



**WCIO Workers Compensation Data
Specifications Manual**

**WORKERS COMPENSATION EXPERIENCE
MODIFICATION/MERIT ADJUSTMENT
ELECTRONIC RATING SPECIFICATIONS
(WCRATING)**

Changed Data Element Population Rule State Applicability

Record	Field Name	Change Reason
02	D-RATIO (DISCOUNT RATIO) FACTOR (196-201)	DCO Requirement Change
Population Rule: There is an assumed decimal point between positions 199 and 200.		
From Not Applicable in: CA		To Not Applicable in: CA, NY

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
A		
ACTUAL EXCESS LOSS AMOUNT	State/Firm Summary Information Record	113-121
ACTUAL INCURRED LOSS MESSAGE CODE	Payroll/Loss Information Record	283-283
ACTUAL INCURRED LOSS TOTAL	State/Firm Summary Information Record	122-130
ACTUAL INCURRED LOSS TOTAL AMOUNT	Payroll/Loss Information Record	265-273
ACTUAL PRIMARY LOSS AMOUNT	Payroll/Loss Information Record	274-282
	State/Firm Summary Information Record	140-148
ACTUAL PRIMARY LOSS MESSAGE CODE	Payroll/Loss Information Record	284-284
ADDRESS - CITY	Risk Name and Addresses Record	253-282
ADDRESS - STATE	Risk Name and Addresses Record	283-284
ADDRESS - STREET	Risk Name and Addresses Record	173-212
	Risk Name and Addresses Record	213-252
ADDRESS - ZIP CODE	Risk Name and Addresses Record	285-293
A-RATED MINIMUM PREMIUM	Payroll/Loss Information Record	218-222
ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR	Rating Information Record	156-158
	State/Firm Summary Information Record	149-151
AUTHORIZED CLASSIFICATION CODE INFORMATION CODE	Payroll/Loss Information Record	241-241
AVERAGE BALLAST AMOUNT	State/Firm Summary Information Record	152-160
B		
BALLAST AMOUNT	State/Firm Summary Information Record	131-139
BRANCH CODE	Branch Code Information Record	62-64
	Rating Information Record	243-245
BUSINESS SEGMENT IDENTIFIER	Header Record	22-28
	Rating Information Record	302-308
C		
CALIFORNIA RATING EFFECTIVE DATE	Additional Rating Information Record	134-141
CAP LIMIT	State/Firm Summary Information Record	165-168
CARRIER CODE	Additional Rating Information Record	22-26
	Branch Code Information Record	22-26
	Contingent Rating Record	22-26
	Header Record	3-7
	Messages Record	22-26
	Payroll/Loss Information Record	22-26
	Policy Level Messages Record	22-26
	Primary/State Summary Information Record	22-26
	Rating Information Record	22-26
	Rating Information Record	238-242
	Risk Name and Addresses Record	22-26
	State/Firm Summary Information Record	22-26
CARRIER CODE - EXPERIENCE	Payroll/Loss Information Record	69-73
	Policy Level Messages Record	179-183
	Primary/State Summary Information Record	69-73
CARRIER GROUP CODE	Header Record	8-12
CARRIER ZIP CODE	Branch Code Information Record	99-107
CATASTROPHE NUMBER	Payroll/Loss Information Record	305-306
CITY OF THE PHYSICAL BRANCH ADDRESS	Branch Code Information Record	67-98
CLAIM COUNT	Payroll/Loss Information Record	307-311
CLAIM NUMBER	Payroll/Loss Information Record	247-258
CLASSIFICATION CODE	Payroll/Loss Information Record	153-156
CLASSIFICATION CODE SUFFIX	Payroll/Loss Information Record	157-157
CLASSIFICATION WORDING	Payroll/Loss Information Record	158-187
COMBINABLE ID NUMBER	Risk Name and Addresses Record	304-312
CONTRACTORS PREMIUM ADJUSTMENT PROGRAM (CPAP) FACTOR	Rating Information Record	165-167
COVERAGE ID NUMBER	Payroll/Loss Information Record	108-115
	Risk Name and Addresses Record	294-303
CREDIBILITY EXCESS FACTOR	State/Firm Summary Information Record	183-186

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
CREDIBILITY PRIMARY FACTOR	State/Firm Summary Information Record	179-182
D		
DATA CODE	Payroll/Loss Information Record	188-188
DETAIL CONTINGENT EFFECTIVE DATE	Contingent Rating Record	174-177
DETAIL POLICY NUMBER IDENTIFIER	Contingent Rating Record	218-235
DETAIL RECORD COUNT TOTAL	File Control Record	4-13
DETAIL REPORT LEVEL CODE / REPORT NUMBER	Contingent Rating Record	172-173
D-RATIO (DISCOUNT RATIO) FACTOR	Payroll/Loss Information Record	196-201
E		
ELIGIBILITY PREMIUM AMOUNT - EXPERIENCE	Payroll/Loss Information Record	312-319
EXPECTED EXCESS LOSS TOTALS	State/Firm Summary Information Record	187-195
EXPECTED LOSS RATE (ELR)	Payroll/Loss Information Record	189-195
EXPECTED LOSS TOTAL	Payroll/Loss Information Record	223-231
	State/Firm Summary Information Record	95-103
EXPECTED PRIMARY LOSS AMOUNT	Payroll/Loss Information Record	232-240
	State/Firm Summary Information Record	104-112
EXPERIENCE END DATE	Additional Rating Information Record	104-109
EXPERIENCE START DATE	Additional Rating Information Record	98-103
EXPOSURE AMOUNT	Payroll/Loss Information Record	202-211
F		
FIRM CODE/MULTIPLE ENTITY CODE	Contingent Rating Record	170-171
	Payroll/Loss Information Record	67-68
	Primary/State Summary Information Record	67-68
	Rating Information Record	67-68
	Risk Name and Addresses Record	67-68
	State/Firm Summary Information Record	67-68
FIRST TIME MAIL INDICATOR	Rating Information Record	284-284
FLORIDA ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR	Rating Information Record	162-164
FORM TYPE CODE	Contingent Rating Record	236-240
I		
INCURRED INDEMNITY AMOUNT	Payroll/Loss Information Record	294-302
INCURRED MEDICAL AMOUNT	Payroll/Loss Information Record	285-293
INDICATED RATING FACTOR	Rating Information Record	168-172
INJURY CODE (INJURY TYPE)	Payroll/Loss Information Record	259-260
L		
LIMIT CHARGE FACTOR	State/Firm Summary Information Record	161-163
LINE NUMBER	Messages Record	76-78
	Policy Level Messages Record	76-78
LOSS DATA TYPE CODE	Payroll/Loss Information Record	264-264
LOSS LIMITED REDUCTION TOTAL	State/Firm Summary Information Record	169-178
LOSS SEQUENCE NUMBER	Payroll/Loss Information Record	242-246
M		
MANUAL/CHARGED RATE	Payroll/Loss Information Record	212-217
MARKET TYPE CODE	Rating Information Record	237-237
MASSACHUSETTS ALL RISK ADJUSTMENT PROGRAM (ARAP) FACTOR	Rating Information Record	291-293
MESSAGE	Messages Record	79-178
	Policy Level Messages Record	79-178
MESSAGE CODE	Messages Record	70-72
MESSAGE SEQUENCE	Messages Record	73-75
	Policy Level Messages Record	73-75
N		

