Change Identification Number	28
3.	Carrier Version Identifier	28
4.	Type of Coverage ID Code	28
5.	Employee Leasing Policy Type Code	29
6.	Policy Term Code	29
7.	Prior Policy Number Identifier	30
8.	Business Segment Identifier	30
9.	Retrospective Rating Code	30
10.	Group Coverage Status Code	30
11.	Wrap-Up/Owner Controlled Insurance Program (OCIP) Code	30
12.	Name of Insured	31
13.	Endorsement Effective Date	31
M.	Policy Information Page Class and/or Rate Change Endorsement Record (Record 86)	31
1.	State Code	31
2.	Record Type Code	31
3.	Endorsement Number	31
4.	Bureau Version Identifier (Edition Identifier)	31
5.	Carrier Version Identifier	32
6.	Exposure Period Effective Date	32
7.	Classification Code Revision Code	32
8.	Classification Code	32
9.	Exposure Act/Exposure Coverage Code	32
10.	Estimated Exposure Amount	32
11.	Estimated Premium Amount	33
12.	Classification Wording Suffix	33
13.	Name Link Identifier	33
14.	State Code Link	33
15.	Exposure Link for Exposure Code	33
16.	Name of Insured	33
17.	Endorsement Effective Date	33

Table of Contents

N. Policy Information Page Data Element(s) Change Endorsement Record (Record 87)	34
1. Record Type Code	34
2. Endorsement Number	34
3. Bureau Version Identifier (Edition Identifier)	34
4. Carrier Version Identifier	34
5. Policy Expiration Date	35
6. Legal Nature of Insured Code	35
7. Text for “Other” Legal Nature of Insured	35
8. Endorsement Number	35
9. Bureau Version Identifier (Edition Identifier)	36
10. Carrier Version Identifier	36
11. Name of Producer	36
12. Endorsement Number Revision Code	36
13. Endorsement Sequence Number	36
14. Name of Insured	36
15. Endorsement Effective Date	36
O. Policy Information Page Name Change Endorsement Record (Record 88) Required Fields	36
1. Record Type Code	36
2. Endorsement Number	37
3. Bureau Version Identifier (Edition Identifier)	37
4. Carrier Version Identifier	37
5. Name Type Code	37
6. Name Link Identifier	38
7. Name of Insured	38
8. Federal Employer Identification Number (FEIN)	39
9. Continuation Sequence Number	39
10. Name Revision Code	40
11. Professional Employer Organization or Client Company Code	40
12. Name of Insured	40
13. Endorsement Effective Date	40
14. Name Link Counter Identifier	40
P. Policy Information Page Address Change Endorsement Record (Record 89)	40
1. Record Type Code	40
2. Endorsement Number	41
3. Bureau Version Identifier (Edition Identifier)	41
4. Carrier Version Identifier	41
5. Address Type Code	41
6. Address Structure Code	42
7. Address – Street	42
8. Address – City	42
9. Address – State	42
10. Address – Zip Code	42
11. Name Link Identifier	42

Table of Contents

12. State Code Link	43
13. Exposure Record Link for Location Code	43
14. E-Mail Address	43
15. Foreign Address Indicator	43
16. Geographic Area	44
17. Country Code	44
18. E-Mail Address – Continued	44
19. Address Revision Code	44
20. Name of Insured	44
21. Endorsement Effective Date	44
22. Name Link Counter Identifier	44
Q. Partnership Coverage/Exclusion Endorsement – California Record (Record DB)	44
1. State Code	44
2. Record Type Code	44
3. Endorsement Number	45
4. Bureau Version Identifier	45
5. Carrier Version Identifier	45
6. Name and Title of General Partner/Trustee Excluded	45
7. Name of Insured	45
8. Endorsement Effective Date	45
R. Corporation Coverage/Exclusion Endorsement – California Record (Record DC)	45
1. State Code	45
2. Record Type Code	45
3. Bureau Version Identifier	46
4. Carrier Version Identifier	46
5. Name and Title of Officer, Director, Owner or Trustee Excluded	46
6. Name of Insured	46
7. Endorsement Effective Date	46
S. Multipurpose Text – California Record (Record DG)	46
1. State Code	47
2. Record Type Code	47
3. Endorsement Number	47
4. Bureau Version Identifier	47
5. Carrier Version Identifier	47
6. Endorsement Serial Number	47
7. Endorsement Line	47
8. Endorsement Sequence Number	47
9. Name of Insured	48
10. Endorsement Effective Date	48
T. Employee Leasing Endorsement (Policy Issued in Name of Labor Contractor) – California Record (Record DK)	48
1. State Code	48
2. Record Type Code	48

Table of Contents

3.	Endorsement Number	48
4.	Bureau Version Identifier	48
5.	Carrier Version Identifier	48
6.	Endorsement Serial Number	49
7.	Name of Client	49
8.	Address of Client – Street	49
9.	Address of Client – City	49
10.	Address of Client – State	49
11.	Address of Client – Zip Code	49
12.	Endorsement Sequence Number	49
13.	Name of Insured	49
14.	Endorsement Effective Date	49
U.	Employee Leasing Endorsement (Policy Issued in Name of Client) – California Record (Record DL)	49
1.	State Code	49
2.	Record Type Code	49
3.	Endorsement Number	50
4.	Bureau Version Identifier	50
5.	Carrier Version Identifier	50
6.	Endorsement Serial Number	50
7.	Name of Labor Contractor	50
8.	Address of Labor Contractor – Street	50
9.	Address of Labor Contractor – City	50
10.	Address of Labor Contractor – State	50
11.	Address of Labor Contractor – Zip Code	50
12.	Endorsement Sequence Number	51
13.	Name of Insured	51
14.	Endorsement Effective Date	51
V.	Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) – California Record (Record DM)	51
1.	State Code	51
2.	Record Type Code	51
3.	Endorsement Number	51
4.	Bureau Version Identifier	52
5.	Carrier Version Identifier	52
6.	Endorsement Serial Number	52
7.	The first endorsement will always begin with “01”.Name of Employee	52
8.	Name of Operation	52
9.	Operation Title	52
10.	Address of Location	53
11.	Classification Code	53
12.	Classification Wording Suffix	53
13.	Classification Wording	53

Table of Contents

14. Endorsement Sequence Number	53
15. Name of Insured	53
16. Endorsement Effective Date	53
17. Endorsement Expiration Date	53
W. Endorsement Agreement Limiting and Restricting This Insurance California Customized Limiting and Restricting – California Record (Record DN)	53
1. State Code	53
2. Record Type Code	53
3. Endorsement Number	54
4. Bureau Version Identifier	54
5. Carrier Version Identifier	54
6. Endorsement Serial Number	54
7. Excluded Operation Description	54
8. Endorsement Sequence Number	54
9. Name of Insured	54
10. Endorsement Effective Date	54
11. Endorsement Expiration Date	54
X. Endorsement Agreement Limiting and Restricting This Insurance (Alternate Coverage Information) – California Record (Record DO)	55
1. State Code	55
2. Record Type Code	55
3. Endorsement Number	55
4. Bureau Version Identifier	56
5. Carrier Version Identifier	56
6. Endorsement Serial Number	56
7. Name of Insured for the Alternate Coverage (Optional)	56
8. Insurer Code for the Alternate Coverage (Optional)	56
9. Name of Insurer for the Alternate Coverage (Optional)	56
10. Policy Number for the Alternate Coverage (Optional)	56
11. Policy Inception Date for the Alternate Coverage (Optional)	56
12. Policy Expiration Date for the Alternate Coverage (Optional)	56
13. Lawfully Uninsured Indicator	57
14. Written Affirmation Obtained Indicator	57
15. Name of Insured	57
16. Endorsement Effective Date	57
17. Endorsement Expiration Date	57
Y. Group Insurance Coverage Information – California Record (Record DP)	57
1. State Code	57
2. Record Type Code	57
3. Endorsement Number	57
4. Bureau Version Identifier	58
5. Carrier Version Identifier	58
6. Name of Group	58

Table of Contents

7. Group Insurance Effective Date	58
8. Group Insurance Expiration Date	58
9. Name of Insured	58
10. Endorsement Effective Date	58
Z. Limited Liability Company Coverage/Exclusion Endorsement – California Record (Record DQ)	58
1. State Code	58
2. Record Type Code	58
3. Endorsement Number	59
4. Bureau Version Identifier	59
5. Carrier Version Identifier	59
6. Name and Title of Managing Members and Trustees Excluded	59
7. Name of Insured	59
8. Endorsement Effective Date	59
9. Deductible Endorsement (Small or Large) (Record DR) State Code	59
10. Record Type Code	59
11. Endorsement Number	60
12. Bureau Version Identifier	60
13. Carrier Version Identifier	60
14. Deductible Amount Per Accident	60
15. Deductible Amount – Aggregate	60
16. Deductible Negotiated Charge	60
17. Name of Insured	60
18. Endorsement Effective Date	60
AA. Electronic Transmittal Record (ETR)	61
1. Label	61
2. Data Provider Contact Email Address	61
3. Record Type Code	61
4. Data Type Code	61
5. Data Receiver Code	62
6. Transmission Version Identifier	62
7. Submission Type Code	62
8. Data Provider Code	62
9. Name of Data Provider Contact	62
10. Processed Date	62
11. Address of Contact – Street	62
12. Data Provider Type Code	63
13. Third Party Entity (TPE/TPA/MGA) Federal Employer Identification Number (FEIN)	63
BB. File Control Record (FCR)	63
1. Record Type Code	63
2. Record Totals	63
3. Header Record Totals	63
4. Transaction From Date	64
5. Transaction To Date	64

Table of Contents

Appendix 1 – Insured Name Reporting	65
Appendix 2 – Endorsement/Form Reporting	73
Appendix 3 – Change Identifier/Endorsement Form Number Reporting	75
Appendix 4 – Multipurpose Text Reporting (DG Records)	76
Appendix 5 – General Limiting and Restricting Endorsements for Designated Employee/Operation/Location Coverage/Exclusions (DM Records)	77
Appendix 6 – Customized Limiting and Restricting Endorsements (DN Records)	82
Appendix 7 – Alternate Coverage Information Reporting (DO Records) for Limiting and Restricting Endorsements	83
Appendix 8 – Policy Change Effective/Expiration Dates and Endorsement Effective / Expiration Dates	85
Appendix 9 – Employee Leasing Policy Reporting	2

Section 1 — Introduction

Section 1 — Introduction

A. Data Reporting Handbook Policy Reporting Scope

This WCIRB *Data Reporting Handbook – Policy Reporting* (Handbook) provides information regarding the *California Workers' Compensation Uniform Statistical Reporting Plan—1995* (USRP), Part 2, *Policy Reporting Requirements*, and on the reporting instructions in the Workers Compensation Insurance Organizations (WCIO) Workers Compensation Policy Reporting Specifications (WCPOLS) as applicable in California, which is incorporated by reference into the USRP. This Handbook compiles the regulations and reporting instructions into a single document and provides examples for various reporting scenarios.

The Handbook is located on the WCIRB website.

B. Overview of Policy Reporting

Policy data refers to specific data elements that must be reported for every workers' compensation insurance policy providing coverage under the workers' compensation laws of California, including California coverage by endorsement on a policy primarily covering another state. On multi-state policies, data pertaining only to California coverage is required to be reported.

Policy data must be submitted by electronic submission for every policy, even if written on an "if any" basis in accordance with Part 2, *Policy Reporting Requirements*, of the USRP.

C. Submission Creation and Transmission

The format for electronic reporting of policy data is WCPOLS, which consists of 300-byte records with fixed field positions. If any record within the file is greater or less than 300 bytes, the WCIRB system will not accept the file. Policy data reported electronically must be submitted in accordance with the specifications set forth in WCPOLS as applicable in California and the USRP.

Insurers may use the web-based Policy Edit and Entry Package (PEEP) on the CDX website to create and/or validate policy data before submitting them to the WCIRB.

See the CDX page on our website for information on obtaining a user account for CDX and PEEP.

D. Submission Testing

Each insurer and authorized third-party entity (TPE) must receive approval from the WCIRB prior to submitting policy data electronically. Approval is granted separately for the submission of (1) policies (Transaction Codes 01, 02, 04, 06, and 18); (2) cancellations and reinstatements (Transaction Code 05) and binders (Transaction Code 16); and (3) change endorsements (Transaction Codes 03, 08, 10, 14 and 15). Please review the guidelines on the *Policy Submission Test Requirements* page on our website and then contact the WCIRB Data Reporting Analysts at datasubmissions@wcirb.com to arrange testing.

E. Resources

See the *Policy Data Reporting* page of our website for links to the following resources:

- WCIRB Manuals and Plans
- WCIO website including the WCIO's WCPOLS specifications
- CDX website, cdxworkcomp.org (PEEP is also accessible here)

F. WCIRB Policy Reporting Contacts

If you have any questions about policy reporting requirements, please contact the WCIRB by emailing datasubmissions@wcirb.com.

Section 2 — General Reporting Requirements

Section 2 — General Reporting Requirements

A. WCPOLS Transaction Types

The chart below, with information from the WCIO Data Reporting Handbook, describes the WCPOLS Transaction Codes applicable for California policy reporting and any specific instructions based on transaction type:

Code	Description	Notes
01	New Policy	<p>This code is used to report to the jurisdiction that the insured has been issued a policy for the first time.</p> <p>It must include, on the Endorsement ID Record (Record Type Code 07), any endorsements that are attached to the policy at issuance. If an endorsement listed on the Endorsement ID Record has a layout in the Specifications Records section of the Data Specifications manual and if requested by the WCIRB, then this record must also be submitted on this transaction.</p> <p>Transaction Code 01 must always be submitted separately regardless of any additional transactions processed on a given policy on the same transaction issue date.</p> <p>Prior Policy Number Identifier (positions 77-94 on the Header Record) is not to be reported when reporting policy data with Transaction Code 01 – New Policy.</p>
02	Renewal Policy	<p>This code is used to report coverage that has been continued for another policy term by the insurer.</p> <p>It must include, on the Endorsement ID Record (Record Type Code 07), any endorsements that are attached to the policy at issuance. If an endorsement listed on the Endorsement ID Record has a layout in the Specifications Records section of the Data Specifications manual and if requested by the WCIRB, then this record must also be submitted on this transaction.</p> <p>Transaction Code 02 must always be submitted separately regardless of any additional transactions processed on a given policy on the same transaction issue date.</p>
03	Endorsement	<p>This Transaction Code is used to report endorsements having record layouts in the Specifications Records section of the Data Specifications manual and issued subsequent to the policy.</p> <p>Multiple 03 transactions for the same policy, same transaction issue date and for the same record type are not permissible for some endorsement record types. Refer to the individual record descriptions for additional information.</p> <p>If adding an endorsement to the policy using Transaction Code 03, a Record 87 will be required adding the form number.</p>
04	Annual Rerate Endorsement	<p>This Transaction Code is used to report two types of coverage:</p> <ol style="list-style-type: none"> 1—To report the second or third year of a three-year variable rate policy. 2—To report the remaining portion of policies with a coverage period greater than annual. <p>There are no unique record types for annual rerate endorsements. They are to be reported using all record types applicable to new or renewal business and are identified by Transaction Code 04.</p> <p>Transaction Code 04 must always be submitted separately regardless of any additional transactions processed on a given policy on the same transaction issue date.</p> <p>Transaction Code 04 cannot be used to add or delete a state.</p>
05	Cancellation/ Reinstatement	<p>This Transaction Code is used to report a cancellation or reinstatement of a policy or Proof of Coverage (POC) Notice/Binder previously reported. Only Record Type Code 08 is valid for this transaction code.</p>

Section 2 — General Reporting Requirements

Code	Description	Notes
06	Policy Replacement Due to Key Field Change	<p>This Transaction Code is used to report a replacement policy for a previously issued policy that has had one or more key data fields (Carrier Code, Policy Number Identifier, and/or Policy Effective Date) changed.</p> <p>This transaction must contain the original carrier code, original policy number identifier and original policy effective date of the policy term being replaced in Positions 221-249 of the Header Record.</p> <p>Only one Transaction Code 06 may be submitted per policy on the same issue date.</p>
08	Policy Replacement due to Rating Change	<p>This Transaction Code is used to report a change to the policy that impacts premium amounts and for which an additional premium amount bill or return premium amount is sent to the insured.</p> <p>All records that are submitted for Transaction Code 08 must contain the policy number identifier, policy effective date, and carrier code in the link data of the policy term for which the change is applicable. Policy number identifier, policy effective date, and/or carrier code may not be changed under Transaction Code.</p> <p>When using Transaction Code 08 to modify data (with the exception of deleting data), the Policy Change Effective Date and Policy Change Expiration Date are required only on the record(s) containing the change. If an entire record is being deleted at inception, the record should be omitted. For records being deleted midterm, the record must be included and the midterm deletion date must be reported in the Policy Change Expiration Date field.</p> <p>Only one set of Transaction Code 08 records per Transaction Issue Date per submission. A transaction may have more than one Policy Change Effective Date.</p> <p>If there are multiple transactions corresponding to Transaction Code 08 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate transaction code.</p> <p>For processing purposes, California does not distinguish between Transaction Codes 08, 10 and 14.</p>
10	Policy Replacement due to Non-Rating Change	<p>This Transaction Code is used to report a change to the policy that does not impact premium amounts.</p> <p>All records that are submitted for Transaction Code 10 must contain the policy number identifier, policy effective date, and carrier code in the link data of the policy term for which the change is applicable. Policy number identifier, policy effective date, and/or carrier code may not be changed under Transaction Code 10.</p> <p>When using Transaction Code 10 to modify data (with the exception of deleting data), the Policy Change Effective Date and Policy Change Expiration Date are required only on the record(s) containing the change. If an entire record is being deleted at inception, the record should be omitted. For records being deleted midterm, the record must be included and the midterm deletion date must be reported in the Policy Change Expiration Date field.</p> <p>Only one set of Transaction Code 10 records per Transaction Issue Date per submission. A transaction may have more than one Policy Change Effective Date.</p> <p>If there are multiple transactions corresponding to Transaction Code 10 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate transaction code.</p> <p>For processing purposes, California does not distinguish between Transaction Codes 08, 10 and 14.</p>

Section 2 — General Reporting Requirements

Code	Description	Notes
14	Policy Replacement due to Miscellaneous Change/Non-Key Field Change	<p>This Transaction Code is used at the insurer's option for policy changes (excluding key data field changes and adding/deleting states) in place of Transaction Codes 08 and 10. All records that are submitted for Transaction Code 14 must contain the policy number identifier, policy effective date, and carrier code in the link data of the policy term for which the change is applicable. Policy number identifier, policy effective date, and/or carrier code may not be changed under Transaction Code 14.</p> <p>When using Transaction Code 14 to modify data (with the exception of deleting data), the Policy Change Effective Date and Policy Change Expiration Date are required only on the record(s) containing the change. If an entire record is being deleted at inception, the record should be omitted. For records being deleted midterm, the record must be included and the midterm deletion date must be reported in the Policy Change Expiration Date field.</p> <p>Only one set of Transaction Code 14 records per Transaction Issue Date per submission. A transaction may have more than one Policy Change Effective Date. If there are multiple transactions corresponding to Transaction Code 14 processed on the same transaction issue date, only the latest version of the policy must be reported under the appropriate transaction code.</p> <p>For processing purposes, California does not distinguish between Transaction Codes 08, 10 and 14.</p>
15	Policy Replacement due to Add/Delete State Change	<p>This Transaction Code is used to add or delete a state.</p> <p>If California is the state being added this transaction notifies the WCIRB that California is being added to the policy and therefore this is the first submission of this policy to the WCIRB. If California is the state being deleted, it cannot be reported using this transaction. Submit a cancellation using Transaction Code 05. Insurers are not required to report to the WCIRB that a state other than California is being added or deleted to the policy.</p> <p>The Policy Change Effective Date field on the State Premium Record (Record Type Code 04) and on the Exposure Record(s) (Record Type Code 05) will indicate the date California is to be added.</p> <p>Only one set of Transaction Code 15 records per Transaction Issue Date per submission. A transaction may have more than one Policy Change Effective Date.</p>
16	Proof of Coverage (POC) Notice/Binder	<p>This Transaction Code is used to report coverage when the insurer does not have all the information available that is required for a complete establishing document. The policy itself must be submitted to California on a subsequent submission, unless the Proof of Coverage (POC) Notice/Binder Coverage Notice has been cancelled as of the POC Notice effective Date.</p> <p>Transaction Code 16 requires all data elements necessary to establish Proof of Coverage when reporting to California.</p> <p>Minimum requirements for filing include:</p> <ul style="list-style-type: none"> a) All Link Data b) Record Type Code 01—Header Record: At a minimum it must contain Field #1, link data information. c) Record Type Code 02—Name Record: Submit at least one Name of Insured. d) Record Type Code 03—Address Record: Submit the Mailing Address (Address Type 1) corresponding to the required Name Record. Also report as many Address of Location of Operations (Address Type 2 and/or 6) records as known. Submit the Address of Carrier Issuing/Service Office (Address Type 3) record. e) Record Type Code 04 - Exposure Record: At least one California Exposure record is required to process as a California Binder. <p>Report as many elements that are known at the time of the issuance of this transaction.</p>

Section 2 — General Reporting Requirements

Code	Description	Notes
18	Renewal Certificate/ Renewal Agreement	<p>This Transaction Code is used to report coverage that has been continued for another policy term by the insurer.</p> <p>Renewal Certificates and Renewal Agreements shall be used only for the purpose of renewing the policy and showing the proper experience modification for the renewal period. Renewal Certificates and Renewal Agreements cannot be used to make any other changes to the policy.</p>

Section 3 — Field-by-Field Reporting Guidelines for California

Section 3 — Field-by-Field Reporting Guidelines for California

All fields below are required to be reported in California as indicated. Refer to WCPOLS for all technical field attributes (position, field class, number of bytes).

