

FILING MEMORANDUM

ITEM U-1372—ISSUING AGENCY/PRODUCER OFFICE ADDRESS ENDORSEMENT— WC 89 06 25

(To be effective 12:01 a.m. on November 15, 2001, applicable to new, renewal and outstanding business.)

PURPOSE

The purpose of this Item filing is to provide additional direction for endorsing or changing the issuing agency/producer address on the Policy Information Page Endorsement. In addition, the Policy Information Page Endorsement (WC 89 06 00A) has been updated to include an option for selecting “Issuing Agency/Producer Office Address Endorsement (WC 89 06 25).”

BACKGROUND

Insurers must submit to the North Carolina Rate Bureau policy information pages and endorsements for all workers compensation policies for which coverage is provided in North Carolina. The North Carolina *User's Guide* provides the requirements and guidelines for submitting this information.

An endorsement is a modification to a policy that is attached to the policy or issued as a change subsequent to the policy's issuance. The Workers Compensation Insurance Organizations' (WCIO) *Workers Compensation Data Specifications Manual* requires that Endorsement WC 89 06 25 be used to change an address for an issuing agency/producer office address. This endorsement is currently not listed on the Policy Information Page Endorsement.

PROPOSAL

It is proposed that a separate check-off item for “Issuing Agency/Producer Office Address Endorsement (WC 89 06 25)” be added to the Policy Information Page Endorsement. This change is proposed for use in all states that have approved the Policy Information Page Endorsement to be effective for use with all policies upon approval.

Specifically, to change or endorse the policy after issuance, the following steps are proposed:

- Complete a Policy Information Page Endorsement (WC 89 06 00 B) and place a check mark or “X” in the “Issuing Agency/Producer Office Address (WC 89 06 25)” box
- Indicate the reason for the change with wording such as “Adding (or changing) agency or producer address because of move” and include the new office address
- Provide an attachment clause that includes and clearly marks the associated Policy Number, Insurer Name/NCCI Carrier Code, Policy Effective Date and Endorsement Effective Date
- Ensure that the endorsement effective date is within the policy period

IMPACT

The result of the endorsement change as outlined in the attached Exhibit I will clarify the rules, increase efficiency, and make it easier to submit producer/agency address changes. There will be no impact on premium as a result of this change.

IMPLEMENTATION

The attached Exhibit includes the proposed changes necessary to implement this Item.

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EXHIBIT I

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY WC 89 06 00 B

Original Printing

POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

- | | |
|---|--|
| <input type="checkbox"/> Insured's Name (WC 89 06 01) | <input type="checkbox"/> Item 3.B. Limits (WC 89 06 12) |
| <input type="checkbox"/> Policy Number (WC 89 06 02) | <input type="checkbox"/> Item 3.C. States (WC 89 06 13) |
| <input type="checkbox"/> Effective Date (WC 89 06 03) | <input type="checkbox"/> Item 3.D. Endorsement Numbers (WC 89 06 14) |
| <input type="checkbox"/> Expiration Date (WC 89 06 04) | <input type="checkbox"/> Item 4.* Class, Rate, Other (WC 89 04 15) |
| <input type="checkbox"/> Insured's Mailing Address (WC 89 06 05) | <input type="checkbox"/> Interim Adjustment of Premium (WC 89 04 16) |
| <input type="checkbox"/> Experience Modification (WC 89 04 06) | <input type="checkbox"/> Carrier Servicing Office (WC 89 06 17) |
| <input type="checkbox"/> Producer's Name (WC 89 06 07) | <input type="checkbox"/> Interstate/Intrastate Risk ID Number (WC 89 06 18) |
| <input type="checkbox"/> Change in Workplace of Insured (WC 89 06 08) | <input type="checkbox"/> Carrier Number (WC 89 06 19) |
| <input type="checkbox"/> Insured's Legal Status (WC 89 06 10) | <input checked="" type="checkbox"/> Issuing Agency/Producer Office Address (WC 89 06 25) |
| <input type="checkbox"/> Item 3.A. States (WC 89 06 11) | |

is changed to read:

*Item 4. Change To:

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

Total Estimated Annual Premium \$

Minimum Premium \$

Deposit Premium \$

All other terms and conditions of this policy remain unchanged.