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
NAME CODE NUMBER	Risk Name and Addresses Record	69-71
NAME OF DETAIL CARRIER	Contingent Rating Record	178-217
NAME OF FIRM	Payroll/Loss Information Record	118-147
NAME OF INSURED	Rating Information Record	71-100
	Risk Name and Addresses Record	72-171
NAME OF INSURED CONTINUED	Rating Information Record	101-130
NAME OF STATE	Rating Information Record	131-150
NUMBER OF RATINGS	File Control Record	14-21
P		
POLICY - TOTAL EXPOSURE	Primary/State Summary Information Record	116-126
POLICY EFFECTIVE DATE	Rating Information Record	264-271
POLICY EFFECTIVE DATE - EXPERIENCE	Payroll/Loss Information Record	92-99
	Policy Level Messages Record	202-209
	Primary/State Summary Information Record	92-99
POLICY EXPIRATION DATE	Rating Information Record	272-279
POLICY EXPIRATION DATE - EXPERIENCE	Payroll/Loss Information Record	100-107
	Primary/State Summary Information Record	100-107
POLICY NUMBER IDENTIFIER	Additional Rating Information Record	27-44
	Branch Code Information Record	27-44
	Contingent Rating Record	27-44
	Messages Record	27-44
	Payroll/Loss Information Record	27-44
	Policy Level Messages Record	27-44
	Primary/State Summary Information Record	27-44
	Rating Information Record	27-44
	Rating Information Record	246-263
	Risk Name and Addresses Record	27-44
	State/Firm Summary Information Record	27-44
POLICY NUMBER IDENTIFIER - EXPERIENCE	Payroll/Loss Information Record	74-91
	Policy Level Messages Record	184-201
	Primary/State Summary Information Record	74-91
POLICY TOTAL: ACTUAL INCURRED LOSSES	Primary/State Summary Information Record	137-146
POLICY TOTAL: PRIMARY ACTUAL LOSSES	Primary/State Summary Information Record	147-156
PRELIMINARY STATE RATING CODE	State/Firm Summary Information Record	75-75
PRIMARY LOSSES - ACTUAL TOTALS	Rating Information Record	210-218
PRIMARY LOSSES - EXPECTED TOTALS	Rating Information Record	183-191
R		
RATABLE EXCESS - ACTUAL	Rating Information Record	219-227
RATABLE EXCESS - EXPECTED	Rating Information Record	192-200
RATE SHEET IDENTIFICATION NUMBER	Rating Information Record	294-301
RATING EFFECTIVE DATE	Additional Rating Information Record	12-19
	Branch Code Information Record	12-19
	Contingent Rating Record	12-19
	Messages Record	12-19
	Payroll/Loss Information Record	12-19
	Policy Level Messages Record	12-19
	Primary/State Summary Information Record	12-19
	Rating Information Record	12-19
	Risk Name and Addresses Record	12-19
	State/Firm Summary Information Record	12-19
RATING EXPIRATION DATE	Additional Rating Information Record	45-52
	Branch Code Information Record	45-52
	Contingent Rating Record	45-52
	Messages Record	45-52
	Payroll/Loss Information Record	45-52
	Policy Level Messages Record	45-52
	Primary/State Summary Information Record	45-52
	Rating Information Record	45-52

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
RATING FACTOR RATING ISSUE DATE	Risk Name and Addresses Record	45-52
	State/Firm Summary Information Record	45-52
	Rating Information Record	151-155
	Additional Rating Information Record	53-60
	Branch Code Information Record	53-60
	Contingent Rating Record	53-60
	Messages Record	53-60
	Payroll/Loss Information Record	53-60
	Policy Level Messages Record	53-60
	Primary/State Summary Information Record	53-60
	Rating Information Record	53-60
	Risk Name and Addresses Record	53-60
	State/Firm Summary Information Record	53-60
	Rating Information Record	62-62
RATING TYPE CODE RECORD TYPE CODE	Additional Rating Information Record	1-2
	Branch Code Information Record	1-2
	Contingent Rating Record	1-2
	File Control Record	1-2
	Header Record	1-2
	Messages Record	1-2
	Payroll/Loss Information Record	1-2
	Policy Level Messages Record	1-2
	Primary/State Summary Information Record	1-2
	Rating Information Record	1-2
	Risk Name and Addresses Record	1-2
	State/Firm Summary Information Record	1-2
	Additional Rating Information Record	110-115
	Additional Rating Information Record	116-121
RELEASE DATE RERATE EFFECTIVE DATE RESERVED FOR FUTURE USE	Additional Rating Information Record	62-97
	Additional Rating Information Record	142-319
	Branch Code Information Record	108-319
	Contingent Rating Record	62-69
	Contingent Rating Record	241-319
	File Control Record	22-319
	Header Record	29-319
	Messages Record	62-69
	Messages Record	179-319
	Payroll/Loss Information Record	62-64
	Payroll/Loss Information Record	116-117
	Payroll/Loss Information Record	148-152
	Payroll/Loss Information Record	303-304
	Policy Level Messages Record	62-72
Policy Level Messages Record	210-319	
Primary/State Summary Information Record	62-64	
Primary/State Summary Information Record	108-115	
Primary/State Summary Information Record	157-319	
Rating Information Record	65-66	
Rating Information Record	69-70	
Rating Information Record	161-161	
Rating Information Record	280-280	
Rating Information Record	285-290	
Rating Information Record	309-319	
Risk Name and Addresses Record	62-66	
Risk Name and Addresses Record	172-172	
Risk Name and Addresses Record	313-319	
State/Firm Summary Information Record	62-64	
State/Firm Summary Information Record	69-72	
State/Firm Summary Information Record	82-94	
State/Firm Summary Information Record	164-164	
State/Firm Summary Information Record	196-319	
RESERVED FOR NCCI USE	Rating Information Record	160-160

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION	
REVISION CODE	Additional Rating Information Record	61-61	
	Branch Code Information Record	61-61	
	Contingent Rating Record	61-61	
	Messages Record	61-61	
	Payroll/Loss Information Record	61-61	
	Policy Level Messages Record	61-61	
	Primary/State Summary Information Record	61-61	
	Rating Information Record	61-61	
	Risk Name and Addresses Record	61-61	
	State/Firm Summary Information Record	61-61	
	REVISION NUMBER	Rating Information Record	63-64
	RISK ID NUMBER	Additional Rating Information Record	3-11
		Branch Code Information Record	3-11
Contingent Rating Record		3-11	
Messages Record		3-11	
Payroll/Loss Information Record		3-11	
Policy Level Messages Record		3-11	
Primary/State Summary Information Record		3-11	
Rating Information Record		3-11	
Risk Name and Addresses Record		3-11	
State/Firm Summary Information Record		3-11	
S			
SARAP FACTOR		Rating Information Record	281-283
SPLIT RATING CODE		Rating Information Record	182-182
STABILIZING VALUE	Rating Information Record	173-181	
STATE ABBREVIATION	Branch Code Information Record	65-66	
	State/Firm Summary Information Record	73-74	
STATE CODE	Additional Rating Information Record	20-21	
	Branch Code Information Record	20-21	
	Contingent Rating Record	20-21	
	Contingent Rating Record	70-169	
	Messages Record	20-21	
	Payroll/Loss Information Record	20-21	
	Policy Level Messages Record	20-21	
	Primary/State Summary Information Record	20-21	
	Rating Information Record	20-21	
	Risk Name and Addresses Record	20-21	
	State/Firm Summary Information Record	20-21	
	State/Firm Summary Information Record	65-66	
	STATE CODE - EXPERIENCE	Payroll/Loss Information Record	65-66
Primary/State Summary Information Record		65-66	
STATUS OF CLAIM CODE	Payroll/Loss Information Record	263-263	
STATUS OF RATE FILING CODE	Rating Information Record	159-159	
SUBJECT PREMIUM AMOUNT	Primary/State Summary Information Record	127-136	
SUPERSEDES RATING DATE	Additional Rating Information Record	128-133	
T			
THIRD PARTY ENTITY (TPE/TPA/MGA) FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	Header Record	13-21	
TOTALS - ACTUAL	Rating Information Record	228-236	
TOTALS - EXPECTED	Rating Information Record	201-209	
TRAILER TYPE CODE	File Control Record	3-3	
U			
UNITED STATES LONGSHORE AND HARBOR WORKERS' DCO INDICATION CODE	Payroll/Loss Information Record	261-262	
W			
WCRATING FORMAT CODE	Additional Rating Information Record	320-320	