Per the WCIO Data Reporting Handbook, the following are the attributes applicable to each field class:

Field Class	Description	Field justification	Field fill
Alpha (A)	A field that contains only alphabetical characters	left-justified	right blank-filled
Alphanumeric (AN)	A field that contains alphabetic and numeric characters	left-justified	right blank-filled
Numeric (N)	A field that contains only numeric characters	right-justified	left zero-filled

A. Link Data Fields

Link Data is a collection of data elements that are common to all records in a particular policy transaction. These common data elements allow the applicable records to be joined. The WCIRB system does not allow duplicate instances of link data in the same submission with the exception of transaction codes 03 and 05. If reporting multiple changes on a policy using a policy replacement transaction, only one record 08, 10 or 14 may be submitted with the same transaction issue date, and should include all changes from that date.

1. Carrier Code

WCPOLS Reporting Instructions

Report the code assigned to the reporting company by NCCI or other DCO.

Additional Information/Examples for California Reporting

California accepts either the California Insurer Code (CCN) or the NCCI carrier codes. The WCIRB system converts reported NCCI carrier codes to CCNs.

If the Insurer Code is not valid, the submission will be rejected.

2. Policy Number Identifier

WCPOLS Reporting Instructions

Report the unique identifier used for identifying the policy.

For Transaction Code 16-Proof of Coverage (POC) Notice/Binder, if a policy number identifier is not available, provide a unique number that can be used to identify this notice. This policy number identifier becomes very important when cancelling this notice and when submitting the policy. Do not report embedded blanks or marks of punctuation.

Additional Information/Examples for California Reporting

This number identifier must be identical to the number identifier set forth on the policy Information Page or as endorsed.

The complete policy number identifier must remain the same throughout the life of the policy and for all experience reporting.

3. Policy Effective Date

WCPOLS Reporting Instructions

Report the effective date of the policy or Proof of Coverage (POC).

For the second and third year of a three-year variable rate policy, report the effective date of the appropriate annual period being reported.

The second and third year of a three-year variable rate policy must be reported using Transaction Code 04.

Section 3 — Field-by-Field Reporting Guidelines for California

Additional Information/Examples for California Reporting

Continuing Form Policy can also be reported using a Transaction Code 18 – Renewal Certificate/Renewal Agreement.

4. Transaction Issue Date

WCPOLS Reporting Instructions

Report the issue date of the transaction being submitted.

This date is the accounting date on which the data represented by this transaction code was processed by the insurer's policy issuance system.

This date, for a particular transaction, is not necessarily the date of creation of the file. Example: If an insurer processes transactions on a daily basis and saves these daily transactions to a file from which a submission is created once a week, this date would reflect the daily processing date, not the date of the submission creation. Thus, a given file submission may contain transactions with different transaction issue dates.

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

5. Transaction Code

WCPOLS Reporting Instructions

Report the code identifying the type of transaction being submitted.

Refer to the WCIO Data Reporting Handbook for further instructions.

Code	Description
01	New Policy
02	Renewal Policy
03	Endorsement
04	Annual Rerate Endorsement
05	Cancellation/Reinstatement
06	Policy Replacement Due to Key Field Change
08	Policy Replacement Due to Rating Change
10	Policy Replacement due to Non-Rating Change
14	Policy Replacement due to Misc. Change/Non-Key Field Change
15	Policy Replacement due to Add/Delete State Change
16	Proof of Coverage (POC) Notice / Binder
18	Renewal Certificate/Renewal Agreement

Additional Information/Examples for California Reporting

California processes Transaction Codes 08, 10 and 14 identically.

If deleting California from a multi-state policy, submit a cancellation notice – Transaction Code 15 may not be used to delete California from a policy.

B. Header Record (Record 01)

1. Record Type Code

WCPOLS Reporting Instructions

Report "01".

2. Policy Expiration Date

WCPOLS Reporting Instructions

Report the expiration date of policy or POC expires.

For the second and third year of a three-year variable rate policy, or a California annual rating endorsement, report the expiration date of the appropriate annual period being reported. (Note

Section 3 — Field-by-Field Reporting Guidelines for California

that the second and third year of a three-year variable rate policy must be reported using Transaction Code 04.)

3. Type of Coverage Id Code

WCPOLS Reporting Instructions

Report the code that indicates the type of coverage.

Code	Description
01	Standard Workers Compensation Policy
05	Large Risk Rated Option / Large Risk Alternative Rating Option

4. Employee Leasing Policy Type Code

WCPOLS Reporting Instructions

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

Code	Description
1	Non-Employee Leasing Policy Employers covered under this policy are not part of an Employee Leasing arrangement.
3	Employee Leasing Policy for Non-Leased Workers of Employee Leasing Company The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the non-leased workers of the ELC only. The leased workers of the ELC are not covered under this policy.
4	Employee Leasing Policy – Client Company Policy for Leased Workers of Client Company The Client Company is the first named insured and the coverage is provided to the leased workers of the Client Company. The non-leased workers of the Client Company are not covered under this policy.
5	Employee Leasing Policy for Leased Workers of a Single Client Company The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the leased workers of a single Client Company only.
6	Client Company Policy for Non-Leased Workers of Client Company The Client Company is the first named insured and coverage is provided to the non-leased workers of the Client Company. The Client Company is in an Employee Leasing arrangement but the leased workers of the Client Company are not covered under this policy.
7	Client Company Policy for Leased and Non-Leased Workers of Client Company The Client Company is the first named insured and coverage is provided to the leased and non-leased workers of the Client Company.

5. Policy Term Code

WCPOLS Reporting Instructions

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

Code	Description
1	Standard One-Year
2	Three-Year Fixed Rate
3	Continuous Policy
4	Short-Term (Less Than One Year)

Section 3 — Field-by-Field Reporting Guidelines for California

- | | |
|---|--|
| 5 | Three-Year Variable (First Year) |
| 6 | Three-Year Variable (Second Year) |
| | Cannot be used on new and renewal transactions. The code appears only on annual re-rate and change transactions that apply to the re-rate. |
| 7 | Three-Year Variable (Third Year) |
| | Cannot be used on new and renewal transactions. The code appears only on annual re-rate and change transactions that apply to the re-rate. |
| 8 | Other, i.e., a policy issued for more than one year and sixteen days, but less than three years. |
| | Endorsement WC000405 must be attached to the policy whenever Code 8 is applicable (see Record Type 13). |
| | This code is for a policy issued for more than one year and sixteen days, but less than two years. A policy greater than two years but less than 3 is assumed to be a shortened three year variable and should be reported using codes 5 and 6 with 8 applying only to the shortened period. |

6. Prior Policy Number Identifier

WCPOLS Reporting Instructions

Report the policy number of the policy providing previous coverage.

This field is not to be reported when reporting policy data with Transaction Code 01 – New Policy.

Do not report embedded blanks or marks of punctuation

7. Legal Nature of Insured Code

USRP Reporting Instructions

Report the code that best describes the type of entity(ies) being insured.

Code	Description
01	Individual
02	Partnership
03	Corporation
04	Association, Labor Union, Religious Organization
05	Limited Partnership
06	Joint Venture
07	Common Ownership
09	Joint Employers
10	Limited Liability Company (LLC)
11	Trust or Estate
13	Limited Liability Partnership
14	Governmental Entity
99	Other

The use of “07”, Common Ownership, is permitted only for policies insuring two or more entities if the entities are combinable in accordance with the Experience Rating Plan.

The use of “09”, Joint Employers, is permitted when two or more entities do not share common ownership but have joint liability to pay workers’ compensation to employees engaged in connection with the same work but are not a partnership or a joint venture.

The use of “99”, Other, is only permitted if none of the other values are applicable. If reporting “99”, further detail in the Text for “Other” Legal Nature of Entity field shall be provided.

8. Wrap-Up/Owner Controlled Insurance Program (OCIP) Code

WCPOLS Reporting Instructions

Section 3 — Field-by-Field Reporting Guidelines for California

Report the code that is used to indicate whether the policy covers a wrap-up.

Code	Description
2	Non-Wrap-Up/OCIP Policy
3	OCIP Job Policy
4	OCIP Master Policy

Additional Information/Examples for California Reporting

The individual policies issued under an OCIP are reported as “3”. Report “4” if the policy covers the project itself.

9. Business Segment Identifier

WCPOLS Reporting Instructions

Report the series of identifying codes maintained and reported by the data provider.

Additional Information/Examples for California Reporting

The Business Segment Identifiers must be provided to the WCIRB prior to reporting them on policies. This is a conditionally required field. If your company is using a Business Segment Identifier to limit access for a TPE, then this is a required field for any policy a TPE is to have access to.

10. Retrospective Rating Code

WCPOLS Reporting Instructions

Report the code corresponding to the type of retrospective rating plan applied.

Code	Description
3	Not Retrospective Rated
5	Retrospective Rated

11. Name of Producer

WCPOLS Reporting Instructions

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

Direct writers: Where there is a producer or agent (e.g., Assigned Risk policies), this information must be provided; if none, leave blank.

12. Group Coverage Status Code

WCPOLS Reporting Instructions

Report the code identifying if the policy was written as part of group coverage.

Code	Description
0	Non-Group Coverage
1	Group Member Coverage
2	Group Master Coverage

Additional Information/Examples for California Reporting

This is for reporting group coverage as outlined in the California Insurance Code Section 11656.6 and the California Code of Regulations, Title 10, Section 2508.

13. Original Carrier Code

WCPOLS Reporting Instructions

Report the carrier code assigned to a previously issued policy for this insured for the same term.

This field is required only for Transaction Code 06 (Policy Replacement Due to Key Field Change).

14. Original Policy Number Identifier

WCPOLS Reporting Instructions

Report the policy number identifier assigned to a previously issued policy for this insured for the same term.

Section 3 — Field-by-Field Reporting Guidelines for California

This field is required only for Transaction Code 06 (Policy Replacement Due to Key Field Change).

This field is also used when submitting a New Business or Renewal Transaction that replaces a Proof of Coverage (POC) Notice / Binder (Transaction Code 16). If the policy number identifier on the POC notice and the New Business or Renewal Transaction are different, report the number identifier from the POC notice here.

Do not report embedded blanks or marks of punctuation.

15. Original Policy Effective Date

WCPOLS Reporting Instructions

Report the policy effective date of a previously issued policy for this insured for the same term.

This field is required only for Transaction Code 06 (Policy Replacement Due to Key Field Change).

16. Text for “Other” Legal Nature of Insured

WCPOLS Reporting Instructions

Report the text describing the legal nature of insured.

This field is to be reported only when reporting Code 99 (Other) in positions 106-107.

17. Policy Change Effective Date

WCPOLS Reporting Instructions

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

This field is required for Transaction Codes 08, 10, 14 and 15.

Additional Information/Examples for California Reporting

If this record is being change, report the policy effective date as it is not permissible to change any of the fields contained in this record mid policy term. Otherwise, this field should be zero filled.

18. Policy Change Expiration Date

WCPOLS Reporting Instructions

Report the date that the endorsement expires on the policy.

This field is required for Transaction Codes 08, 10, 14 and 15.

Additional Information/Examples for California Reporting

This field should always be zero filled as you cannot delete this record or change any fields mid policy term.

C. Name Record (Record 02)

1. Record Type Code

WCPOLS Reporting Instructions

Report “02”.

2. Name Type Code

WCPOLS Reporting Instructions

Report the code representing the type of name.

Refer to the WCIO Data Reporting Handbook for further instructions.

Code	Description
1	Personal Name Type
	This is a separate personal Name Record of a Name Link Identifier. Format last name, first name, middle name or initial. The commas are delimiters.

Section 3 — Field-by-Field Reporting Guidelines for California

2 Commercial Name Type

This is a separate commercial Name Record of a Name Link Identifier.

Additional Information/Examples for California Reporting

Report only one name per record. For Husband and wife entities, report each name separately on its own record.

For personal names any degree or suffix should be reported after the middle name(s) and/or initial(s) and not part of the last name.

See Appendix 1 for examples of Insured Name Reporting.

3. Name Link Identifier

WCPOLS Reporting Instructions

Report the number identifying one name or a group of names.

When reporting more than 998 separate names, report positions 270-271—Name Link Counter Identifier in conjunction with this field.

The primary name(s) on the policy must always be reported as 001.

Refer to the WCIO Data Reporting Handbook for further instructions.

Additional Information/Examples for California Reporting

See Appendix 1 for examples of Insured Name Reporting.

4. Professional Employer Organization or Client Company Code

WCPOLS Reporting Instructions

Report the code used to identify whether this is a PEO, Client Company or neither.

This code is intended to provide another option for reporting the names of PEO's and client companies only. This does not change or replace any existing reporting requirements.

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

Additional Information/Examples for California Reporting

See Appendix 1 – Insured Name Formatting for examples.

5. Name of Insured

USRP Reporting Instructions

Each name shall be reported on a separate name record. Related names such as the sole proprietor's name, the associated trade name or "DBA," shall each have a separate record and may be linked using the Name Link Identifier/Continuation Sequence Number. A husband and wife shall have each person's complete name reported in a separate record.

Insuring two or more legal entities on a single policy is subject to the provisions and limitations set forth in the *Miscellaneous Regulations for the Recording and Reporting of Data—1995*, Part 2, *Workers' Compensation Forms and Coverage*, Section III, *Additional Interests*.

a. Name of Insured

Report the name of the insured subject to the following:

- (1) For individuals, report the name in the following format: Last Name, First Name, Middle Name or Initial. The commas are delimiters and are required when reporting individual names.
- (2) For partnerships, report the name of each general partner as required in the other sections of this rule. Each partner within the partnership shall be a legal entity such as an individual, a partnership or a corporation. Trade names or fictitious business names cannot be designated as partners.

Section 3 — Field-by-Field Reporting Guidelines for California

- (3) For corporations, report the name exactly as shown in the articles of incorporation.
- (4) For associations, labor unions or religious organizations, report the name exactly as shown in the agreement of association or other document of organization.
- (5) For limited partnerships, report the name of each general partner as required in the other sections of this rule. Each partner within the partnership shall be a legal entity such as an individual, a partnership or a corporation. Trade names or fictitious business names cannot be designated as partners. Limited partners should not be reported, but if reported, the term “limited partner” shall be shown in parenthesis following the name of each limited partner.
- (6) For joint ventures, report the name of each member as required in the other sections of this rule. Each member shall be a legal entity such as an individual, a partnership or a corporation. Trade names or fictitious business names cannot be designated as members of a joint venture.
- (7) For entities that share common ownership, report the name of each entity as required in the other sections of this rule.
- (8) For joint employers, report the name of each entity as required in the other sections of this rule.
- (9) For LLCs, report the name of the LLC exactly as shown in the articles of organization.
- (10) For trusts or estates, report the name exactly as shown in the trust agreement or other legal document, which establishes the trust or estate. The name of each trustee, administrator or executor shall also be reported as required in the other sections of this rule.
- (11) For LLPs, report the name of each general partner as required in the other sections of this rule. Each partner within the partnership shall be a legal entity such as an individual, a partnership or a corporation. Trade names or fictitious business names cannot be designated as partners. Limited partners should not be reported, but if reported, the term “limited partner” shall be shown in parenthesis following the name of each limited partner.
- (12) For governmental entities, report the legal name of the governmental entity.
- (13) For bankruptcies and receiverships, report the name of the receiver or debtor as required in the other sections of this rule. The term “receiver” or “debtor in possession” shall be shown in parenthesis following the name of the receiver.
- (14) For policies covering employee leasing arrangements written in the name of the labor contractor, report the name of the labor contractor depending on the type of entity as required in the other sections of this rule. If reporting the client’s name, the phrase “Leased Coverage For” or the acronym “LCF” shall be used.
- (15) For policies covering employee leasing arrangements written in the name of the client, report the name of the client depending on the type as required in the other sections of this rule.
- (16) If any descriptor information such as “limited partner” or “DBA” is included, it shall be in parenthesis.

Additional Information/Examples for California Reporting

See Appendix 1 – Insured Name Formatting for examples.

6. Federal Employer Identification Number (FEIN)

WCPOLS Reporting Instructions

Report the Federal Employer Identification Number corresponding to the name being reported.

Additional Information/Examples for California Reporting

Only report the actual FEIN. Do not report a fictitious FEIN. Zero fill if FEIN is not available.

7. Continuation Sequence Number

WCPOLS Reporting Instructions

Report the number corresponding to the continuation status.

Section 3 — Field-by-Field Reporting Guidelines for California

Enter 001 representing the first record for a Name Link Identifier (positions 49-51).

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

Refer to the WCIO Data Reporting Handbook for further instructions.

Additional Information/Examples for California Reporting

See Appendix 1 – Insured Name Formatting for examples.

8. Name Link Counter Identifier

WCPOLS Reporting Instructions

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

9. Policy Change Effective Date

WCPOLS Reporting Instructions

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

This field is required for Transaction Codes 08, 10, 14 and 15.

Additional Information/Examples for California Reporting

Report the effective date of the change if this record is being added or changed. If the record is being deleted, the original effective date of the record may be reported. Otherwise, this field should be zero filled.

10. Policy Change Expiration Date

WCPOLS Reporting Instructions

Report the date that the endorsement expires on the policy.

This field is required for Transaction Codes 08, 10, 14 and 15.

Additional Information/Examples for California Reporting

Report the date that the record is being deleted if the record is being deleted at the inception date of the policy or midterm. If this record is being added or changed, the Policy Expiration Date may be reported. Otherwise this field should be zero filled.

D. Address Record (Record 03)

1. Record Type Code

WCPOLS Reporting Instructions

Report “03”.

2. Address Type Code

WCPOLS Reporting Instructions

Report the code representing the type of address.

Code	Description
1	Mailing Address of Insured One and only one mailing address code is required.
2	Location of Operation's Address This code is for all workplaces, including the reported mailing address if applicable. As many of these records as are needed may be reported. This address is necessary to direct interested parties to the workplace locations, e.g., inspection or auditors. Descriptions such as “second building after K-Mart” are acceptable where a street name or address does not exist.

Section 3 — Field-by-Field Reporting Guidelines for California

If the mailing address is a PO Box, then a Location of Operation's Address (Address Type Code 2) or No Specific Location (Address Type Code 6) must be reported.

- | | |
|---|---|
| 3 | Address of Insurer Issuing/Service Office |
| | This record must be reported to permit proper communication with the insurer office servicing this policy. |
| 4 | Wrap-up/OCIP Project Description |
| 6 | No Specific Location |
| | Refers to work done at client sites in the state. If this code is submitted, the Address Structure Code and the Address are not applicable. |

3. Foreign Address Indicator

WCPOLS Reporting Instructions

Report the applicable indicator code.

This field is only applicable to Address Type Code 1.

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

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

4. Address Structure Code

WCPOLS Reporting Instructions

Report the code identifying the structure of the reported address.

Code	Description
1	Reported address follows structure. This code is required for Address Type Code 1, 3 and 5. These three address types must be reported in the structured format. This code is not applicable for Address Type Code 6.
2	Reported address is free form. This code may be optional for Address Type Code 2 and may be required for Address Type Code 4. Contact the appropriate DCO for reporting requirements.

5. Address – Street

WCPOLS Reporting Instructions

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

A valid street address or P.O. Box number must be reported for the mailing address of insured (Address Type Code 1) and for the producer [issuing agency] address (Address Type Code 5).

6. Address – City

WCPOLS Reporting Instructions

Report the city name.

7. Address – State

WCPOLS Reporting Instructions

Report the U.S. Postal Service abbreviation for the state.

Leave blank if Foreign Address Indicator is "Y".

8. Address – Zip Code

WCPOLS Reporting Instructions

Report the US Postal Service zip code.

Section 3 — Field-by-Field Reporting Guidelines for California

9. Name Link Identifier

WCPOLS Reporting Instructions

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

For Address Type Codes 3 and 5, report “999”.

This field is required for Address Type Code 1 (Mailing Address of Insured), 2 (Location of Operation’s Address) and 6 (No Specific Location).

10. State Code Link

WCPOLS Reporting Instructions

Report the code for the state covered by this record that is used as the second part of a 3-part field that links exposures to locations and then locations to names.

For Address Type Codes 3 and 5, and for foreign addresses report “99”.

This field is required for Address Type Codes 1 (Mailing Address of Insured), 2 (Location of Operation’s Address) and 6 (No Specific Location).

Refer to the WCIO Data Reporting Handbook for further instructions.

11. Exposure Record Link for Location Code

WCPOLS Reporting Instructions

Report the code identifying this Address record.

For Address Type Codes 3 and 5, report “99999”.

This field corresponds to the Exposure Record Link for Exposure Code field in the Exposure Record.

This field is optional for Address Type Code 1 (Mailing Address of Insured); however, in such cases where insurer does not include this field, the Mailing Address of Insured must also be included as an Address Type Code 2 (Location of Operation’s Address) for required linkage.

This field is required for Address Type Code 2 (Location of Operation’s Address) and 6 (No Specific Location).

If unable to report separate exposure by Name Link Identifier or exposure is not yet developed, this field may be blank. When exposure pertains to more than one Name Link Identifier, corresponding Exposure Records may be included with separate Name/Address/Exposure Link fields.

Refer to the WCIO Data Reporting Handbook for further instructions.

12. Number of Employees

WCPOLS Reporting Instructions

Report the number of employees, at the time the policy is issued, for each address on this record and for the corresponding name this address is linked to (via the Name Link Identifier and State Code Link fields of this Address Record).

13. Industry Code

WCPOLS Reporting Instructions

Report the appropriate Industry Code (Standard Industry Code [SIC] or the North American Industry Classification System [NAICS], code) representing the nature of the employer’s business, which is contained in the SIC Manual or NAICS Manual published by the Federal Office of Management and Budget. The Industry Code must be reported for each Address Record and for the corresponding name this address is linked to (via the Name Link Identifier and State Code Link fields of this Address Record).

Report the NAICS number only. Do not report the SIC number.

Section 3 — Field-by-Field Reporting Guidelines for California

14. Geographic Area

WCPOLS Reporting Instructions

Report the Geographic Area (Province, State, etc.) when Foreign Address Indicator is “Y”.

This field is required when Foreign Address Indicator is “Y”.

15. EMail Address

WCPOLS Reporting Instructions

Report the email address of the insured or employer name that is linked to this address record.

Additional Information/Examples for California Reporting

If the email address exceeds the number of bytes allotted, truncate as needed.

16. Country Code

WCPOLS Reporting Instructions

Report the ISO 3166 Standard Country Code.

This field is required when Foreign Address Indicator is “Y”.

17. Name Link Counter Identifier

WCPOLS Reporting Instructions

Report the Name Link Counter Identifier corresponding to this particular address.

The Name Link Counter Identifier is in positions 270-271 of the Name Record

18. Policy Change Effective Date

WCPOLS Reporting Instructions

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

This field is required for Transaction Codes 08, 10, 14 and 15.

Additional Information/Examples for California Reporting

Report the effective date of the change if this record is being added or changed. If the record is being deleted, the original effective date of the record may be reported. Otherwise, this field should be zero filled.

19. Policy Change Expiration Date

WCPOLS Reporting Instructions

Report the date that the endorsement expires on the policy.

This field is required for Transaction Codes 08, 10, 14 and 15.

Additional Information/Examples for California Reporting

Report the date that the record is being deleted if the record is being deleted at the inception date of the policy or midterm. If the record is being added or changed, the Policy Expiration Date may be reported. Otherwise this record should be zero filled.

E. State Premium Record (Record 04)

1. State Code

WCPOLS Reporting Instructions

Report the code for the state covered by this record.

Additional Information/Examples for California Reporting

Report “04” for California.

2. Record Type Code

WCPOLS Reporting Instructions

Report “04”.

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

Section 3 — Field-by-Field Reporting Guidelines for California

Multiples of this record are required whenever exposure amounts are being reported on a split-period basis. Each record must contain the appropriate data associated with its particular period.

When multiples of this record are reported due to an Experience Modification Effective Date, these state premium records should be in order of the dates reported.

Refer to the WCIO Data Reporting Handbook for further instructions

Additional Information/Examples for California Reporting

California does not require the reporting of separate State Premium Records for the reporting of split exposures.

Additional State Premium Records are required if reporting experience modifications with an effective date other than the policy inception date.

3. State Add/Delete Code

WCPOLS Reporting Instructions

Report the code that is used to identify whether a state is being added to or deleted from a policy.

The field shall be used only in connection with Transaction Code 15.

This field must be blank if the State Code is not being added or deleted.

Code	Description
A	Adding the state shown
D	Deleting the state shown

Additional Information/Examples for California Reporting

If California is being deleted, a cancellation notice is required.

4. Carrier Code

WCPOLS Reporting Instructions

Report the code assigned to the reporting company by NCCI or other DCO.

Enter the carrier code corresponding to the particular individual carrier of a carrier group providing the coverage in this state if the carrier is different from that designated by the carrier code in positions 1-5. If there is no difference, report zeros.

5. Experience Modification Factor/Merit Rating Factor

WCPOLS Reporting Instructions

Report the factor that applies to the subject premium.

If no experience modification factor is applicable, report "0000".

The experience modification factor or merit rating factor to be entered is the decimal complement of percentage debits or credits—e.g., 10% credit to be entered as "0900", or 15% debit to be entered as "1150".

If reporting an experience modification greater than 999%, report zeros in this field and report the experience modification factor in the Excessive Experience Modification Factor field in positions 170-173.

There is an assumed decimal point between positions 93 and 94.

Additional Information/Examples for California Reporting

To delete an experience modification, report the Experience Modification Effective Date and zero fill this field.

6. Experience Modification/ Merit Rating Status Code

WCPOLS Reporting Instructions

Report the code that identifies the status of the experience modification/merit rating at time of issuance.

Section 3 — Field-by-Field Reporting Guidelines for California

The experience modification factor is in positions 93-96 of this record.

Code	Description
1	Final Modification Factor for Policy Period
2	Modification Factor Not Final
3	No Modification or Merit Rating Factor Applicable

Additional Information/Examples for California Reporting

If the experience modification being applied is shown as tentative, preliminary, estimated or as the prior experience modification on the policy, it should be reported as “2” Modification Not Final.

7. Estimated State Standard Premium Total

USRP Reporting Instructions

Report the estimated state standard premium total for the entire policy period. See Part 4, *Unit Statistical Reporting Requirements*, Section II, *Definitions*, Rule 12, *Final Premium*.

8. Experience Modification Effective Date

WCPOLS Reporting Instructions

Report the effective date of the applicable experience modification.

When this date is not the policy effective date or an anniversary rating date, multiple state premium records may be required.

Additional Information/Examples for California Reporting

Additional records are required if the Experience Modification Effective Date is not the same as the Policy Inception Date.

9. Policy Change Effective Date

WCPOLS Reporting Instructions

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

This field is required for Transaction Codes 08, 10, 14 and 15.

Additional Information/Examples for California Reporting

Report the effective date of the change if this record is being added or changed. Otherwise, this field should be zero filled.

10. Excessive Experience Modification Factor

WCPOLS Reporting Instructions

Report the factor that applies to the subject premium if the factor is greater than 999%.

11. Policy Change Expiration Date

WCPOLS Reporting Instructions

Report the date that the endorsement expires on the policy.

This field is required for Transaction Codes 08, 10, 14 and 15.

Additional Information/Examples for California Reporting

Report the date that the record is being deleted if the record is being deleted at a midterm date (note this record cannot be deleted if it is the only Record 04). Otherwise this record should be zero filled.

F. Exposure Record (Record 05)

1. State Code

WCPOLS Reporting Instructions

Report the state code to which the exposure and/or premium reported on this record has been assigned.

Additional Information/Examples for California Reporting

Report “04” for California.

Section 3 — Field-by-Field Reporting Guidelines for California

2. Record Type Code

WCPOLS Reporting Instructions

Report “05”.

3. Classification Code

USRP Reporting Instructions

Report the applicable standard classification code, insurer approved non-standard classification code or USL&H classification code are required to be reported.

4. Classification Wording Suffix

WCPOLS Reporting Instructions

Report the suffix that will provide a cross-reference to the Manual classification wording.

Enter “00” for Primary Wording.

Additional Information/Examples for California Reporting

Refer to the *California Workers’ Compensation Uniform Statistical Reporting Plan—1995, Part 3* for classification wording suffixes.

5. Exposure Act/Exposure Coverage Code

WCPOLS Reporting Instructions

Report the code that indicates the Act (Law) under which the exposure for the class code is associated.

Regardless of the Act (Law) governing the policy, statistical codes must be reported as 00.

Code	Description
00	For Use with Statistical Codes
01	State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act
02	USL&HW “F” or USL&HW Coverage on Non-F Classes

Additional Information/Examples for California Reporting

The reporting of Statistical Codes is not required in California. However, if Statistical Codes are reported then they must be reported with Exposure Act/Exposure Coverage Code “00”.

6. Exposure Period Effective Date

WCPOLS Reporting Instructions

Report the date when exposure amounts reported on a split period basis are effective.

When exposure amounts are reported on a split period basis, an exposure record will be required for each period for each class.

7. Estimated Exposure Amount

USRP Reporting Instructions

Report the amount that is the basis for determining premium on a per classification level.

8. Estimated Premium Amount

USRP Reporting Instructions

For statistical code 9740, Catastrophe Provisions for Terrorism, report the estimated premium amount associated with this statistical code, if applicable. The estimated premium amount for the standard classification codes and other statistical codes need not be reported.

9. Name Link Identifier

WCPOLS Reporting Instructions

Report the Name Link Identifier in positions 152-154 of the Address Record to which you are linking.

Section 3 — Field-by-Field Reporting Guidelines for California

In the event that one classification code applies to multiple addresses, multiple exposure records for that classification code may be reported with each exposure record having the payroll and premium corresponding to each particular address.

Refer to the WCIO Data Reporting Handbook for further instructions.

10. State Code Link

WCPOLS Reporting Instructions

Report the code for the state covered by this record that is used as the second part of a 3-part field that links exposures to locations and then locations to names.

Refer to the WCIO Data Reporting Handbook for further instructions.

11. Exposure Record Link for Exposure Code

WCPOLS Reporting Instructions

Report the Exposure Record Link for Location Code in positions 157-161 of the Address Record corresponding to this record.

Refer to the WCIO Data Reporting Handbook for further instructions

12. Name Link Counter Identifier

WCPOLS Reporting Instructions

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

Provide the Name Link Counter Identifier in positions 269-270 of the Address Record corresponding to this particular exposure record.

13. Policy Change Effective Date

WCPOLS Reporting Instructions

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

This field is required for Transaction Codes 08, 10, 14 and 15.

Additional Information/Examples for California Reporting

This field should include the effective date of the change if this record is being added or changed. If the record is being deleted, the original effective date of the record may be reported. Otherwise, this field should be zero filled.

14. Policy Change Expiration Date

WCPOLS Reporting Instructions

Report the date that the endorsement expires on the policy.

This field is required for Transaction Codes 08, 10, 14 and 15.

Additional Information/Examples for California Reporting

This field should include the date that the record is being deleted if the record is being deleted at the inception date of the policy or midterm. If the record is being added or changed, the Policy Expiration Date may be reported. Otherwise this record should be zero filled.

G. Endorsement Identification Record (Record 07)

1. State Code

WCPOLS Reporting Instructions

Report the code for the state covered by this record or “00” when all endorsements identified apply to all states on the policy.

Additional Information/Examples for California Reporting

Report “04” for California.

Forms that do not apply to California must not be reported on Record 07s for “00”.

Section 3 — Field-by-Field Reporting Guidelines for California

2. Record Type Code

WCPOLS Reporting Instructions

Report “07”.

List all endorsement numbers associated with the policy. All endorsement numbers must be reported whether the endorsements are reported by hard copy or separate transaction endorsement records.

Also list the form/endorsement numbers for the Policy Conditions, Information/Declaration Page and Ancillary Agreements.

Additional Information/Examples for California Reporting

Policyholder Notices may be listed, but are not required.

The Endorsement Number/Bureau Version Identifier and Carrier Version Identifier are in sets of three linked fields and the fields used to report a form depend on how the form was filed with the California Department of Insurance.

For Transactions Code 08, 10 and 14, make sure the form number(s) on the insured’s copy of the endorsement is added to Record 07.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

3. Endorsement Number

WCPOLS Reporting Instructions

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

This is a recurring field. Repeat as needed.

Additional Information/Examples for California Reporting

This field is for the Standard Form Number. As not all endorsement forms in California have a Standard Form Number, this field may be blank if the corresponding Carrier Version Identifier is reported.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

4. Bureau Version Identifier (Edition Identifier)

WCPOLS Reporting Instructions

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

The Endorsement Number is in positions 51-58, et al.

This is a recurring field. Repeat as needed.

Additional Information/Examples for California Reporting

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

5. Carrier Version Identifier

WCPOLS Reporting Instructions

Report the carrier specific form number as filed and approved.

This is a recurring field. Repeat as needed.

Additional Information/Examples for California Reporting

If the form was filed with a Standard Form Number, this field may be left blank.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

6. Policy Change Effective Date

WCPOLS Reporting Instructions

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

Section 3 — Field-by-Field Reporting Guidelines for California

This field is required for Transaction Codes 08, 10, 14 and 15.

Additional Information/Examples for California Reporting

This field should include the effective date of the change if this record is being added or changed. Otherwise, this field should be zero filled.

7. Policy Change Expiration Date

WCPOLS Reporting Instructions

Report the date that the endorsement expires on the policy.

This field is required for Transaction Codes 08, 10, 14 and 15.

Additional Information/Examples for California Reporting

This field should include the date that the record is being deleted if the record is being deleted at the inception date of the policy or midterm. If the record is being added or changed, the Policy Expiration Date may be reported. Otherwise this record should be zero filled.

H. Cancellation/Reinstatement Record (Record 08)

1. State Code

WCPOLS Reporting Instructions

Report the code for the state covered by this record.

When cancelling, reinstating, or non-renewing a specific state, report the state code.

When cancelling, reinstating, or non-renewing the entire policy, report the state code or "99".

2. Record Type Code

WCPOLS Reporting Instructions

Report "08".

3. Cancellation/Reinstatement ID Code

WCPOLS Reporting Instructions

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

Code	Description
1	Cancellation
2	Reinstatement
3	Nonrenewal
4	Cancellation of Proof of Coverage (POC) Notice/Binder
9	Deletion of original data submitted under the carrier code, policy number, and policy effective date reported above.
	Code 9 is only to be used on cancellation records submitted in conjunction with Transaction Code 06 (Policy Replacement due to Key Field Change) for the purpose of accommodating a policy "key" change (carrier code, policy number or policy effective date).

4. Reason for Cancellation Code

WCPOLS Reporting Instructions

Report the code identifying the reason for cancellation.

Enter "00" when code 2, 3 or 9 is reported in position 48 – Cancellation/Reinstatement ID Code.

Code 99 is not applicable when Cancellation/Reinstatement ID Code 3 is reported (position 48).

Section 3 — Field-by-Field Reporting Guidelines for California

Code	Description
01	Retiring From Business or Out of Business
02	Completed Operations (No Employees/No Exposure/No Operations)
03	Cancelled by Employer
05	Nonpayment of Premium
07	Rewrite (Use with Cancellation Type Code 1 [position 49])
08	Change of Interest or Ownership and/or Business Sold
09	Coverage Placed Elsewhere
10	Duplicate Coverage N/A: WI
12	Failure to Pay Deductible
13	Misrepresentation of Information on Application
15	Substantial Change in Risk
16	Failure to Comply With the Terms and Conditions or Audit Failure
21	Material Misrepresentation/Fraud N/A: NCCI, NJ
99	Other

5. Name of Insured

WCPOLS Reporting Instructions

Report the name of the insured.

6. Address of Insured

WCPOLS Reporting Instructions

Report the mailing address of the insured.

7. Cancellation Mailed to Insured Date

WCPOLS Reporting Instructions

Report the date this cancellation notice was mailed to employer.

8. Cancellation/Reinstatement Transaction Sequence Number

WCPOLS Reporting Instructions

Report the number used to determine the proper sequence of multiple Record Type Code 08's with the same Transaction Issue Date for the same policy.

The first record will always begin with "01".

9. Cancellation/Reinstatement Effective Date

WCPOLS Reporting Instructions

Report the date on which the cancellation or reinstatement on the policy becomes effective.

For cancellation transactions with Cancellation/Reinstatement ID Code 3 (position 48), this field must be the same as the Policy Expiration Date of the Policy.

For cancellation transactions with Cancellation/Reinstatement ID Code 9 (position 48) submitted in conjunction with Transaction Code 06 (Policy Replacement due to Key Field Change), report the date corresponding to the policy effective date on the invalid policy.