TOPIC/ FIELD NAME	SUBJECT HEADING	POSITION
	Branch Code Information Record	320-320
	Contingent Rating Record	320-320
	File Control Record	320-320
	Header Record	320-320
	Messages Record	320-320
	Payroll/Loss Information Record	320-320
	Policy Level Messages Record	320-320
	Primary/State Summary Information Record	320-320
	Rating Information Record	320-320
	Risk Name and Addresses Record	320-320
	State/Firm Summary Information Record	320-320
WEIGHT FACTOR	State/Firm Summary Information Record	76-81
WITHDRAWN DATE	Additional Rating Information Record	122-127

Field No.	Field Title/Description	Class	Position	Bytes
HEADER RECORD				
1	RECORD TYPE CODE <i>NOT APPLICABLE: DE, PA</i> Report "00". Record Type Code 00 will contain Header information used to identify each Carrier Pup's (Carrier Group's Subsidiary Companies) Distribution records. There will be multiple worksheets (01-07) records. Record Type Code 99 will indicate the end of the distribution records for that Carrier Pup (Carrier Group's Subsidiary Companies).	AN	1-2	2
2	CARRIER CODE <i>NOT APPLICABLE: DE, PA</i> Report the code assigned to the reporting company by NCCI or other DCO.	N	3-7	5
3	CARRIER GROUP CODE <i>NOT APPLICABLE: DE, MN, PA</i> Report the number assigned by DCOs to distribution carriers classed together by ownership or business functions.	N	8-12	5
4	THIRD PARTY ENTITY (TPE/TPA/MGA) FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) <i>NOT APPLICABLE: DE, MA, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the Federal Employer Identification Number (FEIN) corresponding to the Third Party Entity (TPE/TPA/MGA) Data Provider.	N	13-21	9
5	BUSINESS SEGMENT IDENTIFIER <i>NOT APPLICABLE: DE, MI, NC, NCCI, NJ, NY, PA, WI</i> Report the series of identifying codes provided by the data provider.	N	22-28	7
6	RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, PA</i>	AN	29-319	291
7	WCRATING FORMAT CODE <i>NOT APPLICABLE: DE, PA</i> Report the code that identifies the version format.	AN	320-320	1
	Code Description			
	1 WCIO			
	Blank NCCI			

Field No.	Field Title/Description	Class	Position	Bytes
RATING INFORMATION RECORD				
1	<p>RECORD TYPE CODE Report "01".</p> <p>Record Type Code 01 will contain rating information used to produce the final experience modification page and the Header Record on each worksheet page.</p> <p>Link data contains fields common to all record types and is located in positions 3-61 of this record.</p>	AN	1-2	2
2	<p>RISK ID NUMBER Report the unique risk (experience rating) identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable.</p> <p>For interstate risks, report the NCCI assigned number.</p> <p>For intrastate risks, report the jurisdiction assigned number.</p> <p>For non-rated risks, this field is optional.</p>	AN	3-11	9
3	<p>RATING EFFECTIVE DATE Report the date that the rating is effective.</p> <p>Format CCYYMMDD.</p>	N	12-19	8
4	<p>STATE CODE Report the code identifying the state in which the experience modification was promulgated.</p>	N	20-21	2
5	<p>CARRIER CODE Report the code assigned to the reporting company by NCCI or other DCO.</p> <p>Pertains to the policies outlined in positions 27-44.</p>	N	22-26	5
6	<p>POLICY NUMBER IDENTIFIER Report the unique identifier used for identifying the policy.</p> <p>This is the policy covering the insured for which the rating was promulgated.</p>	AN	27-44	18
7	<p>RATING EXPIRATION DATE <i>NOT APPLICABLE: NCCI, NY</i></p> <p>Report the date that the rating expires.</p> <p>Applies only to experience modification periods of less than one year and is defined as the California unexpired term date. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>Report 00000000 in this field when the Rating Type Code</p>	N	45-52	8

Field No.	Field Title/Description	Class	Position	Bytes
	(position 62 of this record), value D, is reported. N/A: CA, DE, MA, MI, MN, NC, NJ, PA, WI Format CCYYMMDD.			
8	RATING ISSUE DATE <i>NOT APPLICABLE: NC</i> Report the date the rating was calculated. Format CCYYMMDD.	N	53-60	8
9	REVISION CODE Report the code that indicates whether there has been a revision. Code Description 1 Not Revised 2 Revised	N	61-61	1
10	RATING TYPE CODE Report the code that indicates the type of rating being reported. Code Description C Cannot Issue N/A: CA, MA, MI, MN, NC, NJ, NY, WI D Does Not Qualify (DNQ) N/A: MI E Experience Rating I Independent Bureau N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI M Merit Adjustment N/A: CA, NC, NCCI, NY, WI N Not Rated- No Current Coverage N/A: CA, MI, NCCI, WI W Withdraw N/A: MI	AN	62-62	1
11	REVISION NUMBER <i>NOT APPLICABLE: DE, MI, NY, PA</i> Report the number that indicates the revision sequence of a rating.	N	63-64	2
12	RESERVED FOR FUTURE USE	AN	65-66	2
13	FIRM CODE/MULTIPLE ENTITY CODE <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI</i> Report the code that identifies the entities with separate policies that have been combined for experience rating	AN	67-68	2

Field No.	Field Title/Description	Class	Position	Bytes
	purposes.			
14	RESERVED FOR FUTURE USE	AN	69-70	2
15	NAME OF INSURED <i>NOT APPLICABLE: DE, PA</i>	AN	71-100	30
	Report the name of the insured for which the rating was promulgated.			
16	NAME OF INSURED CONTINUED <i>NOT APPLICABLE: DE, PA</i>	AN	101-130	30
	Report the name of the insured as a continuation from positions 71-100.			
17	NAME OF STATE <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i>	AN	131-150	20
	Report the full name of the state (interstate)for which the rating was promulgated.			
18	RATING FACTOR	N	151-155	5
	Report the rating plan factor for the insured.			
	There is an assumed decimal point between positions 152 and 153.			
19	ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR <i>NOT APPLICABLE: CA, DE, MI, MN, NY, PA, WI</i>	N	156-158	3
	Report the ARAP factor.			
	This program imposes additional charges on employers in the residual market where applicable.			
	This field will continue to be populated with the Massachusetts All Risk Adjustment Program Factor which is also found in positions 291-293 of this record. N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	There is an assumed decimal point between positions 156 and 157.			
20	STATUS OF RATE FILING CODE <i>NOT APPLICABLE: CA, DE, MI, MN, NC, PA</i>	AN	159-159	1
	Report the code that indicates the status of the rate filing for which the experience modification was promulgated.			
	Code Description			
	F Final - Rate filing has been approved.			
	P Preliminary - Rate filing has been filed and is pending Approval.			

Field No.	Field Title/Description	Class	Position	Bytes
21	RESERVED FOR NCCI USE	AN	160-160	1
22	RESERVED FOR FUTURE USE	AN	161-161	1
23	FLORIDA ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i> Report the Florida ARAP factor. This program imposes additional charges on employers in the residual market where applicable. There is an assumed decimal point between positions 162 and 163.	N	162-164	3
24	CONTRACTORS PREMIUM ADJUSTMENT PROGRAM (CPAP) FACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, PA, WI</i> Report the factor that is used to provide a premium credit for contracting classifications. There is an assumed decimal point between positions 165 and 166.	N	165-167	3
25	INDICATED RATING FACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, WI</i> Report the experience modification prior to capping. There is an assumed decimal point between positions 169 and 170.	N	168-172	5
26	STABILIZING VALUE <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NJ, PA</i> Report the number added to each side of the equation to reduce extreme ratings. Example: Expected Excess x (1 – Weight) + Ballast. Part of the Experience Rating Formula.	N	173-181	9
27	SPLIT RATING CODE <i>NOT APPLICABLE: CA, MA, MI, NC</i> Report the code that indicates a split rating. If reporting codes 1,2, or 3, refer to positions 79-178 on Record Type Code 05 for details regarding the split rating. Code Description 0 No Split Rating 1 Split Rating Due to Separate State Modifiers	AN	182-182	1

Field No.	Field Title/Description	Class	Position	Bytes
	2 Split Rating Due to Ownership Changes			
	3 Split Rating Due to Addition of a New State			
28	PRIMARY LOSSES - EXPECTED TOTALS <i>NOT APPLICABLE: DE, PA</i>	N	183-191	9
	Report the amount that is the total expected losses for the state used in the experience mod formula.			
	This field is entered in Column 11 and is referred to as Total Expected Primary Losses. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
29	RATABLE EXCESS - EXPECTED <i>NOT APPLICABLE: DE, MN, PA</i>	N	192-200	9
	Report the difference between the expected and primary losses.			
	This field is entered in Column 13. To calculate this part of the experience rating formula, use the following method: Weight x Expected Excess Losses. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
30	TOTALS - EXPECTED <i>NOT APPLICABLE: DE, NC, PA</i>	N	201-209	9
	Report the total expected losses for the state used in the experience modification formula.			
	This field is entered in Column 14. To calculate this part of the experience rating formula, use the following method: Expected Primary Losses + Stabilizing Value + Expected Ratable Excess. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
31	PRIMARY LOSSES - ACTUAL TOTALS	N	210-218	9
	Report the amount that is the actual incurred loss total.			
	This field is entered in Column 11, and is referred to as Total Actual Primary Losses. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	Include both paid and reserved over the experience period, limited to specified maximum amount(s). N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI			
32	RATABLE EXCESS - ACTUAL <i>NOT APPLICABLE: DE, MN, PA</i>	N	219-227	9
	Report the Actual Ratable Excess Amount multiplied by the Weighting Value.			
	This field is entered in Column 13. To calculate this part of the experience rating formula, use the following method: Weight x Actual Excess Losses. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			

Field No.	Field Title/Description	Class	Position	Bytes
	PA, WI This field will only apply to experience modifications effective prior to 01/1/12. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
33	TOTALS - ACTUAL <i>NOT APPLICABLE: DE, NC, PA</i> Report the total losses for the state used in the experience modification formula. Include the total paid and case reserve for all claims incurred during the experience rating period. N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI This field is entered in Column 14. To calculate this part of the experience rating formula, use the following method: Actual Primary Losses + Stabilizing Value + Actual Ratable Excess. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI	N	228-236	9
34	MARKET TYPE CODE <i>NOT APPLICABLE: CA, DE, MN, NY, PA, WI</i> Report the code that indicates the distribution policy market status. Code Description A Normal Assignment Risk D Assigned Risk written under MA Voluntary Direct Assigned Risk Program N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI S Self Insured Group N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI V Voluntary	A	237-237	1
35	CARRIER CODE <i>NOT APPLICABLE: CA, DE, NY, PA</i> Report the code assigned to the reporting company by NCCI or other DCO. This is the carrier code associated with the rating distribution.	N	238-242	5
36	BRANCH CODE <i>NOT APPLICABLE: CA, DE, MA, NJ, PA</i> Report the branch code associated with the rating distribution.	AN	243-245	3
37	POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, MI, NY</i>	AN	246-263	18

Field No.	Field Title/Description	Class	Position	Bytes
	Report the unique identifier used for identifying the policy. Do not report embedded blanks or marks of punctuation.			
38	POLICY EFFECTIVE DATE <i>NOT APPLICABLE: NY</i>	N	264-271	8
	Report the date that the policy became effective. This is the policy in effect when the rating was promulgated. Format CCYYMMDD.			
39	POLICY EXPIRATION DATE <i>NOT APPLICABLE: CA, MI, MN, NY</i>	N	272-279	8
	Report the date that the policy expired. This is the expiration date of the policy in effect when the rating was promulgated. Format CCYYMMDD.			
40	RESERVED FOR FUTURE USE	AN	280-280	1
41	SARAP FACTOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i>	N	281-283	3
	Report the factor used to impose additional charges on employers in the residual market where applicable. There is an assumed decimal point between positions 281 and 282.			
42	FIRST TIME MAIL INDICATOR <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NY, PA, WI</i>	AN	284-284	1
	Report the applicable indicator code. This indicator identifies if this risk ID and rating effective date has been distributed to this carrier previously. This field is used for billing purposes and relays an indicator on the packing slip. N/A: NJ			
	Code Description			
	Y First Time Mailed			
43	RESERVED FOR FUTURE USE	AN	285-290	6
44	MASSACHUSETTS ALL RISK ADJUSTMENT PROGRAM (ARAP) FACTOR <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NJ, NY, PA, WI</i>	N	291-293	3
	Report the factor that is used to impose additional charges on employers in the voluntary and residual markets where			

Field No.	Field Title/Description	Class	Position	Bytes
	applicable. There is an assumed decimal point between positions 291 and 292.			
45	RATE SHEET IDENTIFICATION NUMBER <i>NOT APPLICABLE: MI, NJ, WI</i>	AN	294-301	8
	Report the unique identification number assigned to a rate sheet for tracking.			
46	BUSINESS SEGMENT IDENTIFIER <i>NOT APPLICABLE: MI, NC, NCCI, NJ, NY, WI</i>	N	302-308	7
	Report the series of series of identifying codes provided by the data provider.			
47	RESERVED FOR FUTURE USE	AN	309-319	11
48	WCRATING FORMAT CODE	AN	320-320	1
	Report the code that identifies the version format.			
	Code Description			
	1 WCIO			
	Blank NCCI			

Field No.	Field Title/Description	Class	Position	Bytes
RISK NAME AND ADDRESSES RECORD				
1	RECORD TYPE CODE <i>NOT APPLICABLE: CA, NCCI</i> Report "A1". Record Type Code A1 will contain risk information.	AN	1-2	2
2	RISK ID NUMBER <i>NOT APPLICABLE: CA, NCCI</i> Report the unique risk (experience rating) identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable. For interstate risks, report the NCCI assigned number. For intrastate risks, report the jurisdiction assigned number. For non-rated risks, this field is optional.	AN	3-11	9
3	RATING EFFECTIVE DATE <i>NOT APPLICABLE: CA, NCCI</i> Report the date that the rating is effective. Format CCYYMMDD.	N	12-19	8
4	STATE CODE <i>NOT APPLICABLE: CA, NCCI</i> Report the code identifying the state in which the experience modification was promulgated.	N	20-21	2
5	CARRIER CODE <i>NOT APPLICABLE: CA, NCCI</i> Report the code assigned to the reporting company by NCCI or other DCO. Pertains to the policies outlined in positions 27-44.	N	22-26	5
6	POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, NCCI</i> Report the unique identifier used for identifying the policy. This is the policy covering the insured for which the rating was promulgated.	AN	27-44	18
7	RATING EXPIRATION DATE <i>NOT APPLICABLE: CA, NCCI, NY</i>	N	45-52	8

Field No.	Field Title/Description	Class	Position	Bytes
	Report the date that the rating expires. Applies only to experience modification periods of less than one year and is defined as the California unexpired term date. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI Format CCYYMMDD.			
8	RATING ISSUE DATE <i>NOT APPLICABLE: CA, NC, NCCI</i>	N	53-60	8
	Report the date the rating was calculated. Format CCYYMMDD.			
9	REVISION CODE <i>NOT APPLICABLE: CA, NCCI</i>	N	61-61	1
	Report the code that indicates whether there has been a revision. Code Description 1 Not Revised 2 Revised			
10	RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i>	AN	62-66	5
11	FIRM CODE/MULTIPLE ENTITY CODE <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	67-68	2
	Report the code that identifies the entities with separate policies that have been combined for experience rating purposes. This field will be used as the "master file tag".			
12	NAME CODE NUMBER <i>NOT APPLICABLE: CA, MI, NCCI</i>	N	69-71	3
	Report the number that indicates the order in which the name of the insured appears on the policy. This number references the order in which the name records appear on the rate sheet, and may not match the order of the name records reported on the policy. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI Populate with "001" for primary name, "002" for secondary names, etc.			
13	NAME OF INSURED <i>NOT APPLICABLE: CA, NCCI</i>	AN	72-171	100