I. Experience Rating Modification Change Endorsement Record (Record 10)

1. State Code

WCPOLS Reporting Instructions

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

Enter "99" if this endorsement applies to all states reported on an interstate policy.

2. Record Type Code

WCPOLS Reporting Instructions

Report "10".

Section 3 — Field-by-Field Reporting Guidelines for California

This Record Type Code will accommodate an experience modification change associated with policy Information Page Endorsement WC890600 (WC890406).

Record Type Code 10 may only be reported using Transaction Code 03. Record Type Code 10 may not be reported on complete policy transactions.

WCIO Data Reporting Handbook

When adding this record, the form number of the endorsement must also be added using a Record 87.

3. Endorsement Number

WCPOLS Reporting Instructions

Report WC890406.

Additional Information/Examples for California Reporting

California treats this field as the Change Type Identification Field. As such, always report WC890406 even if the endorsement used to add the experience modification to the policy was approved under a different form number.

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

4. Bureau Version Identifier (Edition Identifier)

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

This field is only required if the form issued to the insured was approved by the California Department of Insurance with a suffixed version of the Change Identifier form number.

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

5. Carrier Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

Report the form number, as approved by the California Department of Insurance, for the change endorsement that was issued to the insured, unless the form number is identical to the Endorsement Number/Change Version Identifier.

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

6. Modification Effective Date

WCPOLS Reporting Instructions

Report the date on which the revised experience modification factor becomes effective on the policy.

7. Experience Modification Factor

WCPOLS Reporting Instructions

Report the factor that applies to the subject premium.

There is an assumed decimal point between positions 77 and 78.

Additional Information/Examples for California Reporting

To delete an experience modification, report “0000” in this field.

Section 3 — Field-by-Field Reporting Guidelines for California

8. Experience Modification Status Code

WCPOLS Reporting Instructions

Report the code that identifies the status of the experience modification at time of issuance.

The Experience Modification Factor is in positions 77-80 of this record.

Code	Description
1	Final Modification Factor for Policy Period
2	Modification Factor Not Final
3	No Modification Applicable

Additional Information/Examples for California Reporting

If the experience modification being applied is shown as tentative, preliminary, estimated or as the prior experience modification on the policy, report “2”.

9. Name of Insured

WCPOLS Reporting Instructions

Report all or a portion of the name of the insured as accommodated by this field.

10. Endorsement Effective Date

WCPOLS Reporting Instructions

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

J. Policy Period Endorsement Record (Record 13)

1. Record Type Code

WCPOLS Reporting Instructions

Report “13”.

WCIO Data Reporting Handbook

When adding this record using a Transaction Code 03, the form number of the endorsement must also be added using a Record 87.

2. Endorsement Number

WCPOLS Reporting Instructions

Report WC000405.

Additional Information/Examples for California Reporting

Report the standard form number only. If the form was not approved with a Standard Form Number, this field may be blank and the corresponding Carrier Version Identifier must be reported.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

3. Bureau Version Identifier (Edition Identifier)

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

It is not required that the standard form number be reported if the form was filed with a Carrier Version Identifier.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

4. Carrier Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

Section 3 — Field-by-Field Reporting Guidelines for California

If the form was filed with a Standard Form Number, this field may be left blank.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

5. Effective Date

WCPOLS Reporting Instructions

Report the date of the first/second/third policy period.

6. Expiration Date

WCPOLS Reporting Instructions

Report the date of the first/second/third policy period.

7. Name of Insured

WCPOLS Reporting Instructions

Report all or a portion of the name of the insured as accommodated by this field.

8. Endorsement Effective Date

WCPOLS Reporting Instructions

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

K. Policy Information Page State Premium Change Record (Record 84)

1. Record Type Code

WCPOLS Reporting Instructions

Report “84”.

This Record Type Code will accommodate changes to the information page that are not included in Record Type Code 09, 10 and 87.

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

WCIO Data Reporting Handbook

When adding this record, the form number of the endorsement must also be added using a Record 87.

2. Data Element Change Identification Number

WCPOLS Reporting Instructions

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

WC840405 Estimated State Standard Premium Total

Additional Information/Examples for California Reporting

California treats this field as the Change Type Identification Field. As such, always report WC840405 even if the endorsement used to report the State Premium was not approved by the California Department of Insurance with this form number.

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

3. Carrier Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

Report the form number, as approved by the California Department of Insurance, for the change endorsement that was issued to the insured, unless the form number is identical to the Data Element Change Identification Number.

Section 3 — Field-by-Field Reporting Guidelines for California

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

4. Estimated State Standard Premium Total

WCPOLS Reporting Instructions

Report the total state standard premium.

Refer to individual state Bureau Manual for definition of standard premium.

L. Policy Information Page Supplemental Data Element(s) Change Endorsement Record (Record 85)

1. Record Type Code

WCPOLS Reporting Instructions

Report “85”.

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

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

WCIO Data Reporting Handbook

When adding this record, the form number of the endorsement must also be added using a Record 87.

2. Data Element Change Identification Number

WCPOLS Reporting Instructions

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

WC850603 Type of Coverage ID Code
 WC850604 Employee Leasing Policy Type Code
 WC850605 Policy Term Code
 WC850606 Prior Policy Number Identifier
 WC850609 Business Segment Identifier
 WC850616 Retrospective Rating Code
 WC850617 Group Coverage Status Code
 WC850620 Wrap-Up/OCIP Code

Additional Information/Examples for California Reporting

Always report the Change Identification Number which matches the change type, even if the endorsement used to make the change to the policy was not approved by the California Department of Insurance with that form number.

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

3. Carrier Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

Report the form number, as approved by the California Department of Insurance, for the change endorsement that was issued to the insured, unless the form number is identical to the Change Version Identifier.

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

4. Type of Coverage ID Code

Section 3 — Field-by-Field Reporting Guidelines for California

WCPOLS Reporting Instructions

Report the code that indicates the type of coverage.

Code	Description
01	Standard Workers Compensation Policy
05	Large Risk Rated Option / Large Risk Alternative Rating Option

5. Employee Leasing Policy Type Code

WCPOLS Reporting Instructions

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

Code	Description
1	Non-Employee Leasing Policy Employers covered under this policy are not part of an Employee Leasing arrangement.
3	Employee Leasing Policy for Non-Leased Workers of Employee Leasing Company The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the non-leased workers of the ELC only. The leased workers of the ELC are not covered under this policy.
4	Employee Leasing Policy – Client Company Policy for Leased Workers of Client Company The Client Company is the first named insured and the coverage is provided to the leased workers of the Client Company. The non-leased workers of the Client Company are not covered under this policy.
5	Employee Leasing Policy for Leased Workers of a Single Client Company The Employee Leasing Company (ELC) is the first named insured and coverage is provided to the leased workers of a single Client Company only.
6	Client Company Policy for Non-Leased Workers of Client Company The Client Company is the first named insured and coverage is provided to the non-leased workers of the Client Company. The Client Company is in an Employee Leasing arrangement but the leased workers of the Client Company are not covered under this policy.
7	Client Company Policy for Leased and Non-Leased Workers of Client Company The Client Company is the first named insured and coverage is provided to the leased and non-leased workers of the Client Company.

6. Policy Term Code

WCPOLS Reporting Instructions

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

Code	Description
1	Standard One-Year
2	Three-Year Fixed Rate
3	Continuous Policy
4	Short-Term (Less Than One Year)
5	Three-Year Variable (First Year)
6	Three-Year Variable (Second Year) Cannot be used on new and renewal transactions. The code appears only on annual re-rate and change transactions that apply to the re-rate.

Section 3 — Field-by-Field Reporting Guidelines for California

- | | |
|---|--|
| 7 | <p>Three-Year Variable (Third Year)</p> <p>Cannot be used on new and renewal transactions. The code appears only on annual re-rate and change transactions that apply to the re-rate.</p> |
| 8 | <p>Other, i.e., a policy issued for more than one year and sixteen days, but less than three years.</p> <p>Endorsement WC000405 must be attached to the policy whenever Code 8 is applicable (see Record Type 13).</p> <p>This code is for a policy issued for more than one year and sixteen days, but less than two years. A policy greater than two years but less than 3 is assumed to be a shortened three year variable and should be reported using codes 5 and 6 with 8 applying only to the shortened period.</p> |

7. Prior Policy Number Identifier

WCPOLS Reporting Instructions

Report the policy number of the policy providing previous coverage.

This field is not to be reported when reporting policy data with Transaction Code 01 – New Policy.

Do not report embedded blanks or marks of punctuation.

8. Business Segment Identifier

WCPOLS Reporting Instructions

Report the series of identifying codes maintained and reported by the data provider. This is a conditionally required field. If your company is using a Business Segment Identifier to limit access for a TPE, then this is a required field for any policy a TPE is to have access to.

9. Retrospective Rating Code

WCPOLS Reporting Instructions

Report the code corresponding to the policy.

Code	Description
3	Not Retrospective Rated
5	Retrospective Rated

10. Group Coverage Status Code

WCPOLS Reporting Instructions

Report the code identifying if the policy was written as part of group coverage.

Code	Description
0	Non-Group Coverage
1	Group Member Coverage
2	Group Master Coverage

Additional Information/Examples for California Reporting

This is for reporting Group Coverage as outlined in California Insurance Code Section 11656.6 and California Code of Regulations, Title 10, Section 2508.

11. Wrap-Up/Owner Controlled Insurance Program (OCIP) Code

WCPOLS Reporting Instructions

Report the code that is used to indicate whether the policy covers a wrap-up.

Code	Description
2	Non-Wrap-Up/OCIP Policy
3	OCIP Job Policy
4	OCIP Master Policy

Additional Information/Examples for California Reporting

Section 3 — Field-by-Field Reporting Guidelines for California

Report “3” for the individual policies issued under an OCIP. If the policy covers the project itself, report “4”.

12. Name of Insured

WCPOLS Reporting Instructions

Report all or a portion of the name of the insured as accommodated by this field.

13. Endorsement Effective Date

WCPOLS Reporting Instructions

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

M. Policy Information Page Class and/or Rate Change Endorsement Record (Record 86)

1. State Code

WCPOLS Reporting Instructions

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

2. Record Type Code

WCPOLS Reporting Instructions

Report “86”.

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

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

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

WCIO Data Reporting Handbook

When adding this record, the form number of the endorsement must also be added using a Record 87.

3. Endorsement Number

WCPOLS Reporting Instructions

Report WC890415.

Additional Information/Examples for California Reporting

California treats this field as the Change Type Identification Field. As such, always report WC890415 even if the endorsement used to add the experience modification to the policy was not approved by the Department of Insurance with this form number.

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

4. Bureau Version Identifier (Edition Identifier)

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

This field is only required if the form issued to the insured was approved by the California Department of Insurance with a suffixed version of the Change Identifier form number.

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

Section 3 — Field-by-Field Reporting Guidelines for California

5. Carrier Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

Report the form number, as approved by the California Department of Insurance, for the change endorsement that was issued to the insured, unless the form number is identical to the Endorsement Number/Change Version Identifier.

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

6. Exposure Period Effective Date

WCPOLS Reporting Instructions

Report the exposure's effective date when exposure amounts are reported on a split period basis.

7. Classification Code Revision Code

WCPOLS Reporting Instructions

Report the code that describes the action to be taken regarding the classification code reported in positions 78-81.

Deletes will be processed first.

For codes C and D, use the Exposure Period Effective Date, Classification Code, Exposure Act/Exposure Coverage Code, Classification Wording Suffix (if applicable), Name Link Identifier, State Code Link, and Exposure Record Link for Exposure Code for matching changed data to the original.

None of these data items may be changed using code C. Use the delete and add option when changing these items.

Code	Description
A	Add Classification Code to Policy
C	Change Classification Code Information
D	Delete Classification Code from the Policy

8. Classification Code

WCPOLS Reporting Instructions

Report the appropriate classification code.

9. Exposure Act/Exposure Coverage Code

WCPOLS Reporting Instructions

Report the code describing the coverage for the classification code reported.

The Classification Code is in positions 78-81 of this record.

Code	Description
00	For Use with Statistical Codes
01	State Act or Federal Act Excluding USL&HW and Federal Coal Mine Health and Safety Act
02	USL&HW "F" or USL&HW Coverage on Non-F Classes

10. Estimated Exposure Amount

WCPOLS Reporting Instructions

Report the amount that is the basis for determining premium on a per classification level.

For non-payroll exposure amounts, report only to the nearest two decimal places for which there is an assumed decimal point between positions 103 and 104.

Section 3 — Field-by-Field Reporting Guidelines for California

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

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

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

11. Estimated Premium Amount

WCPOLS Reporting Instructions

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

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

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

For policies reported on a split period basis, report the premium amount for the policy period represented by the Exposure Period Effective Date (positions 71–76).

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

For statistical code 9740, Catastrophe Provisions for Terrorism, report the estimated premium amount associated with this statistical code, if applicable. The estimated premium amount for standard classification codes and other statistical codes need not be reported.

12. Classification Wording Suffix

WCPOLS Reporting Instructions

Report the suffix that will provide a cross-reference to the Manual classification wording.

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

Primary Wording is reported as 00.

13. Name Link Identifier

WCPOLS Reporting Instructions

Report the Name Link Identifier associated with the Address Record.

In the event that one classification code applies to multiple addresses, multiples of this endorsement record for that classification code may be reported with each endorsement record having the payroll and premium corresponding to each particular address.

14. State Code Link

WCPOLS Reporting Instructions

Report the code for the state covered by this record.

15. Exposure Link for Exposure Code

WCPOLS Reporting Instructions

Report the Exposure Record Link Code associated with the address record corresponding to this endorsement record.

16. Name of Insured

WCPOLS Reporting Instructions

Report all or a portion of the name of the insured as accommodated by this field.

17. Endorsement Effective Date

Section 3 — Field-by-Field Reporting Guidelines for California

WCPOLS Reporting Instructions

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

N. Policy Information Page Data Element(s) Change Endorsement Record (Record 87)

1. Record Type Code

WCPOLS Reporting Instructions

Report “87”.

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

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

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

WCIO Data Reporting Handbook

When adding this record, the form number of the endorsement must also be added using an additional Record 87.

2. Endorsement Number

WCPOLS Reporting Instructions

Report the appropriate endorsement number associated with the change.

Enter WC890604 for changes to Policy Expiration Date.

Enter WC890607 for changes to Producer Name.

Enter WC890610 for changes to Legal Nature of Insured.

Enter WC890614 for changes to Item 3.D. Endorsement Numbers.

Additional Information/Examples for California Reporting

California treats this field as the Change Type Identification Field. As such, always report one of the “Endorsement Numbers” listed above or listed as optional for this record as a Change Type indicator, even if the endorsement used to make the change to the policy was not approved by the Department of Insurance with this form number.

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

3. Bureau Version Identifier (Edition Identifier)

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

This field is only required if the form issued to the insured was approved by the California Department of Insurance with a suffixed version of the Change Identifier form number.

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

4. Carrier Version Identifier

WCPOLS Reporting Instructions

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

Section 3 — Field-by-Field Reporting Guidelines for California

Additional Information/Examples for California Reporting

Report the form number, as approved by the California Department of Insurance, for the change endorsement that was issued to the insured, unless the form number is identical to the Endorsement Number/Change Version Identifier.

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

5. Policy Expiration Date

WCPOLS Reporting Instructions

Report the revised expiration date of the policy.

6. Legal Nature of Insured Code

USRP Reporting Instructions

Report the code that best describes the type of entity(ies) being insured.

Code	Description
01	Individual
02	Partnership
03	Corporation
04	Association, Labor Union, Religious Organization
05	Limited Partnership
06	Joint Venture
07	Common Ownership
09	Joint Employers
10	Limited Liability Company (LLC)
11	Trust or Estate
13	Limited Liability Partnership
14	Governmental Entity
99	Other

The use of “07”, Common Ownership, is permitted only for policies insuring two or more entities if the entities are combinable in accordance with the Experience Rating Plan.

The use of “09”, Joint Employers, is permitted when two or more entities do not share common ownership but have joint liability to pay workers’ compensation to employees engaged in connection with the same work but are not a partnership or joint venture.

The use of “99”, Other, is only permitted if none of the other values are applicable. If reporting “99”, further detail in Text for “Other” Legal Nature of Entity shall be provided.

7. Text for “Other” Legal Nature of Insured

WCPOLS Reporting Instructions

Report the text describing the revised legal nature of insured.

Only provide if reporting Code 99 (Other) in positions 106–107.

8. Endorsement Number

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

This field is for the Standard Form Number. Not all endorsement forms in California have a Standard Form Number so if adding or deleting an endorsement form without a Standard Form Number, this field should be left blank.

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

Section 3 — Field-by-Field Reporting Guidelines for California

9. Bureau Version Identifier (Edition Identifier)

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

10. Carrier Version Identifier

WCPOLS Reporting Instructions

Report the carrier specific form number as filed and approved.

Additional Information/Examples for California Reporting

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

11. Name of Producer

WCPOLS Reporting Instructions

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

12. Endorsement Number Revision Code

WCPOLS Reporting Instructions

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

The endorsements reported are in positions 191-210.

Endorsements may not be changed by submitting a net replacement (one record for every endorsement) of all endorsements on a policy.

To change an endorsement number, submit two records: one deleting the endorsement number requiring the change and one adding the correct endorsement number.

Code	Description
A	Add Endorsement Number to Policy
D	Delete Endorsement Number from Policy

13. Endorsement Sequence Number

WCPOLS Reporting Instructions

Report the number used to determine the proper sequence of multiples of a record with the same transaction issue date for the same policy.

The first record will always begin with “01”.

14. Name of Insured

WCPOLS Reporting Instructions

Report all or a portion of the name of the insured as accommodated by this field.

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

15. Endorsement Effective Date

WCPOLS Reporting Instructions

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

O. Policy Information Page Name Change Endorsement Record (Record 88) Required Fields

1. Record Type Code

WCPOLS Reporting Instructions

Report “88”.

Section 3 — Field-by-Field Reporting Guidelines for California

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

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

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

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

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

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

WCIO Data Reporting Handbook

When adding this record, the form number of the endorsement must also be added using a Record 87.

2. Endorsement Number

WCPOLS Reporting Instructions

Report WC890601.

Additional Information/Examples for California Reporting

California treats this field as the Change Type Identification Field. As such, always report WC890601 even if the endorsement used to add or delete named insureds to the policy was not approved by the California Department of Insurance with this form number.

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

3. Bureau Version Identifier (Edition Identifier)

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

This field is only required if the form issued to the insured was approved by the California Department of Insurance with a suffixed version of the Change Identifier form number.

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

4. Carrier Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

Report the form number under which the insured's copy of the change endorsement was approved by the California Department of Insurance, unless the form number is identical to the Endorsement Number/Change Version Identifier.

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

5. Name Type Code

WCPOLS Reporting Instructions

Report the code representing the type of name.

Refer to the WCIO Data Reporting Handbook for further instructions.

Section 3 — Field-by-Field Reporting Guidelines for California

Code	Description
1	Personal Name Type This is a separate personal Name Record of a Name Link Identifier. Format last name, first name, middle name or initial. The commas are delimiters.
2	Commercial Name Type This is a separate commercial Name Record of a Name Link Identifier.

Additional Information/Examples for California Reporting

Report only one name per record. Report husband and wife entities separately with each name on its own record.

For personal names, any degree or suffix must be reported after the middle name and not as part of the last name.

See Appendix 1 – Insured Name Reporting for examples.

6. Name Link Identifier

WCPOLS Reporting Instructions

Report the number identifying one name or a group of names.