Field No.	Field Title/Description	Class	Position	Bytes
	Report the name of the insured for which the rating was promulgated.			
14	RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, NCCI</i>	AN	172-172	1
15	ADDRESS - STREET <i>NOT APPLICABLE: CA, NCCI</i>	AN	173-212	40
	Report the street number and name, post office box, or other description.			
	This is the first line of the address of the insured.			
16	ADDRESS - STREET <i>NOT APPLICABLE: CA, MI, NC, NCCI</i>	AN	213-252	40
	Report the street number and name, post office box, or other description.			
	This is the second line of the address of the insured.			
	This will be the extended street address which will wrap on the rate sheet and is not a dedicated second line. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
17	ADDRESS - CITY <i>NOT APPLICABLE: CA, NCCI</i>	AN	253-282	30
	Report the city name.			
18	ADDRESS - STATE <i>NOT APPLICABLE: CA, NCCI</i>	AN	283-284	2
	Report the US Postal Service abbreviation for the state.			
19	ADDRESS - ZIP CODE <i>NOT APPLICABLE: CA, NCCI</i>	AN	285-293	9
	Report the postal or zip code.			
20	COVERAGE ID NUMBER <i>NOT APPLICABLE: CA, DE, MI, NCCI, PA</i>	AN	294-303	10
	Report the identifier for a specific employer's coverage for which the exposure/loss information pertains.			
21	COMBINABLE ID NUMBER <i>NOT APPLICABLE: CA, DE, MI, NCCI, PA</i>	AN	304-312	9
	Report the unique identifier assigned by the DCO for all coverage that is combinable for experience rating.			
22	RESERVED FOR FUTURE USE	AN	313-319	7

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

23	WCRATING FORMAT CODE	AN	320-320	1
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NOT APPLICABLE: CA, NCCI

Report the code that identifies the version format.

Code Description

1 WCIO

Blank NCCI

Field No.	Field Title/Description	Class	Position	Bytes
ADDITIONAL RATING INFORMATION RECORD				
1	<p>RECORD TYPE CODE</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report "B1".</p> <p>Record Type Code B1 will contain additional rating information used to produce the final experience modification page and the Header Details on each worksheet page.</p>	AN	1-2	2
2	<p>RISK ID NUMBER</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the unique risk (experience rating) identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable.</p> <p>For interstate risks, report the NCCI assigned number.</p> <p>For intrastate risks, report the jurisdiction assigned number.</p> <p>For non-rated risks, this field is optional.</p>	AN	3-11	9
3	<p>RATING EFFECTIVE DATE</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the date that the rating is effective.</p> <p>Format CCYYMMDD.</p>	N	12-19	8
4	<p>STATE CODE</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the code identifying the state in which the experience modification was promulgated.</p>	N	20-21	2
5	<p>CARRIER CODE</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the code assigned to the reporting company by NCCI or other DCO.</p> <p>Pertains to the policies outlined in positions 27-44.</p>	N	22-26	5
6	<p>POLICY NUMBER IDENTIFIER</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the unique identifier used for identifying the policy.</p> <p>This is the policy covering the insured for which the rating was promulgated.</p>	AN	27-44	18
7	<p>RATING EXPIRATION DATE</p>	N	45-52	8

Field No.	Field Title/Description	Class	Position	Bytes
	<p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the date that the rating expires.</p> <p>Applies only to experience modification periods of less than one year and is defined as the California unexpired term date. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>Format CCYYMMDD.</p>			
8	<p>RATING ISSUE DATE</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the date the rating was calculated.</p> <p>Format CCYYMMDD.</p>	N	53-60	8
9	<p>REVISION CODE</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the code that indicates whether there has been a revision.</p> <p>Code Description</p> <p>1 Not Revised</p> <p>2 Revised</p>	N	61-61	1
10	<p>RESERVED FOR FUTURE USE</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p>	AN	62-97	36
11	<p>EXPERIENCE START DATE</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the date of coverage first affecting the experience modification.</p> <p>This field applies only to experience modifications effective 01/01/12 and after.</p> <p>Format: YYMMDD</p>	N	98-103	6
12	<p>EXPERIENCE END DATE</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the date of coverage last affecting the experience modification.</p> <p>This field applies only to experience modifications effective 01/01/12 and after.</p> <p>Format: YYMMDD</p>	N	104-109	6
13	<p>RELEASE DATE</p>	N	110-115	6

Field No.	Field Title/Description	Class	Position	Bytes
	<i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>			
	Report the date the rate sheet was released to the receiving insurer. Format: YYMMDD			
14	RERATE EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	116-121	6
	The date of the rating becoming effective when a split rating is issued to be effective on a date other than the California Rating Effective Date. Format: YYMMDD			
15	WITHDRAWN DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	122-127	6
	Report the date that the rating is withdrawn. Format YYMMDD.			
16	SUPERSEDES RATING DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	128-133	6
	Report the date of the prior rating for which this rating is replacing. Format YYMMDD.			
17	CALIFORNIA RATING EFFECTIVE DATE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	134-141	8
	Report the date that the rating uses to calculate the experience period. Format YYMMDD.			
18	RESERVED FOR FUTURE USE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	142-319	178
19	WCRATING FORMAT CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	AN	320-320	1
	Report the code that identifies the version format.			
	Code Description			
	1 WCIO			
	Blank NCCI			

Field No.	Field Title/Description	Class	Position	Bytes
PAYROLL/LOSS INFORMATION RECORD				
1	RECORD TYPE CODE Report "02". Record Type Code 02 contains Payroll/Loss information and issued in the detail portion of the worksheet.	AN	1-2	2
2	RISK ID NUMBER Report the unique risk (experience rating) identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable. For interstate risks, report the NCCI assigned number. For intrastate risks, report the jurisdiction assigned number. For non-rated risks, this field is optional.	AN	3-11	9
3	RATING EFFECTIVE DATE Report the date that the rating is effective. Format CCYYMMDD.	N	12-19	8
4	STATE CODE Report the code identifying the state in which the experience modification was promulgated.	N	20-21	2
5	CARRIER CODE Report the code assigned to the reporting company by NCCI or other DCO. Pertains to the policies outlined in positions 27-44.	N	22-26	5
6	POLICY NUMBER IDENTIFIER Report the unique identifier used for identifying the policy. This is the policy covering the insured for which the rating was promulgated.	AN	27-44	18
7	RATING EXPIRATION DATE <i>NOT APPLICABLE: NCCI, NY</i> Report the date that the rating expires. Applies only to experience modification periods of less than one year and is defined as the California unexpired term date. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI Format CCYYMMDD.	N	45-52	8
8	RATING ISSUE DATE <i>NOT APPLICABLE: NC</i>	N	53-60	8

Field No.	Field Title/Description	Class	Position	Bytes						
	Report the date the rating was calculated. Format CCYYMMDD.									
9	REVISION CODE Report the code that indicates whether there has been a revision. <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Not Revised</td> </tr> <tr> <td>2</td> <td>Revised</td> </tr> </tbody> </table>	Code	Description	1	Not Revised	2	Revised	N	61-61	1
Code	Description									
1	Not Revised									
2	Revised									
10	RESERVED FOR FUTURE USE	AN	62-64	3						
11	STATE CODE - EXPERIENCE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NY, PA, WI</i> Report the code of the state covered by this record. This is the state for which the payroll/loss information is being reported.	N	65-66	2						
12	FIRM CODE/MULTIPLE ENTITY CODE <i>NOT APPLICABLE: CA, MA, MN, NJ</i> Report the code that identifies the entities with separate policies that have been combined for experience rating purposes.	AN	67-68	2						
13	CARRIER CODE - EXPERIENCE <i>NOT APPLICABLE: DE, MI, NY, PA</i> Report the carrier code for a for which the payroll/loss reported applies.	N	69-73	5						
14	POLICY NUMBER IDENTIFIER - EXPERIENCE <i>NOT APPLICABLE: CA, DE, MI, NY, PA</i> Report the Policy Number Identifier for a for which the payroll/loss reported applies. Do not report any blanks or marks of punctuation.	AN	74-91	18						
15	POLICY EFFECTIVE DATE - EXPERIENCE Report the Policy Effective Date for a for which the payroll/loss reported applies. This is the policy to which the payroll and losses reported applies. Format CCYYMMDD. N/A: CA, DE, NY, PA Format YYYY in positions 92-95. N/A: CA, MA, MI, MN, NC, NCCI, NJ, WI For experience modifications effective prior to 01/01/12, format	N	92-99	8						

Field No.	Field Title/Description	Class	Position	Bytes
16	<p>For experience modifications effective prior to 01/01/12, format YYYY. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>POLICY EXPIRATION DATE - EXPERIENCE</p> <p><i>NOT APPLICABLE: DE, MI, NY, PA</i></p> <p>Report the Policy Expiration Date for a for which the payroll/loss reported applies.</p> <p>This field will apply to experience modifications effective 01/01/12 and after. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</p> <p>Format CCYYMMDD.</p>	N	100-107	8
17	<p>COVERAGE ID NUMBER</p> <p><i>NOT APPLICABLE: CA, DE, MI, NCCI, PA</i></p> <p>Report the identifier for a specific employer's coverage for which the exposure/loss information pertains.</p>	AN	108-115	8
18	<p>RESERVED FOR FUTURE USE</p>	AN	116-117	2
19	<p>NAME OF FIRM</p> <p><i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i></p> <p>Report the name that corresponds to the Multiple Entity Code or State Name.</p> <p>The Firm Code/Multiple Entity Code is in positions 67-68 of this record.</p> <p>If the Firm/Multiple Entity Code is blank, then the state name will appear in this field.</p> <p>The state name corresponds with the State Code -Experience in positions 65-66 of this record.</p>	AN	118-147	30
20	<p>RESERVED FOR FUTURE USE</p>	AN	148-152	5
21	<p>CLASSIFICATION CODE</p> <p>Report the classification code that applies to the payroll/loss reported.</p> <p>Applies only to the payroll reported. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA</p>	AN	153-156	4
22	<p>CLASSIFICATION CODE SUFFIX</p> <p><i>NOT APPLICABLE: CA, DE, MA, MN, NC, NY, PA, WI</i></p> <p>Report the code that distinguishes the Expected Loss Rate and/or D-Ratio used.</p>	AN	157-157	1
23	<p>CLASSIFICATION WORDING</p> <p><i>NOT APPLICABLE: MA, MI, NC</i></p> <p><i>OPTIONAL: WI</i></p> <p>Report the wording that describes the classification being</p>	AN	158-187	30

Field No.	Field Title/Description	Class	Position	Bytes
	reported.			
	For specified class codes only, not all class codes. N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
24	DATA CODE <i>NOT APPLICABLE: NCCI</i>	AN	188-188	1
	Report the code that indicates which data elements are populated.			
	Code Description			
	1 Authorized class N/A: WI			
	2 Payroll only			
	3 Loss only			
	4 Contains both payroll and loss			
	5 Payroll total for class			
	6 Loss total			
	7 Exposure total for all classes			
	8 Merit Adjustment N/A: NY, WI			
	9 Eligibility Premium N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI			
25	EXPECTED LOSS RATE (ELR)	N	189-195	7
	Report the factor used to determine the amount of total expected losses by classification per unit of exposure.			
	Applied to the total payroll for a class code as of the effective date of the experience modification. N/A: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI			
	There is an assumed decimal point between positions 193 and 194.			
26	D-RATIO (DISCOUNT RATIO) FACTOR <i>NOT APPLICABLE: DE, PA</i>	N	196-201	6
	Report the factor used to determine the total amount of expected losses by classification that are primary expected losses.			
	This factor is applied to the total expected losses for a class code as of the effective date of the experience modification. N/A: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI			
	There is an assumed decimal point between positions 199 and 200. N/A: CA, NY			
	There is an assumed decimal point between positions 198 and			

Field No.	Field Title/Description	Class	Position	Bytes
	199. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
27	EXPOSURE AMOUNT Report the payroll of the classification for the experience period.	N	202-211	10
28	MANUAL/CHARGED RATE <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NCCI, WI</i> Report the rate charged by the carrier for the classification. There is an assumed decimal point between positions 215 and 216. This is the Authorized Rating Value. N/A: CA, MA, MI, MN, NC, NCCI, NY, WI This field is not applicable for ratings effective 10/01/2009 and after. N/A: CA, DE, MA, MI, MN, NC, NCCI, PA, WI	N	212-217	6
29	A-RATED MINIMUM PREMIUM <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i> Report the lowest premium required for this classification. Not applicable for ratings effective 10/01/2009 and after.	N	218-222	5
30	EXPECTED LOSS TOTAL Report the total, normal or average yearly anticipated loss amounts based on the employer's size and classifications, obtained by multiplying the exposure basis for each class by the class expected loss rate.	N	223-231	9
31	EXPECTED PRIMARY LOSS AMOUNT <i>NOT APPLICABLE: DE, PA</i> Report the amount that represents the portion of total expected losses subject to a state maximum amount per claim. This amount can be obtained by multiplying the total expected losses by the D-Ratio Factor.	N	232-240	9
32	AUTHORIZED CLASSIFICATION CODE INFORMATION CODE <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NY, PA, WI</i> Report the code which indicates the status of an authorized classification code. Code Description # If Any * Not Physically Surveyed By Bureau F Federal Coverage	AN	241-241	1

Field No.	Field Title/Description	Class	Position	Bytes																								
33	<p>LOSS SEQUENCE NUMBER <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NY, PA, WI</i></p> <p>Report the number that identifies the sequence in which the loss record is to print on the experience rating worksheet.</p>	N	242-246	5																								
34	<p>CLAIM NUMBER</p> <p>Report the unique alphanumeric code that identifies a loss claim.</p> <p>Only report limited loss claims. N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI</p> <p>Claim number of every individually listed loss must be reported as right-justified and with leading blanks if claim number is less than 12 positions.</p> <p>Do not report embedded blanks or marks of punctuation.</p>	AN	247-258	12																								
35	<p>INJURY CODE (INJURY TYPE)</p> <p>Report the code that identifies under which provision of the law benefits were paid or expected to be paid.</p> <p>Limited loss applies only. N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>01</td><td>Death</td></tr> <tr><td>02</td><td>Permanent Total Disability</td></tr> <tr><td>03</td><td>Major Permanent Partial Disability N/A: NY</td></tr> <tr><td>04</td><td>Minor Permanent Partial Disability N/A: NY</td></tr> <tr><td>05</td><td>Temporary Total or Temporary Partial Disability</td></tr> <tr><td>06</td><td>Medical Claims Only</td></tr> <tr><td>07</td><td>Contract Medical or Hospital Allowance</td></tr> <tr><td>08</td><td>Compromised Death N/A: NY</td></tr> <tr><td>09</td><td>Permanent Partial Disability N/A: NY</td></tr> <tr><td>10</td><td>Permanent Partial Disability - Scheduled N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</td></tr> <tr><td>11</td><td>Permanent Partial Disability - Non Scheduled N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI</td></tr> </tbody> </table>	Code	Description	01	Death	02	Permanent Total Disability	03	Major Permanent Partial Disability N/A: NY	04	Minor Permanent Partial Disability N/A: NY	05	Temporary Total or Temporary Partial Disability	06	Medical Claims Only	07	Contract Medical or Hospital Allowance	08	Compromised Death N/A: NY	09	Permanent Partial Disability N/A: NY	10	Permanent Partial Disability - Scheduled N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI	11	Permanent Partial Disability - Non Scheduled N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI	N	259-260	2
Code	Description																											
01	Death																											
02	Permanent Total Disability																											
03	Major Permanent Partial Disability N/A: NY																											
04	Minor Permanent Partial Disability N/A: NY																											
05	Temporary Total or Temporary Partial Disability																											
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09	Permanent Partial Disability N/A: NY																											
10	Permanent Partial Disability - Scheduled N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI																											
11	Permanent Partial Disability - Non Scheduled N/A: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA, WI																											
36	<p>UNITED STATES LONGSHORE AND HARBOR WORKERS' DCO INDICATION CODE <i>NOT APPLICABLE: CA, MA, MI, MN, NC, WI</i></p> <p>Report the code that indicates whether the policy has U.S.L.&</p>	AN	261-262	2																								