When reporting more than 998 separate names, report positions 295–296—revised Name Link Counter Identifier in conjunction with this field.

The primary name(s) on the policy must always be reported as "001".

Assigned Name Link Identifiers cannot be reassigned or used again.

Refer to the WCIO Data Reporting Handbook for further instructions.

Additional Information/Examples for California Reporting

See Appendix 1 – Insured Name Reporting for examples of Name Reporting.

7. Name of Insured

USRP Reporting Instructions

Each name shall be reported on a separate name record. Related names, such as the sole proprietor's name, the associated trade name or "DBA," shall each have a separate record and may be linked using the Name Link Identifier/Continuation Sequence Number. A husband and wife must have each person's complete name reported in a separate record.

(1) Name of Insured

Report the name of the insured subject to the following:

- For individuals, report the name in the following format: Last Name, First Name, Middle Name or Initial. The commas are delimiters and are required when reporting individual names.
- For partnerships, report the name of each general partner as required in the other sections of this rule. Each partner within the partnership shall be a legal entity such as an individual, a partnership or a corporation. Trade names or fictitious business names cannot be designated as partners.
- For corporations, report the name exactly as shown in the articles of incorporation.
- For associations, labor unions or religious organizations, report the name exactly as shown in the agreement of association or other document of organization.
- For limited partnerships, report the name of each general partner as required in the other sections of this rule. Each partner within the partnership shall be a legal entity such as an individual, a partnership or a corporation. Trade names or fictitious business names cannot be designated as partners. Limited partners should not be reported, but if reported, the term "limited partner" shall be shown in parenthesis following the name of each limited partner.

Section 3 — Field-by-Field Reporting Guidelines for California

- (f) For joint ventures, report the name of each member as required in the other sections of this rule. Each member shall be a legal entity such as an individual, a partnership or a corporation. Trade names or fictitious business names cannot be designated as members of a joint venture.
- (g) For entities that share common ownership, report the name of each entity as required in the other sections of this rule.
- (h) For joint employers, report the name of each entity as required in the other sections of this rule.
- (i) For LLCs, report the name of the LLC exactly as shown in the articles of organization.
- (j) For trusts or estates, report the name exactly as shown in the trust agreement or other legal document, which establishes the trust or estate. The name of each trustee, administrator or executor shall also be reported as required in the other sections of this rule.
- (k) For LLPs, report the name of each general partner as required in the other sections of this rule. Each partner within the partnership shall be a legal entity such as an individual, a partnership or a corporation. Trade names or fictitious business names cannot be designated as partners. Limited partners should not be reported, but if reported, the term “limited partner” shall be shown in parenthesis following the name of each limited partner.
- (l) For governmental entities, report the legal name of the governmental entity.
- (m) For bankruptcies and receiverships, report the name of the receiver or debtor as required in the other sections of this rule. The term “receiver” or “debtor in possession” shall be shown in parenthesis following the name of the receiver.
- (n) For policies covering employee leasing arrangements written in the name of the labor contractor, report the name of the labor contractor depending on the type of entity as required in the other sections of this rule. If reporting the client’s name, the phrase “Leased Coverage For” or the acronym “LCF” shall be used.
- (o) For policies covering employee leasing arrangements written in the name of the client, report the name of the client depending on the type as required in the other sections of this rule.
- (p) If any descriptor information such as “limited partner” or “DBA” is included, it shall be in parenthesis.

Additional Information/Examples for California Reporting

See Appendix 1 – Insured Name Reporting for examples.

8. Federal Employer Identification Number (FEIN)

WCPOLS Reporting Instructions

Report the number assigned to each employer for federal tax purposes.

9. Continuation Sequence Number

WCPOLS Reporting Instructions

Report the number corresponding to the continuation status.

Enter 001 representing the first record for a Name Link Identifier (positions 72-74).

Enter 002–999 representing all continuation records for same Name Link Identifier (positions 72-74). If each name contains a separate Name Link Identifier, this field will be reported as 001 for all Name Records.

Refer to the WCIO Data Reporting Handbook for further instructions.

Additional Information/Examples for California Reporting

See Appendix 1 – Insured Name Reporting for examples.

Section 3 — Field-by-Field Reporting Guidelines for California

10. Name Revision Code

WCPOLS Reporting Instructions

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

The Name of Insured is in positions 75-164.

To change a name, submit two records, one deleting the name requiring the change and one adding the correct name. Deletes will process first.

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

11. Professional Employer Organization or Client Company Code

WCPOLS Reporting Instructions

Report the code used to identify whether this is a PEO, Client Company or neither.

This code is intended to provide another option for reporting the names of PEO's and client companies only. This does not change or replace any existing reporting requirements.

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

Additional Information/Examples for California Reporting

See Appendix 1 – Insured Name Reporting for examples.

12. Name of Insured

WCPOLS Reporting Instructions

Report all or a portion of the name of the insured as accommodated by this field.

13. Endorsement Effective Date

WCPOLS Reporting Instructions

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

14. Name Link Counter Identifier

WCPOLS Reporting Instructions

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

P. Policy Information Page Address Change Endorsement Record (Record 89)

1. Record Type Code

WCPOLS Reporting Instructions

Report "89".

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

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

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

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

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

Section 3 — Field-by-Field Reporting Guidelines for California

WCIO Data Reporting Handbook

When adding this record, the form number of the endorsement must also be added using a Record 87.

2. Endorsement Number

WCPOLS Reporting Instructions

Report the appropriate endorsement number associated with the change.

Enter WC890605 for changes to Mailing Address of Insured

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

Enter WC890617 for changes to Carrier Issuing/Servicing Office

Additional Information/Examples for California Reporting

California treats this field as the Change Type Identification Field. As such, always report one of the “Endorsement Numbers” listed above or listed as optional for this record, as a Change Type indicator, even if the endorsement used to make the change to the policy was not approved by the Department of Insurance with this form number.

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

3. Bureau Version Identifier (Edition Identifier)

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

This field is only required if the form issued to the insured was approved by the California Department of Insurance with a suffixed version of the Change Identifier form number.

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

4. Carrier Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

Report the form number, as approved by the California Department of Insurance, for the change endorsement that was issued to the insured, unless the form number is identical to the Endorsement Number/Change Version Identifier.

See Appendix 3 – Change Identifier/Endorsement Form Number Reporting for examples of Change Identifier/Endorsement Form Number Reporting.

5. Address Type Code

WCPOLS Reporting Instructions

Report the code representing the type of address.

Code	Description
1	Mailing Address of Insured
	One and only one mailing address code is required.
2	Location of Operation's Address
	This code is for other workplaces not shown in mailing address record. As many of these records as are needed may be reported.
	This address is necessary to direct interested parties to the workplace locations, e.g., inspection or auditors. Descriptions such as “second building after K-Mart” are acceptable where a street name or address does not exist.

Section 3 — Field-by-Field Reporting Guidelines for California

- | | |
|---|---|
| 3 | Address of Insurer Issuing/Servicing Office
This record must be reported to permit proper communication with the insurer office servicing this policy. |
| 4 | Wrap-up/OCIP Project Description |
| 6 | No Specific Location
Refers to work done at client sites in the state. If this code is submitted, the Address Structure Code and the Address are not applicable. |

6. Address Structure Code

WCPOLS Reporting Instructions

Report the code identifying the structure of the address.

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

Code	Description
1	Reported address follows structure. This code is required for Address Type Code 1, 3 and 5. These three address types must be reported in the structured format. This code is not applicable for Address Type Code 6.
2	Reported address is free form. This code may be optional for Address Type Code 2 and may be required for Address Type Code 4. Contact the appropriate DCO for reporting requirements.

7. Address – Street

WCPOLS Reporting Instructions

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

8. Address – City

WCPOLS Reporting Instructions

Report the city name.

9. Address – State

WCPOLS Reporting Instructions

Report the U.S. Postal Service abbreviation for the state.

If Foreign Address Indicator is “Y”, leave blank.

10. Address – Zip Code

WCPOLS Reporting Instructions

Report the U.S. post office zip code

11. Name Link Identifier

WCPOLS Reporting Instructions

Report the number identifying one name or a group of names.

When reporting more than 998 separate names, report positions 295-296—Name Link Counter Identifier in conjunction with this field.

There must be at least one Address Record for each Name Link Identifier (and Counter Identifier if reporting more than 998 separate names) on the policy. In the event that multiple names are located at one address and these names are all included on the same Name Link Identifier (and Counter Identifier if reporting more than 998 separate names), then only one address record must be reported with that Name Link Identifier (and Counter Identifier).

In the event that multiple names are residing at one address, multiple (Address Type Code 2) records for the same address associated with the different names must be reported.

Section 3 — Field-by-Field Reporting Guidelines for California

This field is required for Address Type Code 1 (Mailing Address of Insured), 2 (Address of a Location of Operations) and 6 (No Specific Location).

For Address Type Codes 3, and 5; report "999".

Refer to the WCIO Data Reporting Handbook for further instructions.

12. State Code Link

WCPOLS Reporting Instructions

Report the code for the state covered by this record.

This field, when used along with the Revised Name Link Identifier field of this record, will provide a link to the name related to this address record.

This field is required for Address Type Code 1 (Mailing Address of Insured), 2 (Address of a Location of Operations) and 6 (No Specific Location).

For Address Type Codes 3 and 5 report "99".

Refer to the WCIO Data Reporting Handbook for further instructions.

13. Exposure Record Link for Location Code

WCPOLS Reporting Instructions

Report the code identifying this location record.

This field, when used along with the revised Name Link Identifier and revised State Code Link fields of this record, will provide a 3-part link to the Name/Address/Exposure Link field of the exposure records related to this Address Record.

This field is optional for Address Type Code 1 (Mailing Address of Insured); however, in such cases where the carrier does not include this field, the insured's mailing address must also be included as Address Type Code 2 (Address of Location of Operations) record for required linkage.

This field is required for Address Type Code 2 (Address of Locations of Operations) and 6 (No Specific Location).

If unable to report separate exposure by Name Link Identifier or exposure is not yet developed, this field may be blank. If exposure is combined with a business with separate Name Link Identifier, the exposure may be included in a separate record.

For Address Type Codes 3 and 5; report "99999".

Refer to the WCIO Data Reporting Handbook for further instructions.

14. E-Mail Address

WCPOLS Reporting Instructions

Report the e-mail address of this address if reported on the policy.

If additional bytes are needed continue in positions 237-253 of this record.

15. Foreign Address Indicator

WCPOLS Reporting Instructions

Report the applicable indicator code.

This field is only applicable to Address Type Code 1.

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

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

Section 3 — Field-by-Field Reporting Guidelines for California

16. Geographic Area

WCPOLS Reporting Instructions

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

17. Country Code

WCPOLS Reporting Instructions

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

18. E-Mail Address – Continued

WCPOLS Reporting Instructions

Report any additional characters of the e-mail address of this address if reported on the policy.

Additional Information/Examples for California Reporting

If the email address exceeds the number of bytes allotted, truncate as needed.

19. Address Revision Code

WCPOLS Reporting Instructions

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

The Address is in positions 73-173.

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

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

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

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

20. Name of Insured

WCPOLS Reporting Instructions

Report all or a portion of the name of the insured as accommodated by this field.

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

21. Endorsement Effective Date

WCPOLS Reporting Instructions

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

22. Name Link Counter Identifier

WCPOLS Reporting Instructions

Report the identifier from the Name Record that corresponds to this particular Address Record.

Q. Partnership Coverage/Exclusion Endorsement – California Record (Record DB)

Each record can contain up to 3 excluded individuals. If more than 3 individuals are excluded, report additional records. No specific record order is required.

1. State Code

WCPOLS Reporting Instructions

Report "04".

2. Record Type Code

WCPOLS Reporting Instructions

Report "DB".

Section 3 — Field-by-Field Reporting Guidelines for California**WCIO Data Reporting Handbook**

When adding this record using a Transaction Code 03, the form number of the endorsement must also be added using a Record 87.

3. Endorsement Number**WCPOLS Reporting Instructions**

Report WC040302.

Additional Information/Examples for California Reporting

Report the standard form number only. If this form was not approved with the Standard Form Number, this field may be blank and the corresponding Carrier Version Identifier must be reported.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

4. Bureau Version Identifier**WCPOLS Reporting Instructions**

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

Additional Information/Examples for California Reporting

It is not required that the standard form number be reported if the form was approved with a Carrier Version Identifier.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

5. Carrier Version Identifier**WCPOLS Reporting Instructions**

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

Additional Information/Examples for California Reporting

If the form was approved with a Standard Form Number, this field may be left blank.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

6. Name and Title of General Partner/Trustee Excluded**WCPOLS Reporting Instructions**

Report the name and title of the general partner or trustee excluded from coverage.

7. Name of Insured**WCPOLS Reporting Instructions**

Report all or a portion of the name of the insured as accommodated by this field.

8. Endorsement Effective Date**WCPOLS Reporting Instructions**

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

R. Corporation Coverage/Exclusion Endorsement – California Record (Record DC)

Each record can contain up to 3 excluded individuals. If more than 3 individuals are excluded, report additional records. No specific record order is required.

1. State Code**WCPOLS Reporting Instructions**

Report "04".

2. Record Type Code**WCPOLS Reporting Instructions**

Report "DC".

Section 3 — Field-by-Field Reporting Guidelines for California

WCIO Data Reporting Handbook

When adding this record using a Transaction Code 03, the form number of the endorsement must also be added using a Record 87. Endorsement Number

WCPOLS Reporting Instructions

Report WC040303 for Officer/Director/Trustee Exclusions.

Report WC040366 for Professional Corporation Owner/Trustee Exclusions.

Additional Information/Examples for California Reporting

Report the Standard Form Number only. If this form was not approved with the Standard Form Number, this field may be blank and the corresponding Carrier Version Identifier must be reported.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

3. Bureau Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

It is not required that the Standard Form Number be reported if the form was filed with a Carrier Version Identifier.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

4. Carrier Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

If the form was filed with a Standard Form Number, this field may be left blank.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

5. Name and Title of Officer, Director, Owner or Trustee Excluded

WCPOLS Reporting Instructions

Report the name and title of the officer, director, owner or trustee excluded from coverage.

6. Name of Insured

WCPOLS Reporting Instructions

Report all or a portion of the name of the insured as accommodated by this field.

7. Endorsement Effective Date

WCPOLS Reporting Instructions

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

S. Multipurpose Text – California Record (Record DG)

Report this record for any endorsement which contains critical variable text that is not otherwise captured. Primarily this record is required for “Blank Endorsements” or “General Purpose Endorsements” where the content was not specified when the form was approved or where one or more of the approved purposes contains critical information not otherwise reported in WCPOLS records. The WCIRB will provide notice when testing is initiated if this record is required for any forms approved for your company for use in California.

If the variable text from an endorsement deemed critical exceeds the field length for a single record, additional records must be reported to report the additional text.

See Appendix 4 – Multipurpose Text Reporting for examples of Multipurpose Text Reporting.

Section 3 — Field-by-Field Reporting Guidelines for California**1. State Code****WCPOLS Reporting Instructions**

Report “04”.

2. Record Type Code**WCPOLS Reporting Instructions**

Report “DG”.

WCIO Data Reporting Handbook

When adding this record using a Transaction Code 03, the form number of the endorsement must also be added using a Record 87.

3. Endorsement Number**WCPOLS Reporting Instructions**

Report the applicable endorsement number.

Additional Information/Examples for California Reporting

As there is no standard form number for this record, this field may be left blank and the corresponding Carrier Version Identifier must be reported.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

4. Bureau Version Identifier**WCPOLS Reporting Instructions**

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

Additional Information/Examples for California Reporting

As there is no Standard Form Number for this record, this field may be left blank and the corresponding Carrier Version Identifier must be reported.

See Appendix 2 – Endorsement/Form Reporting for examples of endorsement/form reporting.

5. Carrier Version Identifier**WCPOLS Reporting Instructions**

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

Additional Information/Examples for California Reporting

As there is no Standard Form Number for this record, the form number must always be reported in this field.

See Appendix 2 for examples of Endorsement/Form Reporting.

6. Endorsement Serial Number**WCPOLS Reporting Instructions**

Report the unique number that will distinguish this record from similar endorsement forms.

The first record will always begin with “01”.

Additional Information/Examples for California Reporting

See Appendix 4 – Multipurpose Text Reporting for examples of Multipurpose Text Reporting.

7. Endorsement Line**WCPOLS Reporting Instructions**

Report the variable text from the endorsement record.

Additional Information/Examples for California Reporting

See Appendix 4 – Multipurpose Text Reporting for examples of Multipurpose Text Reporting.

8. Endorsement Sequence Number

Section 3 — Field-by-Field Reporting Guidelines for California

WCPOLS Reporting Instructions

Report the number used to determine the proper sequence of multiple records with the same endorsement serial number.

The first record will always begin with “01”.

Additional Information/Examples for California Reporting

See Appendix 4 – Multipurpose Text Reporting for examples of Multipurpose Text Reporting.

9. Name of Insured**WCPOLS Reporting Instructions**

Report all or a portion of the name of the insured as accommodated by this field.

10. Endorsement Effective Date**WCPOLS Reporting Instructions**

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

T. Employee Leasing Endorsement (Policy Issued in Name of Labor Contractor) – California Record (Record DK)

If the client name exceeds the field length or there are additional client names, then additional records must be submitted to report the additional text.

1. State Code**WCPOLS Reporting Instructions**

Report “04”.

2. Record Type Code**WCPOLS Reporting Instructions**

Report “DK”.

WCIO Data Reporting Handbook

When adding this record using a Transaction Code 03, the form number of the endorsement must also be added using a Record 87.

3. Endorsement Number**WCPOLS Reporting Instructions**

Report WC040314 or WC040315.

Additional Information/Examples for California Reporting

Report the Standard Form Number. If this form was not approved with the Standard Form Number, this field may be blank and the corresponding Carrier Version Identifier must be reported.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

4. Bureau Version Identifier**WCPOLS Reporting Instructions**

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

Additional Information/Examples for California Reporting

It is not required that the Standard Form Number be reported if the forms was approved with a Carrier Version Identifier.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

5. Carrier Version Identifier**WCPOLS Reporting Instructions**

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

Section 3 — Field-by-Field Reporting Guidelines for California

Additional Information/Examples for California Reporting

If the form was approved with a Standard Form Number, then this field may be left blank.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

6. Endorsement Serial Number

WCPOLS Reporting Instructions

Report the unique number that will distinguish this record from similar endorsement forms.

The first record will always begin with “01”.

7. Name of Client

WCPOLS Reporting Instructions

Report the name of the client.

If needed continue on a second record.

8. Address of Client – Street

WCPOLS Reporting Instructions

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

9. Address of Client – City

WCPOLS Reporting Instructions

Report the city name.

10. Address of Client – State

WCPOLS Reporting Instructions

Report the U.S. Postal Service abbreviation for the state.

11. Address of Client – Zip Code

WCPOLS Reporting Instructions

Report the postal or zip code of the client.

12. Endorsement Sequence Number

WCPOLS Reporting Instructions

Report the number used to determine the proper sequence of multiple records with the same endorsement serial number.

The first record will always begin with “01”.

13. Name of Insured

WCPOLS Reporting Instructions

Report all or a portion of the name of the insured as accommodated by this field.

14. Endorsement Effective Date

WCPOLS Reporting Instructions

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

U. Employee Leasing Endorsement (Policy Issued in Name of Client) – California Record (Record DL)

If the labor contractor name exceeds the field length, then additional records must be submitted to report the additional text.