Field No.	Field Title/Description	Class	Position	Bytes
	HW coverage. Indicate if other than State Act. N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI			
	Code Description			
	02 Indicates USL & HW N/A: NCCI			
	U Indicates USL & HW N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
37	STATUS OF CLAIM CODE <i>NOT APPLICABLE: DE, NY, PA</i>	AN	263-263	1
	Report the code that identifies claims where final payment has been made. For policies effective 1/1/2011 and after, grouped claims reporting will no longer be accepted. N/A: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI			
	Code Description			
	* Grouped N/A: MA, MN			
	C Closed N/A: MI, NC, NCCI Applies to experience modifications effective 01/01/12 or after. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	F Finished N/A: MA, MN, NC, WI Applies to experience modifications effective prior to 01/01/12. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	O Open			
	R Reopen N/A: CA, MI, NCCI, WI			
38	LOSS DATA TYPE CODE <i>NOT APPLICABLE: NY</i>	AN	264-264	1
	Report the code used to determine the type of loss.			
	Code Description			
	# Limited N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
	1 Detail Loss N/A: NCCI			
	2 Losses Summarized by Policy Year N/A: NCCI			
	3 Detail Limited Loss N/A: CA, NCCI			
	4 Total Losses N/A: CA, NCCI			

Field No.	Field Title/Description	Class	Position	Bytes
5	Total Limited Losses N/A: CA, NCCI			
6	Merit Lost - Time Claim N/A: CA, NC, NCCI			
C	Catastrophic Limited Loss N/A: DE, MA, MI, MN, NC, PA, WI			
D	Disease Limited Loss N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
E	Employers Liability Limited Loss N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI			
39	ACTUAL INCURRED LOSS TOTAL AMOUNT Report the total incurred value of the loss (medical + indemnity).	N	265-273	9
40	ACTUAL PRIMARY LOSS AMOUNT Report the maximum value for each loss for the experience rating period, limited to a state maximum amount per claim. Identify the total losses used. N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI	N	274-282	9
41	ACTUAL INCURRED LOSS MESSAGE CODE <i>NOT APPLICABLE: CA, DE, NCCI, PA</i> Report the code that identifies a policy level message that applies to the Actual Incurred Loss Total Amount reported.	AN	283-283	1
	Code Description			
	* Denotes Loss Limit Applied			
	A State Per Claim Accident Limitation			
	C Multiple Claim Accident			
	D Loss in excess of State Multiple Claim Accident Limitation			
	F Subrogation Received by the Carrier			
	G Second Injury Fund Recovery Anticipated			
	H Claim was Declared Non-compensable			
	J USL&HW Act Per Claim Accident Limitation			
	K Catastrophe Code 48 Excluded from Modification Calculation			
42	ACTUAL PRIMARY LOSS MESSAGE CODE <i>NOT APPLICABLE: MI, NCCI</i> Report the code that identifies a policy level message that applies to the Actual Primary Loss Amount reported.	A	284-284	1

Field No.	Field Title/Description	Class	Position	Bytes
	Code Description			
	E Primary Loss Limitation of Multiple Claim Accident			
	J Joint Claim N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	P Partial Fraudulent Claim N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	S Subrogated Claim N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
43	INCURRED MEDICAL AMOUNT <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NY, WI</i>	N	285-293	9
	Report the amount representing incurred medical, including all paid and outstanding reserve benefits as of the loss valuation date.			
44	INCURRED INDEMNITY AMOUNT <i>NOT APPLICABLE: CA, MA, MI, MN, NC, NY, WI</i>	N	294-302	9
	Report the amount representing incurred indemnity, including all paid and outstanding reserve benefits due to an employee's lost wages or inability to work.			
45	RESERVED FOR FUTURE USE	AN	303-304	2
46	CATASTROPHE NUMBER <i>NOT APPLICABLE: MI, MN</i>	N	305-306	2
	Report the number used for reporting all claims (two or more) resulting from the same accident.			
	This field indicates that the loss is part of a catastrophe.			
47	CLAIM COUNT <i>NOT APPLICABLE: DE, MI, MN, PA</i>	N	307-311	5
	Report the number of claims reported as a grouped loss.			
48	ELIGIBILITY PREMIUM AMOUNT - EXPERIENCE <i>NOT APPLICABLE: CA, DE, MI, MN, NC, NCCI, NY, PA, WI</i>	N	312-319	8
	Report the amount that indicates the policy premium amount used to determine the risk's eligibility for experience rating.			
49	WCRATING FORMAT CODE Report the code that identifies the version format.	AN	320-320	1
	Code Description			
	1 WCIO			
	Blank NCCI			

Field No.	Field Title/Description	Class	Position	Bytes
PRIMARY/STATE SUMMARY INFORMATION RECORD				
1	<p>RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i></p> <p>Report "03".</p> <p>Record Type Code 03 contains the Primary/State Summary information for each unique firm.</p>	AN	1-2	2
2	<p>RISK ID NUMBER <i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i></p> <p>Report the unique risk (experience rating) identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable.</p> <p>For interstate risks, report the NCCI assigned number.</p> <p>For intrastate risks, report the jurisdiction assigned number.</p> <p>For non-rated risks, this field is optional.</p>	AN	3-11	9
3	<p>RATING EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i></p> <p>Report the date that the rating is effective.</p> <p>Format CCYYMMDD.</p>	N	12-19	8
4	<p>STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i></p> <p>Report the code identifying the state in which the experience modification was promulgated.</p>	N	20-21	2
5	<p>CARRIER CODE <i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i></p> <p>Report the code assigned to the reporting company by NCCI or other DCO.</p> <p>Pertains to the policies outlined in positions 27-44.</p>	N	22-26	5
6	<p>POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i></p> <p>Report the unique identifier used for identifying the policy.</p> <p>This is the policy covering the insured for which the rating was promulgated.</p>	AN	27-44	18
7	<p>RATING EXPIRATION DATE <i>NOT APPLICABLE: CA, DE, MA, MN, NCCI, NJ, NY, PA</i></p>	N	45-52	8

Field No.	Field Title/Description	Class	Position	Bytes
	Report the date that the rating expires. Applies only to experience modification periods of less than one year and is defined as the California unexpired term date. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI Format CCYYMMDD.			
8	RATING ISSUE DATE <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA</i>	N	53-60	8
	Report the date the rating was calculated. Format CCYYMMDD.			
9	REVISION CODE <i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i>	N	61-61	1
	Report the code that indicates whether there has been a revision. Code Description 1 Not Revised 2 Revised			
10	RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i>	AN	62-64	3
11	STATE CODE - EXPERIENCE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA</i>	N	65-66	2
	Report the code of the state covered by this record.			
12	FIRM CODE/MULTIPLE ENTITY CODE <i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i>	AN	67-68	2
	Report the code that identifies the entities with separate policies that have been combined for experience rating purposes.			
13	CARRIER CODE - EXPERIENCE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA, WI</i>	N	69-73	5
	Report the code assigned to the reporting company by NCCI or other DCO.			
14	POLICY NUMBER IDENTIFIER - EXPERIENCE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA, WI</i>	AN	74-91	18
	Report the unique identifier used for identifying the policy. Do not report embedded blanks or marks of punctuation.			