1. State Code

WCPOLS Reporting Instructions

Report “04”.

2. Record Type Code

WCPOLS Reporting Instructions

Section 3 — Field-by-Field Reporting Guidelines for California

Report “DL”.

WCIO Data Reporting Handbook

When adding this record using a Transaction Code 03, the form number of the endorsement must also be added using a Record 87.

3. Endorsement Number

WCPOLS Reporting Instructions

Report WC040316.

Additional Information/Examples for California Reporting

Report the Standard Form Number. If this form was not approved with the Standard Form Number, this field may be blank and the corresponding Carrier Version Identifier must be reported.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

4. Bureau Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

It is not required that the Standard Form Number be reported if the forms was approved with a Carrier Version Identifier.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

5. Carrier Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

If the form was approved under a Standard Form Number, this field may be left blank.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

6. Endorsement Serial Number

WCPOLS Reporting Instructions

Report the unique number that will distinguish this record from similar endorsement forms.

The first record will always begin with “01”.

7. Name of Labor Contractor

WCPOLS Reporting Instructions

Report the name of the labor contractor.

8. Address of Labor Contractor – Street

WCPOLS Reporting Instructions

Report the street number and name, post office box, or other location of the labor contractor.

9. Address of Labor Contractor – City

WCPOLS Reporting Instructions

Report the city name.

10. Address of Labor Contractor – State

WCPOLS Reporting Instructions

Report the U.S. Postal Service abbreviation for the state.

11. Address of Labor Contractor – Zip Code

Section 3 — Field-by-Field Reporting Guidelines for California

WCPOLS Reporting Instructions

Report the U.S. Postal Service abbreviation for the state.

12. Endorsement Sequence Number

WCPOLS Reporting Instructions

Report the number used to determine the proper sequence of multiple records with the same endorsement serial number.

The first record will always begin with “01”.

13. Name of Insured

WCPOLS Reporting Instructions

Report all or a portion of the name of the insured as accommodated by this field.

14. Endorsement Effective Date

WCPOLS Reporting Instructions

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

V. Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions) – California Record (Record DM)

See Appendix 5 – General Limiting and Restricting Reporting for examples on how to report an Endorsement Agreement Limiting and Restricting This Insurance (Designated Employee/Operation/Location Coverage/Exclusions). Please note that depending upon which endorsement type is selected, only certain fields are required to be reported.

1. State Code

WCPOLS Reporting Instructions

Report “04”.

2. Record Type Code

WCPOLS Reporting Instructions

Report “DM”.

WCIO Data Reporting Handbook

When adding this record using a Transaction Code 03, the form number of the endorsement must also be added using a Record 87.

3. Endorsement Number

WCPOLS Reporting Instructions

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

WC040338 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE

Designated Employees Exclusion Endorsement

WC040340 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE

Designated Location(s) Coverage Endorsement

WC040341 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE

Designated Location(s) Exclusion Endorsement

WC040342 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE

Designated Operation(s) Exclusions Endorsement

Section 3 — Field-by-Field Reporting Guidelines for California

WC040343 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE

Designated Operation(s) at Designated Location(s) Exclusion Endorsement

WC040344 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE

Designated Operation(s) at Designated Location(s) Coverage Endorsement

Additional Information/Examples for California Reporting

California treats this field as the Limiting & Restricting Type Identification Field, in addition to being the endorsement number field. As such, always report the “Endorsement Number” listed above which corresponds to the standard version of the limiting and restricting endorsement, even if the form used was approved by the Department of Insurance with a non-standard form number.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

4. Bureau Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

As there is no Standard Form Number for this record, this field may be left blank and the corresponding Carrier Version Identifier must be reported.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

5. Carrier Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

As there is no standard form number for this record, the form number must always be reported in this field.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

6. Endorsement Serial Number

WCPOLS Reporting Instructions

Report the unique number that will distinguish this record from similar endorsement forms.

7. The first endorsement will always begin with “01”.Name of Employee

WCPOLS Reporting Instructions

Report the name of the employee being excluded on WC040338. If multiple employees are being excluded, report multiple records.

8. Name of Operation

WCPOLS Reporting Instructions

Report the name of the operation being included for options WC040340 or WC040344.

Report the name of the operation being excluded for option WC040341, WC040342 or WC040343.

9. Operation Title

WCPOLS Reporting Instructions

Report the title of the operation being included for WC040340.

Report the title of the operation being excluded for WC040341.

Section 3 — Field-by-Field Reporting Guidelines for California

10. Address of Location

WCPOLS Reporting Instructions

Report the location of the operation being included for WC040340 or WC040344.

Report the name of the operation being excluded for WC040341 or WC040343.

11. Classification Code

WCPOLS Reporting Instructions

Report the classification code of the operation being excluded for WC040342 or WC040343.

Report the classification code of the operations being included for WC040344. If multiple classifications are being included or excluded, report multiple records.

12. Classification Wording Suffix

WCPOLS Reporting Instructions

Report the suffix that will provide a cross-reference to the Manual classification wording.

Report the classification suffix of the operation being excluded for WC040342 or WC040343.

Report the classification suffix of the operation be included for WC040344.

13. Classification Wording

WCPOLS Reporting Instructions

Report the abbreviated classification wording of the operation being excluded for option WC040342 or WC040343. Report the abbreviated classification wording of the operation being included for WC040344.

14. Endorsement Sequence Number

WCPOLS Reporting Instructions

Report the number used to determine the proper sequence of multiple records with the same endorsement serial number.

The first record will always begin with “01”.

15. Name of Insured

WCPOLS Reporting Instructions

Report all or a portion of the name of the insured as accommodated by this field.

16. Endorsement Effective Date

WCPOLS Reporting Instructions

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

17. Endorsement Expiration Date

WCPOLS Reporting Instructions

Report the date that the endorsement expires on the policy.

W. Endorsement Agreement Limiting and Restricting This Insurance California Customized Limiting and Restricting – California Record (Record DN)

See Appendix 6 – Customized Limiting and Restricting Reporting for examples on how to report an Endorsement Agreement Limiting and Restricting This Insurance California Customized Limiting and Restricting. All Customize Limiting and Restricting Endorsements must also be submitted to the WCIRB in hard copy in accordance with the California Code of Regulations, Title 10.

1. State Code

WCPOLS Reporting Instructions

Report “04”.

2. Record Type Code

WCPOLS Reporting Instructions

Report “DN”.

Section 3 — Field-by-Field Reporting Guidelines for California

WCIO Data Reporting Handbook

When adding this record using a Transaction Code 03, the form number of the endorsement must also be added using a Record 87.

3. Endorsement Number

WCPOLS Reporting Instructions

Report WC040399.

Additional Information/Examples for California Reporting

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

4. Bureau Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

5. Carrier Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

As there is no standard form number for this record, the form number must always be reported in this field.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

6. Endorsement Serial Number

WCPOLS Reporting Instructions

Report the unique number that will distinguish this record from similar endorsement forms.

The first endorsement will always begin with “01”.

7. Excluded Operation Description

WCPOLS Reporting Instructions

Report the narrative describing the excluded operation.

This is a recurring field. Repeat as needed.

8. Endorsement Sequence Number

WCPOLS Reporting Instructions

Report the number used to determine the proper sequence of multiple records with the same endorsement serial number.

The first record will always begin with “01”.

9. Name of Insured

WCPOLS Reporting Instructions

Report all or a portion of the name of the insured as accommodated by this field.

10. Endorsement Effective Date

WCPOLS Reporting Instructions

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

11. Endorsement Expiration Date

WCPOLS Reporting Instructions

Report the date that the endorsement expires on the policy.

Section 3 — Field-by-Field Reporting Guidelines for California

X. Endorsement Agreement Limiting and Restricting This Insurance (Alternate Coverage Information) – California Record (Record DO)

See Appendix 7 – Alternate Coverage Information Reporting for Limiting and Restricting Endorsement examples.

1. State Code

WCPOLS Reporting Instructions
Report “04”.

2. Record Type Code

WCPOLS Reporting Instructions
Report “DO”.

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

WCIO Data Reporting Handbook

When adding this record using a Transaction Code 03, the form number of the endorsement must also be added using a Record 87.

3. Endorsement Number

WCPOLS Reporting Instructions

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

WC040338 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE

Designated Employee Exclusion

WC040339 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE

Designated Operation(s) Coverage

WC040340 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE

Designated Location(s) Coverage

WC040341 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE

Designated Location(s) Exclusion

WC040342 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE

Designated Operation(s) Exclusion

WC040343 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE

Designated Operation(s) at Designated Location(s) Exclusion

WC040344 for ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE

Designated Operation(s) at Designated Location(s) Coverage

Additional Information/Examples for California Reporting

Section 3 — Field-by-Field Reporting Guidelines for California

California treats this field as the Limiting & Restricting Type Identification Field, in addition to being the endorsement number field. As such, always report the “Endorsement Number” listed above which corresponds to the standard version of the limiting and restricting endorsement, even if the form used was approved by the Department of Insurance with a non-standard form number.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

4. Bureau Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

5. Carrier Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

6. Endorsement Serial Number

WCPOLS Reporting Instructions

Report the unique number that will distinguish this record from similar endorsement forms.

If the alternate coverage information is in correlation with a form using a DK, DL or DM record use the same number as used on the Record Type Code DK, DL or DM. Otherwise report as “01”.

7. Name of Insured for the Alternate Coverage (Optional)

WCPOLS Reporting Instructions

Report the primary named insured for the policy providing alternate coverage.

8. Insurer Code for the Alternate Coverage (Optional)

WCPOLS Reporting Instructions

Report the insurer code for the policy providing alternate coverage if known.

If you do not know the Insurer Code for the Alternate Coverage, reports zeros and submit the Name of Insurer for the Alternate Coverage.

9. Name of Insurer for the Alternate Coverage (Optional)

WCPOLS Reporting Instructions

Report the insurer name for the policy providing alternate coverage.

Not required if the Insurer Code for the Alternate Coverage is reported.

10. Policy Number for the Alternate Coverage (Optional)

WCPOLS Reporting Instructions

Report the policy number (if applicable) for the policy providing alternate coverage.

Do not report embedded blanks or marks of punctuation.

11. Policy Inception Date for the Alternate Coverage (Optional)

WCPOLS Reporting Instructions

Report the inception date for the policy providing alternate coverage.

12. Policy Expiration Date for the Alternate Coverage (Optional)

WCPOLS Reporting Instructions

Section 3 — Field-by-Field Reporting Guidelines for California

Report the expiration date for the policy providing alternate coverage.

13. Lawfully Uninsured Indicator

WCPOLS Reporting Instructions

Report the applicable indicator code.

Code Description

- Y Liability is Lawfully Uninsured
- N Liability is Not Lawfully Uninsured

14. Written Affirmation Obtained Indicator

WCPOLS Reporting Instructions

Report the applicable indicator code.

Code Description

- Y The Insurer has Obtained Written Affirmation from the Policyholder for the Excluded Liability That Other Coverage Has Been Secured or is Lawfully Uninsured
- N The Insurer has NOT Obtained Written Affirmation from the Policyholder for the Excluded Liability That Other Coverage Has Been Secured or is Lawfully Uninsured

Additional Information/Examples for California Reporting

This field must be reported regardless of the previous fields reporting the prior coverage information or that the excluded operations are lawfully uninsured. Note this field is not on the physical endorsements.

15. Name of Insured

WCPOLS Reporting Instructions

Report all or a portion of the name of the insured as accommodated by this field.

16. Endorsement Effective Date

WCPOLS Reporting Instructions

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

17. Endorsement Expiration Date

WCPOLS Reporting Instructions

Report the date that the endorsement expires on the policy.

Y. Group Insurance Coverage Information – California Record (Record DP)

1. State Code

WCPOLS Reporting Instructions

Report "04".

2. Record Type Code

WCPOLS Reporting Instructions

Report "DP".

Use this form to report any group insurance participation information written in accordance with California Insurance Code Section 11656.6 and California Code of Regulations, Title 10, §2508.

WCIO Data Reporting Handbook

When adding this record using a Transaction Code 03, the form number of the endorsement must also be added using a Record 87.

3. Endorsement Number

WCPOLS Reporting Instructions

Section 3 — Field-by-Field Reporting Guidelines for California

Report the applicable endorsement number.

Additional Information/Examples for California Reporting

As there is no Standard Form Number for this record, this field may be left blank and the corresponding Carrier Version Identifier must be reported.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

4. Bureau Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

As there is no Standard Form Number for this record, this field may be left blank and the corresponding Carrier Version Identifier must be reported.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

5. Carrier Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

As there is no Standard Form Number for this record, the form number must always be reported in this field. If an endorsement is not used to report group information, report “GROUP” in lieu of a form number.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

6. Name of Group

WCPOLS Reporting Instructions

Report the name of the group as shown on the association documents.

7. Group Insurance Effective Date

WCPOLS Reporting Instructions

Report the date that the group insurance application is effective.

8. Group Insurance Expiration Date

WCPOLS Reporting Instructions

Report the date that the group insurance application expires.

9. Name of Insured

WCPOLS Reporting Instructions

Report all or a portion of the name of the insured as accommodated by this field.

10. Endorsement Effective Date

WCPOLS Reporting Instructions

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

Z. Limited Liability Company Coverage/Exclusion Endorsement – California Record (Record DQ)

Each record can contain up to 3 excluded individuals. If more than 3 individuals are excluded, report additional records. No specific record order is required.

1. State Code

WCPOLS Reporting Instructions

Report “04”.

2. Record Type Code

Section 3 — Field-by-Field Reporting Guidelines for California**WCPOLS Reporting Instructions**

Report “DQ”.

WCIO Data Reporting Handbook

When adding this record using a Transaction Code 03, the form number of the endorsement must also be added using a Record 87.

3. Endorsement Number**WCPOLS Reporting Instructions**

Report WC040318.

Additional Information/Examples for California Reporting

Report the Standard Form Number. If this form was not approved with the Standard Form Number, this field may be blank and the corresponding Carrier Version Identifier must be reported.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

4. Bureau Version Identifier**WCPOLS Reporting Instructions**

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

Additional Information/Examples for California Reporting

It is not required that the Standard Form Number be reported if the form was filed with a Carrier Version Identifier. This field may be blank and the corresponding Carrier Version Identifier must be reported.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

5. Carrier Version Identifier**WCPOLS Reporting Instructions**

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

Additional Information/Examples for California Reporting

If the form was filed with a Standard Form Number, this field may be left blank.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

6. Name and Title of Managing Members and Trustees Excluded**WCPOLS Reporting Instructions**

Report the name and title of the managing members and trustees excluded from coverage.

7. Name of Insured**WCPOLS Reporting Instructions**

Report all or a portion of the name of the insured as accommodated by this field.

8. Endorsement Effective Date**WCPOLS Reporting Instructions**

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

9. Deductible Endorsement (Small or Large) (Record DR) State Code**WCPOLS Reporting Instructions**

Report “04”.

10. Record Type Code**WCPOLS Reporting Instructions**

Report “DR”.

Section 3 — Field-by-Field Reporting Guidelines for California

WCIO Data Reporting Handbook

When adding this record using a Transaction Code 03, the form number of the endorsement must also be added using a Record 87.

11. Endorsement Number

WCPOLS Reporting Instructions

Report WC040602 or WC040603.

Additional Information/Examples for California Reporting

Report the Standard Form Number. If this form was not approved with the Standard Form Number, this field may be blank and the corresponding Carrier Version Identifier must be reported.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

12. Bureau Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

It is not required that the Standard Form Number be reported if the form was filed with a Carrier Version Identifier. This field may be blank and the corresponding Carrier Version Identifier must be reported.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

13. Carrier Version Identifier

WCPOLS Reporting Instructions

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

Additional Information/Examples for California Reporting

If the form was filed with a Standard Form Number, this field may be left blank.

See Appendix 2 – Endorsement/Form Reporting for examples of Endorsement/Form Reporting.

14. Deductible Amount Per Accident

WCPOLS Reporting Instructions

Report the loss amount by accident or for each occurrence to be paid by the insured, as defined by the deductible program.

15. Deductible Amount – Aggregate

WCPOLS Reporting Instructions

Report the maximum loss amount for all claims to be paid by the insured, if applicable, as defined by the deductible program—coinsurance only percent with Per Claim and Per Policy Aggregate Limit.

For Small Deductible Programs or if none, zero fill.

16. Deductible Negotiated Charge

WCPOLS Reporting Instructions

Report the dollar amount of the negotiated charge for Large Deductible Programs.

17. Name of Insured

WCPOLS Reporting Instructions

Report all or a portion of the name of the insured as accommodated by this field.

18. Endorsement Effective Date

WCPOLS Reporting Instructions

Section 3 — Field-by-Field Reporting Guidelines for California

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

AA. Electronic Transmittal Record (ETR)

The Electronic Transmittal Record (ETR) is the first record in every submission and includes identifying information about the submitter of the file and its data

One, and only one, Electronic Transmittal Record (ETR) is required for each file submitted and the ETR must be the first record in every submission file.

The WCIO's specifications for the ETR are in a separate document on the WCIO website: the "General" specifications manual (<http://www.wcio.org/Active%20DSM/GENERAL.pdf>, Universal Electronic Transmittal section).

Changing ETR values if you use PEEP to create submission files. If you create submission files in PEEP, the ETR is automatically generated by PEEP when the file is created. PEEP populates some of the ETR fields by pulling information from the user's CDX user profile. During the submission file creation, PEEP allows you to edit those fields for the current submission:

To permanently change these fields, however, requires editing your CDX user profile. Contact your company's CDX administrator (IGA) for assistance with your CDX account.

Changing ETR values if you use a proprietary system to create submission files. If you use a proprietary system to generate your WCPOLS submissions, please contact your IT department for information on changing ETR values,

1. Label

WCIO ETR Reporting Instructions

Report the first 14 characters as \$!+WORKCOMP+!\$. This is a constant.

This will be used to determine that this is a transmittal record for workers compensation.

2. Data Provider Contact Email Address

WCIO ETR Reporting Instructions

Report the e-mail address of the individual who should be contacted regarding submission or transmission problems and questions and error reports.

3. Record Type Code

WCIO ETR Reporting Instructions

Report “__” (fill with two (2) blanks).

4. Data Type Code

WCIO ETR Reporting Instructions

Report the code that defines the type of information contained in the submission.

The first two (2) bytes are always “WC”. The third byte defines the type of information contained in the submission.

Code	Description
P	Policy (WCPOLS)

Section 3 — Field-by-Field Reporting Guidelines for California

5. Data Receiver Code

WCIO ETR Reporting Instructions

Report the state code of the DCO receiving the information.

When used as electronic confirmation of receipt and processing of electronic submission, this field will contain the code assigned to the data provider that originated the submission.

Code	Description
00004	California

6. Transmission Version Identifier

WCIO ETR Reporting Instructions

Report the series of characters used to sequence file transmissions.

Example: “96281V01” is the first transmission of data on October 7, 1996.

For file transmissions, the Julian date is in the first five positions followed by the constant letter “V” in the sixth position, followed by the version number of the transmission in the seventh and eighth positions.

For each subsequent transmission sent with the same date to the same DCO, the version is incremented by 1 (e.g., “96281V02”).

7. Submission Type Code

WCIO ETR Reporting Instructions

Report the code describing the type of submission.

Code	Description
S	Standard Submission
T	Test Submission

8. Data Provider Code

WCIO ETR Reporting Instructions

Report the code applicable to the data provider.

For group submissions, report the group code.

For single submissions, report the individual carrier code.

Additional Information/Examples for California Reporting

If the Data Provider Code is not valid because it does not match the CCN or NCCI Carrier Code for an insurer licensed in California, the submission will be rejected.

The Carrier Code for each Policy transaction in the submission must be part of the same NAIC group as the Data Provider Code or a permissions error will result and the submission will be rejected.

9. Name of Data Provider Contact

WCIO ETR Reporting Instructions

Report the name of the individual who should be contacted regarding submission or transmission problems and questions and error reports.

10. Processed Date

WCIO ETR Reporting Instructions

Report the date the file was created by the data provider.

11. Address of Contact – Street

WCIO ETR Reporting Instructions

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

This field should only be used to report the continuation of the email address, if too long to fit in the DataProviderContactEmail Address field.

Section 3 — Field-by-Field Reporting Guidelines for California

12. Data Provider Type Code

WCIO ETR Reporting Instructions

Report the code identifying the data provider type.

Code	Description
C	Data Provider is Insurance Carrier
T	Data Provider is Third Party Entity (TPE/TPA/MGA) (on behalf of the Insurance Carrier)

Additional Information/Examples for California Reporting

This field (position 239 of the ETR) is required. Submitting insurers must report “C” in this field. Authorized Third-Party Entities (TPE) reporting on behalf of an insurer must report “T” in this field. Each TPE is also required to report its Federal Employer Identification Number (FEIN) in positions 240-248 of the ETR.

Changing the Data Provider Type Code if PEEP is used to create submission files. The ETR is automatically generated by PEEP when the file is created. PEEP automatically populates the Data Provider Type Code based on the user’s CDX profile. For insurers, PEEP should automatically report “C” in this field. If this is not working, contact your company’s CDX administrator (IGA) for assistance with your CDX account. For a TPE, PEEP should automatically report “T” in this field. If this is not working, contact the insurer’s CDX administrator (IGA) for assistance with your CDX account and to ensure that your user account is set up as a TPE account type.

13. Third Party Entity (TPE/TPA/MGA) Federal Employer Identification Number (FEIN)

WCIO ETR Reporting Instructions

Report the Federal Employer Identification Number (FEIN) corresponding to the Third Party Entity (TPE/TPA/MGA) Data Provider (on behalf of the Insurance Carrier).

Additional Information/Examples for California Reporting

If a “T” is reported in the Data Provider Type Code field, a valid FEIN must be reported in this field. If a “C” is reported in the Data Provider Type Code field, this field must be left blank or zero-filled.

If the TPE FEIN is not authorized to report policy transactions for the associated Carrier Codes, the submission will be rejected.

BB. File Control Record (FCR)

The File Control Record (FCR) is the last record in every submission and includes a summary about the file.

One, and only one, FCR is required for each file submitted and the FCR must be the last record in every submission file.

The FCR is product-specific so its specifications are included in WCPOLS.

1. Record Type Code

WCPOLS Reporting Instructions

Report “99”.

One File Control Record is required per submission.

2. Record Totals

WCPOLS Reporting Instructions

Report the total number of records on the submission.

This field will show the total number of records on the submission, including the Electronic Transmittal Record if used, but excluding the File Control Record.

3. Header Record Totals

Section 3 — Field-by-Field Reporting Guidelines for California**WCPOLS Reporting Instructions**

Report the total number of Header Records (Record Type Code 01) included in a submission.

4. Transaction From Date**WCPOLS Reporting Instructions**

Report the earliest Transaction Issue Date included in the submission.

Required only if Transmittal Record is used.

Subsequent submissions must not overlap dates.

5. Transaction To Date**WCPOLS Reporting Instructions**

Report the latest Transaction Issue Date included in the submission.

Subsequent submissions must not overlap dates.

Required only if Transmittal Record is used.

Appendices

Appendix 1 – Insured Name Reporting

California requires that all name records be formatted with one name per record. Related names can be linked using the Name Link Identifier and Continuation Sequence Number, or can just be reported individually with a unique Name Link Identifier for each. The primary name is the name reported with the Name Link Identifier (position 49-51) of 001 and the Continuation Sequence Number (position 158-160) of 001. Each name record must have a unique combination of Name Link Identifier, Continuation Sequence Number and Name Link Counter Identifier.

Only the name itself must be reported in the record, however descriptive information may be helpful and may be included parenthetically after the name record.

All personal names must be reported Last Name, First Name, Middle Name with any titles at the end. Below are examples of how to report the names for all the common Legal Nature of Insured types. Note in all cases the names can be linked even if the example does not show the linking.

Note in all examples shown, the Name Link Counter Identifier would be “00” as none of the examples have more than 998 names.

I. Sole Proprietorship

Personal names are always reported Last Name, First Name, Middle and/or Degrees/Qualifiers. The trade name can be reported; however, if the term “DBA” is being reported, it must be reported after the name in parentheses. Below are several examples of personal names both with and without name linking:

Example 1 – With Name Linking

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
1	001		Smith, John	001
2	001		Smith Enterprises	002

Example 2 – Without Name Linking

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
1	001		Smith, John	001
2	002		Smith Enterprises	001

Example 3 – Including Descriptive information

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
1	001		Smith, John, J	001
1	002		Smith, Jack, J.(AKA)	001
2	003		Smith Enterprises (DBA)	001

Appendices

Example 4 – Including Degrees & Qualifiers

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
1	001		Smith, John, Sr. D.D.S	001
2	002		The Happy Dentist (DBA)	001

II. General Partnerships

All general partners must be reported.

Example 5 – With Name Linking

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
1	001		Dewey, Harry	001
1	001		Cheatham, Frank	002
1	001		Howe, Jack, Esq.	003
2	001		Dewey, Cheatham & Howe Attorneys at Law (DBA)	004

Example 6 – Without Name Linking

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
1	001		Dewey, Harry	001
1	002		Cheatham, Frank	001
1	003		Howe, Jack, Esq.	001
2	004		Dewey, Cheatham & Howe Attorneys at Law (DBA)	001

Example 7 – With a Corporation as a Partner

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
1	001		Flower, Daisy	001
2	002		Floral World Incorporated	001
2	003		Flower Power	001

Example 8 – With Descriptive Information

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
1	001		Flower, Daisy (a partner)	001
2	002		Floral World Incorporated (a partner)	001
2	003		Flower Power (dba)	001

Appendices

If one of the partners is also a partnership, then the general partners of the partnership must also be reported and it is recommended that you report the name(s) using Name Linking. If it is not possible to link the names, descriptive information in parentheses is strongly encouraged.

Example 9 – Partnership with a Partner that is also a Partnership with Name Linking

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
1	001		Petal, Daisy (a partner)	001
1	001		Bush, Rose (a partner)	002
2	001		Flower Power (dba)	003
1	002		Kane, Candy	001
2	003		Flowers & Candy	001

III. Limited Partnerships

For limited partnerships, only the general partners must be reported. If only reporting the general partners, see the examples for General Partnerships. If reporting the limited partners, descriptive information should be included parenthetically, otherwise they will be presumed to be general partners.

Example 10 – Limited Partnerships with Limited Partners Reported.

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
1	001		Green, Bob (general partner)	001
1	002		Blue, Justin (limited partner)	001
2	003		Green Enterprises (dba)	001

IV. Limited Liability Partnerships

For limited liability partnerships, all general partners must be reported. See Partnerships or Limited Partnerships examples.

V. Husband & Wife Entities

Policies issued to husband and wife entities as joint owners require that each person have their full name reported in a separate record.

Example 11 – Husband and Wife (Anne and John Jones)

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
1	001		Jones, Anne	001
1	002		Jones, John	001
2	003		Sparkle Window Washing (dba)	001

Appendices

VI. Corporations

Corporations may be reported with the descriptor of “a corp” in parentheses, but this is not critical if the name of the corporation includes “Inc.” or “Incorporated”.

Example 12 – Corporation

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
2	001		Acme Enterprises, Inc.	001
2	002		Wigit World (dba)	001

VII. Nonprofit Corporations

It is very helpful to report nonprofit corporations with the descriptor of “a nonprofit corp” in parentheses, as the Legal Nature of Insured field does not differentiate between a for profit corporation and a nonprofit Corporation.

Example 13 – Nonprofit Corporation

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
2	001		Save the World (nonprofit corp)	001
2	002		Meals via the Internet (dba)	001

VIII. Limited Liability Companies

A limited liability company may be reported with the descriptor of “a limited liability company” in parentheses, but this is not critical if the name of the entity includes “LLC” or “Limited Liability Company”.

Example 14 – Limited Liability Company

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
2	001		Big Box Retail Store, LLC	001
2	002		Shop ‘til you Drop (dba)	001

IX. Trusts

The names of the Trustees must be reported for trusts. While not required, it is very useful to include the designator of (trustee) after the name of the trustee.

Example 15 – Trust

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
2	001		The Walter J. Wiggins Family Trust Dated January 13, 2013	001
1	002		Wiggins, Willy (trustee)	001
2	003		Wiggins Wigs (dba)	001

Appendices

X. Public Agencies

No special reporting is required for public agencies.

Example 16 – Public Agency

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
2	001		Podunk County Water Works	001

XI. Religious Organizations

No special reporting is required for religious organizations.

Example 17 – Religious Organization

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
2	001		Poly Deity House of Worship	001

XII. Joint Employers

It is helpful to include “joint employer” in parenthesis when reporting joint employers who share employees even though they do not share common ownership

Example 18 – Joint Employers

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
2	001		Ralph Cravitz MD Incorporated (joint employer)	001
1	002		Pullman, Ben (joint employer)	001

XIII. Joint Venture

No special reporting is required for joint ventures.

Example 19 – Joint Venture

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
2	001		Dizzy Entertainment	001
2	002		Pizar Films	001
2	003		Toy Saga (DBA)	001

Appendices

XIV. Common Ownership (Multiple Entities)

When reporting multiple entities on policy, it is very helpful to report the names using name linking and to include descriptor information parenthetically, as it may prevent questions on combinability since all entities on a policy must share greater than 50% common ownership.

Example 20 – Common Ownership – Multiple Corporations (each with their own trade names)

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
2	001		Movie Magic Inc.	001
2	001		Mystical Studios (dba)	002
2	002		Rebel Recording Studios (a corp)	001
2	002		Rock On (dba)	002

Example 21 – Common Ownership – Individual with a Corporation

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
2	001		Finklestein Funeral Facilities Inc.	001
1	002		Finklestein, Fritz	001
2	002		Fritz's Footwear (dba)	002

Example 22 – Common Ownership – Multiple Partnerships

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
1	001		Howard, Moe	001
1	001		Fine, Larry	002
1	001		DePalma, Joe	003
2	001		Stooges Café (dba)	004
1	002		Howard, Moe	001
1	002		Fine, Larry	002
1	002		Howard, Curly	003
2	002		Wiseguy Deli (dba)	004

XV. Labor Contractor Policies

For reporting the named insured on all labor contractor policies, the Professional Employer Organization or Client Company Code must be reported for every name. If an LCF designator is used, it may be placed in parentheses or included as part of the name of the client.

Appendices

Example 23 – Labor Contractor Policy with the Client as the Named Insured (Employee Leasing Policy Type Code 4)

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
2	001	C	Countryside Farms	001
2	002	C	Fresh 'n Good Produce (dba)	001

Example 24 – Labor Contractor Policy with the Labor Contractor as the Named Insured (Employee Leasing Policy Type Code 05)

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
2	001	P	Staff to Go	001

Example 25 – Labor Contractor Policy with the Labor Contractor as the Named Insured and the Client Included with LCF Designator (Employee Leasing Policy Type Code 05)

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
2	001	P	Rent-a-Body Staffing	001
2	002	C	LCF Macro Manufacturing	001
2	002	C	LCF Micro Macro Motorboats	002

Example 26 – Labor Contractor Policy with the Labor Contractor as the Named Insured and the Client, which is a Partnership Included with LCF Designator (Employee Leasing Policy Type Code 05)

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Continuation Sequence #
2	001	P	Magical Staffing	001
2	002	C	LCF Wizard Enterprises	001
1	002	C	LCF Ambrosius, Merlin (partner)	002
1	002	C	LCF Dumbledore, Albus (partner)	003
1	002	C	LCF Grey, Gandalf (partner)	004

XVI. Long Names

If a single named insured exceeds the 90 bytes allotted per record, continue the name on a second record using name linking to match up the two parts of the name and ensure that the name reads correctly.

Appendices**Example 27 – Long Name**

Name Type Code	Name Link ID	PEO or Client Code	Name of Insured	Cont Seq #
2	001		The Amalgamated Association of Agricultural Farmers and Dairymen of America Trust Fund Dated Septe	001
2	001		mber 22, 2013	002
1	002		Jones, Mary	001

Appendices

Appendix 2 – Endorsement/Form Reporting

All forms which affect California coverage must be reported in Record 07 with the form number for which they were approved. This includes the Policy Conditions, Information Page and any Extension Pages to the Information Page. If using replacement policy change endorsement reporting (transaction codes 08, 10, and 14), report the form used to endorse the policy that was issued to the insured on Record 07. Please make sure that any forms listed on Record 07 for State Code (position 44–45) “00” are in fact applicable to California workers’ compensation insurance coverage. Any form listed in Record 07 for State Code “00” is assumed to be applicable to California workers’ compensation coverage. If a form is not applicable to California workers’ compensation coverage, it must be listed in separate Record 07s for each state to which it applies.

For Policy Reporting and Replacement Policy Change Reporting (Transaction codes 01, 02, 04, 06, 08, 10, 14, and 18), the following information applies to each of the Endorsement Identification Fields:

Endorsement Number – This field is for reporting the Standard Form Number (starts with “WC” followed by 6 numeric digits). If the form was filed as a Standard Form with a Standard Form Number or with a nonstandard form number, the Standard Form Number may be reported. Company forms that start WC99 followed by 4 numeric digits can be reported in this field, but it is recommended that the Carrier Version Identifier be used instead and that the Standard Form Number, if one exists, be reported in this field. If the form was not filed with a Standard Form Number, this field may remain blank.

Bureau Version Identifier – This field is for reporting the alpha suffix of a Standard Form that indicates the version of the form being applied to the policy.

Carrier Version Identifier – This field is for reporting the nonstandard or company form number as approved by the CDI.

All three fields are treated as linked fields for the same form in Record 07. Therefore, the Endorsement Number (position 51-58), Bureau Version Identifier (position 59) and Carrier Version Identifier (position 60-70) all refer to the same form. Do not report a form number in the Endorsement Number Field/Bureau Version Identifier Field (position 51-58 & 59) and then a different form’s nonstandard number in the Carrier Version Identifier (position 60-70). The form number in the Carrier Version Identifier Field must be related to the preceding Endorsement Number/Bureau Version Identifier or the preceding Endorsement Number/Bureau Version fields are left blank. See the examples below. All content with an “*” is optional.

Example 1 – Multiple Forms Reported in Record 07

Form Type	Form Number the Form was Filed Under	Endorsement Field Position	Endorsement Field Content	Bureau Version Identifier Field Position	Bureau Version Identifier Field Content	Carrier Version Field Position	Carrier Version Field Content
Policy Conditions	WC990000A	51-58	WC000000*	59	A*	60-70	WC990000A
Policy Information Page	WC040001A	71-78	WC040001	79	A	80-90	
California Amendatory Endorsement	WC040301B	91-98	WC040301	99	B	100-110	
California Cancellation Conditions	CACAN01	111-118	WC040601*	119	A*	120-130	CACAN01
Officer Exclusion Endorsement	WC040303	131-138	WC040303	139		140-150	
California Approved Form 10	CA1123456	151-158		159		160-170	CA1123456

Appendices

For Variable Text Record Reporting, such as Record 13, 42 and most “D” Records, the same information applies on the identification of the form number using the example above. For the Officer Exclusion Endorsement and a non-standard Labor Contractor Endorsement, please refer to the example below.

Example 2 – Variable Text Record Form Number Reporting

Record	Form Number the Form was Filed Under	Endorsement Field Position	Endorsement Field Content	Bureau Version Identifier Field Position	Bureau Version Identifier Field Content	Carrier Version Field Position	Carrier Version Field Content
DC	WC040303	51-58	WC040303	59		60-70	
DK	CA1123456	51-58		59		60-70	CA1123456

For Record DM, used for reporting the variable text on General Limiting and Restricting Endorsements for Designated Employee/Operation/Location Coverage/Exclusions, the standard form number is required even if the form was approved by the Department of Insurance under a non-standard form number. In those cases, the “Endorsement Number” is treated as an exclusion type indicator. Refer to the example below.

Example 3 – DM Record Form Number Reporting

Record	Form Number the Form was Filed Under	Endorsement Field Position	Endorsement Field Content	Bureau Version Identifier Field Position	Bureau Version Identifier Field Content	Carrier Version Field Position	Carrier Version Field Content
DM	WC040341	51-58	WC040341	59		60-70	
DM	CA1123456	51-58	WC040341	59		60-70	CA1123456

For Transaction Code 03, please refer to Appendix 3.

Appendices

Appendix 3 – Change Identifier/Endorsement Form Number Reporting

For Transaction Code 03, reporting the Endorsement Number Field (referred to as the Data Element Change Identification Number Field on Records 84 and 85) is treated as a Change Identification Number for all records. In all cases, the “Endorsement Number” reference to the change type should be reported in the Endorsement Number Field (position 51-58). If the form issued to the insured was approved with a different form number, it should be reported in the Carrier Version Identifier Field (position 60-70). See the examples below:

Example 1 – Record 10 Change Sent to Insured on WC890406

Form Issued to the Insured with the Change	Endorsement Number	Bureau Version Identifier	Carrier Version Identifier
WC890406A	WC890406	A	

Example 2 – Record 10 Change Sent to Insured on a Form other than WC890406

Form Issued to the Insured with the Change	Endorsement Number	Bureau Version Identifier	Carrier Version Identifier
WC123	WC890406		WC123

Example 3 – Record 84 Changing Estimated State Standard Premium Total

Form Issued to the Insured with the Change	Data Element Change Identification Number	Reserved For Future Use	Carrier Version Identifier
WC890600B	WC840405		WC890600B

Example 4 – Record 87 – Changing the Expiration Date

Form Issued to the Insured with the Change	Endorsement Number	Bureau Version Identifier	Carrier Version Identifier
WC123456789	WC890604		WC123456789

Appendices

Appendix 4 – Multipurpose Text Reporting (DG Records)

For General Purpose Endorsements or other similar endorsements, where the variable text is either undefined or is limited, but includes potential information not included on other WCPOLS records which is critical for processing, your company will be notified by the WCIRB that a DG record will be required for that form. It is possible to have multiple forms that require DG records. A single DG Record can report 160 bytes of text held in two 80 byte fields. If the variable text in the endorsement exceeds 160 bytes, multiple DG Records can be reported for a single endorsement. The Endorsement Serial Number (position 71-72) field identifies the DG records for each separate endorsement, while the Endorsement Sequence Number (position 253-254) makes sure that all of the text for a single endorsement is captured in the correct order.

Example 1 – The policy includes two form WC99049901s and a single WCBLANK which all require variable text. Note for DG records 01 and 03, the text exceeds the maximum number of bytes for a single record and additional records are required.

Carrier Version Identifier	Endt Serial #	Endt Line #1	Endt Line #2	Endt Seq #
WC99049901	01	Mary had a little lamb, little lamb, little lamb, Mary had a little lamb, its f	leece was white as snow. And everywhere that Mary went, Mary went, Mary went, and	01
WC99049901	01	everywhere that Mary went, the lamb was sure to go.		02
WC99049901	02	Hickory, dickory, dock, The mouse ran up the clock. The clock struck one, The mou	se ran down! Hickory, dickory, dock.	01
WCBLANK	03	Little Bo Peep has lost her sheep and can't tell where to find them. Leave them	alone, and they'll come home, Wagging their tails behind them. Little Bo-Peep fel	01
WCBLANK	03	I fast asleep, And dreamt she heard them bleating; But when she awoke, she foun	d it a joke, For still they all were fleeting. Then up she took her little crook,	02
WCBLANK	03	Determined for to find them,		03

Appendices

Appendix 5 – General Limiting and Restricting Endorsements for Designated Employee/Operation/Location Coverage/Exclusions (DM Records)

The limiting or restricting of coverage for California workers' compensation liability is governed by Sections 2250 – 2269 of Title 10 of the California Code of Regulations. Effective April 1, 2016, standard forms for reporting the exclusions replaced the California Approved Form Endorsement No. 10 (CAF-10). For each of the General Limiting and Restricting Endorsements on which variable text is required, there is an example below for reporting the variable text associated with the exclusion on a DM Record. For reporting the variable text associated with these endorsements as pertains to alternate coverage, please refer to Appendix 7.

1) WC040338 – Designated Employee(s) Exclusion

For this example, WC040338 (excerpt) looks like the following:

Report the DM Records as shown:

Serial Number	Name of Employee (Position 74-103)	Sequence Number
01	Andy Andrews	01
01	Suzy Smith	02

Note that personal names can be reported with last name first or last. As there are two personal names, two DM Records are reported using the same Serial Number and incrementing Sequence Numbers.

2) WC040340 – Designated Location(s) Coverage

For this example, WC040340 (excerpt) looks like the following:

Report the DM Records as shown:

Serial Number	Name of Operation (Position 104-133)	Operation Title *Optional (Position 134-153)	Address of Location (Position 154-213)	Sequence Number
01	The Big Dig Project	Phase 1	Corner of Broadway and Main Street, Anytown, California, 999	01
01			99	02

Note that since the address exceeds the 60 bytes allotted for the Address of Location field, a second DM Record using the same Serial Number and incrementing the Sequence Number is reported for the excess bytes in the Address of Location field.

3) WC040341 – Designated Location(s) Exclusion

For this example, WC040341 (excerpt) looks like the following:

Appendices

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 04 03 41

(Ed. 04-16)

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

The insurance under this policy is limited as follows: It is AGREED that, anything in this policy to the contrary notwithstanding, this policy DOES NOT INSURE:

THIS POLICY DOES NOT INSURE ANY EMPLOYEE(S) AT/OR IN DESIGNATED LOCATION(S)

Any liability you may have for any injury to any employee(s) engaged in any work directly connected with operation(s) conducted at or in the location(s) described below.

Operation Name

Omni Mega Tall Skyscraper Project

Operation Title (optional)

Excavation and Foundation Work

Location(s) address

123 North Oak Street,
Smallville

Report the DM Records as shown:

Serial Number	Name of Operation (Position 104-133)	Operation Title *Optional (Position 134-153)	Address of Location (Position 154-213)	Sequence Number
01	Omni Mega Tall Skyscraper Proj	Excavation and Found	123 North Oak Street, Smallville	01
01	ect	ation Work		02

Note that since the operation name exceeds the 30 bytes allotted for the Name of Operation field and the operation title exceeds the 20 bytes allotted for the Operation Title field, a second DM Record is reported for the excess bytes in the Name of Operation and Operation Title fields using the same Serial Number and incrementing the Sequence Number.

4) WC040342 – Designated Operation(s) Exclusion

For this example, WC040342 (excerpt) looks like the following:

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 04 03 42

(Ed. 04-16)

ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE Designated Operation(s) Exclusion

The insurance under this policy is limited as follows: It is AGREED that, anything in this policy to the contrary notwithstanding, this policy DOES NOT INSURE:

THIS POLICY DOES NOT INSURE ANY EMPLOYEE(S) ENGAGED IN DESIGNATED OPERATION(S)

Any liability you may have for any injury to any employee(s) engaged in the following operation(s) described below.

Operation(s)

Private Corporate Jet Operation

Standard Classification Number(s)

7424-01

Abbreviated Phraseology

Aircraft Operation – Flying Crew

Appendices

Report the DM Records as shown:

Serial Number	Name of Operation (Position 104-133)	Classification Code (Position 214-217)	Classification Wording Suffix *Optional (Position 218-219)	Classification Wording (Position 220-249)	Sequence Number
01	Private Corporate Jet Operatio	7424	01	Aircraft Operation - Flying Cr	01
01	n			ew	02

Note that since the operation name exceeds the 30 bytes allotted for the Name of Operation field and the abbreviated phraseology exceeds the 30 bytes allotted for the Classification Wording field, a second DM Record is reported for the excess bytes in the Name of Operation and Classification Wording fields using the same Serial Number and incrementing the Sequence Number.

5) WC040343 – Designated Operation(s) at Designated Location(s) Exclusion

For this example, WC040343 (excerpt) looks like the following:

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 04 03 43

(Ed. 04-16)

ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE Designated Operation(s) at Designated Location(s) Exclusion

The insurance under this policy is limited as follows: It is AGREED that, anything in this policy to the contrary notwithstanding, this policy DOES NOT INSURE:

THIS POLICY DOES NOT INSURE ANY EMPLOYEE(S) ENGAGED IN DESIGNATED OPERATION(S) AT OR FROM DESIGNATED LOCATION(S)

Any liability you may have for any injury to any employee(s) engaged in the following operation(s) at or from the following location(s) described below.

Operation(s)	Standard Classification Number(s)	Abbreviated Phraseology	Location(s) Address
Old City Hall and Library Renovation Project	5473	Asbestos Abatement	101 First Street, Old Town 1015 Main Street, Old Town

Report the DM Records as shown:

Serial Number	Name of Operation (Position 104-133)	Address of Location (Position 154-213)	Classification Code (Position 214-217)	Classification Wording Suffix *Optional (Position 218-219)	Classification Wording (Position 220-249)	Sequence Number
01	Old City Hall and Library Reno	101 First Street, Old Town	5473		Asbestos Abatement	01
01	vation Project	1015 Main Street, Old Town				02

Appendices

Note that since the operation name exceeds the 30 bytes allotted for the Name of Operation field and there is a second address, a second DM Record is reported for the excess bytes in the Name of Operation field as well as for the second location using the same Serial Number and incrementing the Sequence Number.

6) WC040344 – Designated Operation(s) at Designated Location(s) Coverage

For this example, WC040344 (excerpt) looks like the following:

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY	WC 04 03 44
	(Ed. 04-16)
ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE Designated Operation(s) at Designated Location(s) Coverage	
The insurance under this policy is limited as follows: It is AGREED that, anything in this policy to the contrary notwithstanding, this policy DOES NOT INSURE:	
THIS POLICY DOES NOT INSURE ANY EMPLOYEE(S) OTHER THAN FOR DESIGNATED OPERATION(S) AT OR FROM DESIGNATED LOCATION(S)	Any liability you may have for any injury to any employee(s) <u>other</u> than those engaged in the following operation(s) at or from the following location(s) described below.
Operation(s)	Standard Classification Number(s)
Abbreviated Phraseology	Location(s) Address
Utopia Apartment Complex	5403
	5432
Carpentry – less than \$25.00 per hour	987 Nirvana Way, Wonderland, CA
Carpentry – equals or exceeds \$25.00 per hour	

Report the DM Records as shown:

Serial Number	Name of Operation (Position 104-133)	Address of Location (Position 154-213)	Classification Code (Position 214-217)	Classification Wording Suffix *Optional (Position 218-219)	Classification Wording (Position 220-249)	Sequence Number
01	Utopia Apartment Complex	987 Nirvana Way, Wonderland, CA	5403		Carpentry – less than \$25.00 p	01
01					er hour	02
01			5432		Carpentry – equals or exceeds	03
01					\$25.00 per hour	04

Note that since there are two classification codes and the abbreviated phraseology exceeds the 30 bytes allotted for the Classification Wording field, four DM Records are reported to accommodate the two classification codes as well as the excess bytes in the Classification Wording field using the same Serial Number and incrementing the Sequence Number.

7) Multiple Limiting & Restricting Endorsements on a Policy

If a policy has more than one Limiting & Restricting Endorsement of the same type, the Endorsement Serial Number must be unique for each one. For reporting the variable text associated with these endorsements as pertains to alternate coverage, please refer to Appendix 7.

The example (excerpt) below is for two endorsements on a policy which each require DM records:

Appendices

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 04 03 41 A

(Ed. 10-16)

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

The insurance under this policy is limited as follows: It is AGREED that, anything in this policy to the contrary notwithstanding, this policy DOES NOT INSURE:

<div>+</div> THIS POLICY DOES NOT INSURE ANY EMPLOYEE(S) AT/OR IN DESIGNATED LOCATION(S)	Any liability you may have for any injury to any employee(s) engaged in any work directly connected with operation(s) conducted at or in the location(s) described below.
---	---

Operation Name	Operation Title (optional)	Location(s) address
Mega Mall		456 Market St, Hometown CA

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 04 03 41 A

(Ed. 10-16)

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

The insurance under this policy is limited as follows: It is AGREED that, anything in this policy to the contrary notwithstanding, this policy DOES NOT INSURE:

THIS POLICY DOES NOT INSURE ANY EMPLOYEE(S) AT/OR IN DESIGNATED LOCATION(S)	Any liability you may have for any injury to any employee(s) engaged in any work directly connected with operation(s) conducted at or in the location(s) described below.
--	---

Operation Name	Operation Title (optional)	Location(s) address
Central Cinema		987 Broadway, Central City CA

The DM Records would look like this:

Record	Endorsement Number	Serial Number	Operation Name	Location Address	Sequence Number
DM	WC040341	01	Mega Mall	456 Market St, Hometown CA	01
DM	WC040341	02	Central Cinema	987 Broadway, Central City CA	01

Appendices

Appendix 6 – Customized Limiting and Restricting Endorsements (DN Records)

The limiting or restricting of coverage for California workers' compensation liability is governed by Sections 2250 – 2269 of Title 10 of the California Code of Regulations. You must use DN Records to report the variable text for the Customized Limiting and Restricting Endorsement (WC040399). You must also submit a hard copy of the endorsement and associated cover letter to the WCIRB to submit to the California Department of Insurance for approval and to forward to the Department of Industrial Relations.

The DN record consists of two 80-byte records. If the variable text on the Customized Limiting and Restricting Endorsement exceeds 160 bytes, report the remaining variable text using additional records.

The example (excerpt) below requires two DN records to report all the variable text:

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 04 03 99

(Ed. 04-16)

CALIFORNIA CUSTOMIZED LIMITING AND RESTRICTING ENDORSEMENT AGREEMENT
Endorsement Agreement Limiting and Restricting This Insurance

The insurance under this policy is limited as follows: It is AGREED that, anything in this policy to the contrary notwithstanding, this policy DOES NOT INSURE:

<div> <div></div> <div> THIS POLICY DOES NOT INSURE (INSERT CHARACTER OF THE LIMITATION OR RESTRICTION) </div> </div>	<div>Any employee under classification code 7424 Aircraft operation – Flying Crew while providing firefighting operations for the state of California, including but not limited to air reconnaissance, water collection and distribution and borate drops.</div>
--	---

Report the DN Records as shown:

Serial Number	Excluded Operation Description (position 73-152)	Excluded Operation Description (position 153-232)	Sequence Number
01	Any employee under classification code 7424 Aircraft operation – Flying Crew whi	le providing firefighting operations for the state of California, including but	01
01	not limited to air reconnaissance, water collection and distribution and borate	drops.	02

Appendices

Appendix 7 – Alternate Coverage Information Reporting (DO Records) for Limiting and Restricting Endorsements

Title 10, Section 2259, *Grounds for the Use of Limiting and Restricting Endorsements*, subsection a (5), provides that one of the grounds for a limiting and restricting endorsement is to exclude only such liability of the employer if the employer affirms to the insurer that other coverage is secured or the entity is lawfully uninsured (e.g., liability of the State and its political subdivisions and institutions). The DO Record is used to report that the employer has affirmed in writing that there is other coverage for the excluded operation(s) or that the excluded operation(s) is/are lawfully uninsured. It is also used to report if the excluded operations are lawfully uninsured, and to report the other coverage information if available.

The Endorsement Serial Number (position 71-79) must match the Endorsement Serial Number for the corresponding DM Record if applicable. If there is no corresponding variable text record, simply report 01 for the first occurrence and increment up as required. Report additional records if any field(s) exceed the allotted bytes.

The example (excerpt) below is for two endorsements on a policy which each require DO records:

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 04 03 41 A

(Ed. 10-16)

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

The insurance under this policy is limited as follows: It is AGREED that, anything in this policy to the contrary notwithstanding, this policy DOES NOT INSURE:

**THIS POLICY DOES
NOT INSURE ANY
EMPLOYEE(S) AT/OR
IN DESIGNATED
LOCATION(S)**

Any liability you may have for any injury to any employee(s) engaged in any work directly connected with operation(s) conducted at or in the location(s) described below.

Operation Name	Operation Title (optional)	Location(s) address
Mega Mall		456 Market St, Hometown CA

☒ Check box if policyholder has affirmed in writing that other coverage is secured or the entity is lawfully uninsured.

☐ Check box if liability is lawfully uninsured.

If alternate coverage information is available, complete the following (OPTIONAL):

Insured Name	Insurer	Policy #	Policy Effective Dates
Big Stuff Builders	California Protection	123456	1/1/2016-1/1/2017

Appendices

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 04 03 41 A

(Ed. 10-16)

ENDORSEMENT AGREEMENT LIMITING AND RESTRICTING THIS INSURANCE

Designated Location(s) Exclusion

The insurance under this policy is limited as follows: It is AGREED that, anything in this policy to the contrary notwithstanding, this policy DOES NOT INSURE:

THIS POLICY DOES NOT INSURE ANY EMPLOYEE(S) AT/OR IN DESIGNATED LOCATION(S)

Any liability you may have for any injury to any employee(s) engaged in any work directly connected with operation(s) conducted at or in the location(s) described below.

Operation Name

Operation Title (optional)

Location(s) address

Central Cinema

987 Broadway, Central City CA

☒ Check box if policyholder has affirmed in writing that other coverage is secured or the entity is lawfully uninsured.

☐ Check box if liability is lawfully uninsured.

If alternate coverage information is available, complete the following (OPTIONAL):

Insured Name

Insurer

Policy #

Policy Effective Dates

Tweedle Dee and Tweedle Dumb

Storybook Insurance

WC989898

7/1/2016-7/1/207

The DM Records would look like this:

Record	Endorsement Number	Serial Number	Operation Name	Location Address	Sequence Number
DM	WC040341	01	Mega Mall	456 Market St, Hometown CA	01
DM	WC040341	02	Central Cinema	987 Broadway, Central City CA	01

The DO Records would look like this:

Record	Endorsement Number	Serial Number	Name of Insured for Alternate Coverage	Name of Insurer for Alternate Coverage
DO	WC040341	01	Big Stuff Builders	California Protection
DO	WC040341	02	Tweedle Dee and Tweedle Dumb	Storybook Insurance
DO	WC040341	02	DBA Fairytale Construction	

Policy Number for Alternate Coverage	Policy Inception Date for Alternate Coverage	Policy Inception Date for Alternate Coverage	Lawfully Uninsured	Written Affirmation Obtained	Sequence Number
123456	160101	170101	N	Y	01
WC989898	160701	170701	N	Y	01
	000000	000000			02

Appendices

Appendix 8 – Policy Change Effective/Expiration Dates and Endorsement Effective / Expiration Dates

The Policy Change Effective Date (Position 289-294 of Records 01-07) and the Policy Change Expiration Date (Position 289-294) are to be zero filled for policy reporting (Transaction Codes 01, 02, 04, 06, 16 and 18).

For Policy Replacement Reporting (Transaction Codes 08, 10, 14 & 15) records that are being added or changed must show the add/change date in the Policy Change Effective Date (position 289-294) of that record.

For Policy Replacement Reporting (Transaction Codes 08, 10, 14 & 15) records that are being deleted must show the deletion date in the Policy Change Expiration Date (position 295-300) of that record or if deleted at inception, simply not reported.

For Policy Replacement Reporting (Transaction Codes 08, 10, 14 & 15) records that are not being added, changed or deleted both the Policy Change Effective Date and Policy Change Expiration Date fields (positions 289-300) must be zero filled.

Examples

The correct reporting of Policy Change Effective and Policy Change Expiration Dates is most critical on name change endorsements so all examples below are based on named changes and the policy for these examples runs 1/1/2015-1/1/2016 and mid-term changes are on 7/1/2015.

Original Name Reporting

Name Link Identifier	Name	Continuation Sequence #	Policy Change Effective Date	Policy Change Expiration Date
001	Acme Company, Inc.	001	000000	000000
001	Good Stuff (dba)	002	000000	000000

Example 1 Changing the Primary Name Effective at Inception

Name Link Identifier	Name	Continuation Sequence #	Policy Change Effective Date	Policy Change Expiration Date
001	Acme Enterprises, Inc.	001	150101	000000
001	Good Stuff (dba)	002	000000	000000

Example 2 Changing the Primary Name Mid Term

Name Link Identifier	Name	Continuation Sequence #	Policy Change Effective Date	Policy Change Expiration Date
001	Acme Company, Inc.	001	000000	150701
001	Acme Enterprises, Inc.	001	150701	000000
001	Good Stuff (dba)	002	000000	000000

Appendices

Example 3 Adding a Name Effective at Inception

Name Link Identifier	Name	Continuation Sequence #	Policy Change Effective Date	Policy Change Expiration Date
001	Acme Company, Inc.	001	000000	000000
001	Good Stuff (dba)	002	000000	000000
002	Fun Times, Inc.	001	150101	000000

Example 4 Adding a Name at Mid-Term

Name Link Identifier	Name	Continuation Sequence #	Policy Change Effective Date	Policy Change Expiration Date
001	Acme Company, Inc.	001	000000	000000
001	Good Stuff (dba)	002	000000	000000
002	Fun Times, Inc.	001	150701	000000

Example 5 Deleting a Name at Inception Option 1

Name Link Identifier	Name	Continuation Sequence #	Policy Change Effective Date	Policy Change Expiration Date
001	Acme Company, Inc.	001	000000	000000
001	Good Stuff (dba)	002	000000	150101

Example 5 Deleting a Name at Inception Option 2

Name Link Identifier	Name	Continuation Sequence #	Policy Change Effective Date	Policy Change Expiration Date
001	Acme Company, Inc.	001	000000	000000

Example 6 Deleting a Name at Mid-Term

Name Link Identifier	Name	Continuation Sequence #	Policy Change Effective Date	Policy Change Expiration Date
001	Acme Company, Inc.	001	000000	000000
001	Good Stuff (dba)	002	000000	150701

If you are adding a record, you may also report the policy expiration date as the Policy Change Expiration Date. If you are deleting a record, you may also report the policy effective date as the Policy Change Inception Date.

Appendices

Appendix 9 – Employee Leasing Policy Reporting

When reporting an employee leasing policy, it is critical that the name reporting and endorsement reporting correspond to the Employee Leasing Policy Type Code. Refer to the [PEO Rules Chart](#) for how to report the Name of Insured and what variable text records are expected for each Employee Leasing Policy Type Code permitted in California. You can also find examples of name reporting for PEOs and Clients in Appendix 1 – XV.



1901 Harrison Street, 17th Floor
Oakland, CA 94612

Voice 415.777.0777

Fax 415.778.7007

www.wcirb.com

wcirb@wcirb.com