Field No.	Field Title/Description	Class	Position	Bytes
15	POLICY EFFECTIVE DATE - EXPERIENCE <i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i> Report the date that the policy became effective. Format CCYYMMDD.	N	92-99	8
16	POLICY EXPIRATION DATE - EXPERIENCE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA</i> Report the date that the policy expires. Format CCYYMMDD.	N	100-107	8
17	RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i>	AN	108-115	8
18	POLICY - TOTAL EXPOSURE <i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i> Report the amount that represents the total of all exposure information included on a rating.	N	116-126	11
19	SUBJECT PREMIUM AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NJ, NY, PA, WI</i> Report the amount the represents the sum of premium amounts subject to experience modification.	N	127-136	10
20	POLICY TOTAL: ACTUAL INCURRED LOSSES <i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i> Report the amount that represents incurred losses as of the loss valuation date, including all paid and outstanding reserve benefits.	N	137-146	10
21	POLICY TOTAL: PRIMARY ACTUAL LOSSES <i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i> Report the amount that represents losses reduced to the primary value.	N	147-156	10
22	RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i>	AN	157-319	163
23	WCRATING FORMAT CODE <i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i> Report the code that identifies the version format.	AN	320-320	1
	Code Description			
	1 WCIO			

Field No.	Field Title/Description	Class	Position	Bytes
	Blank NCCI			

Field No.	Field Title/Description	Class	Position	Bytes
POLICY LEVEL MESSAGES RECORD				
1	RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i> Report "A3". Record Type Code A3 contains policy level messages.	AN	1-2	2
2	RISK ID NUMBER <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i> Report the unique risk (experience rating) identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable. For interstate risks, report the NCCI assigned number. For intrastate risks, report the jurisdiction assigned number. For non-rated risks, this field is optional.	AN	3-11	9
3	RATING EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i> Report the date that the rating is effective. Format CCYYMMDD.	N	12-19	8
4	STATE CODE <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i> Report the code identifying the state in which the experience modification was promulgated.	N	20-21	2
5	CARRIER CODE <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i> Report the code assigned to the reporting company by NCCI or other DCO. Pertains to the policies outlined in positions 27-44.	N	22-26	5
6	POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i> Report the unique identifier used for identifying the policy. This is the policy covering the insured for which the rating was promulgated.	AN	27-44	18
7	RATING EXPIRATION DATE <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i>	N	45-52	8

Field No.	Field Title/Description	Class	Position	Bytes
	Report the date that the rating expires. Format CCYYMMDD.			
8	RATING ISSUE DATE <i>NOT APPLICABLE: CA, DE, MI, NC, NCCI, NJ, NY, PA</i>	N	53-60	8
	Report the date the rating was calculated. Format CCYYMMDD.			
9	REVISION CODE <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i>	N	61-61	1
	Report the code that indicates whether there has been a revision.			
	Code Description			
	1 Not Revised			
	2 Revised			
10	RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i>	AN	62-72	11
11	MESSAGE SEQUENCE <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i>	N	73-75	3
	Report the numeric sequence that identifies each line of the message displayed on the worksheet.			
12	LINE NUMBER <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i>	N	76-78	3
	Report the number that identifies the message's line numbers for each Message Sequence.			
13	MESSAGE <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i>	AN	79-178	100
	Report the information documenting the edit failure.			
14	CARRIER CODE - EXPERIENCE <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i>	N	179-183	5
	Report the code assigned to the reporting company by NCCI or other DCO.			
	This is the carrier code of the policy to which the policy level message pertains.			
15	POLICY NUMBER IDENTIFIER - EXPERIENCE <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i>	AN	184-201	18

Field No.	Field Title/Description	Class	Position	Bytes
	Report the carrier code for a for which the payroll/loss reported applies. This is the policy to which the policy level message pertains. Do not report embedded blanks or marks of punctuation.			
16	POLICY EFFECTIVE DATE - EXPERIENCE <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i>	N	202-209	8
	Report the Policy Effective Date for a for which the payroll/loss reported applies. This is the policy to which the policy level message pertains. Format CCYYMMDD.			
17	RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i>	AN	210-319	110
18	WCRATING FORMAT CODE <i>NOT APPLICABLE: CA, DE, MI, NCCI, NJ, NY, PA</i>	AN	320-320	1
	Report the code that identifies the version format.			
	Code Description			
	1 WCIO			
	Blank NCCI			

Field No.	Field Title/Description	Class	Position	Bytes
STATE/FIRM SUMMARY INFORMATION RECORD				
1	RECORD TYPE CODE Report "04". Record Type Code 04 contains State/Firm Summary information to produce the summary page.	AN	1-2	2
2	RISK ID NUMBER Report the unique risk (experience rating) identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable. For interstate risks, report the NCCI assigned number. For intrastate risks, report the jurisdiction assigned number. For non-rated risks, this field is optional.	AN	3-11	9
3	RATING EFFECTIVE DATE Report the date that the rating is effective. Format CCYYMMDD.	N	12-19	8
4	STATE CODE Report the code identifying the state in which the experience modification was promulgated.	N	20-21	2
5	CARRIER CODE Report the code assigned to the reporting company by NCCI or other DCO. Pertains to the policies outlined in positions 27-44.	N	22-26	5
6	POLICY NUMBER IDENTIFIER Report the unique identifier used for identifying the policy. This is the policy covering the insured for which the rating was promulgated.	AN	27-44	18
7	RATING EXPIRATION DATE <i>NOT APPLICABLE: NCCI, NY</i> Report the date that the rating expires. Applies only to experience modification periods of less than one year and is defined as the California unexpired term date. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI Format CCYYMMDD.	N	45-52	8
8	RATING ISSUE DATE <i>NOT APPLICABLE: NC</i>	N	53-60	8

Field No.	Field Title/Description	Class	Position	Bytes
	Report the date the rating was calculated. Format CCYYMMDD.			
9	REVISION CODE Report the code that indicates whether there has been a revision. Code Description 1 Not Revised 2 Revised	N	61-61	1
10	RESERVED FOR FUTURE USE	AN	62-64	3
11	STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MN, NY, PA, WI</i> Report the code of the state covered by this record.	N	65-66	2
12	FIRM CODE/MULTIPLE ENTITY CODE <i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA</i> Report the code that identifies the entities with separate policies that have been combined for experience rating purposes.	AN	67-68	2
13	RESERVED FOR FUTURE USE	AN	69-72	4
14	STATE ABBREVIATION <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i> Report the alphabetic state abbreviation of the physical branch address. This applies to interstate only.	A	73-74	2
15	PRELIMINARY STATE RATING CODE <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI</i> Report the state code that indicates the preliminary rating.	AN	75-75	1
16	WEIGHT FACTOR Report the ratio that determines the proportion of actual excess losses to enter the experience modification calculation. This is sometimes referred to as the credibility value. Credibility is defined as the extent to which an insured's actual (limited) losses will be reflected in the experience modification. N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, WI This field will only apply to experience modifications effective prior to 01/01/12. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI	N	76-81	6

Field No.	Field Title/Description	Class	Position	Bytes
	There is an assumed decimal point between positions 78 and 79.			
17	RESERVED FOR FUTURE USE		82-94	13
18	EXPECTED LOSS TOTAL Report the total expected losses for the state used in the experience modification formula and obtained by multiplying the exposure basis for each class by the class expected loss rate.	N	95-103	9
19	EXPECTED PRIMARY LOSS AMOUNT <i>NOT APPLICABLE: DE, PA</i> Report the amount that represents the portion of total expected losses subject to a state maximum amount per claim. This amount is obtained by multiplying the total expected losses by the D-Ratio.	N	104-112	9
20	ACTUAL EXCESS LOSS AMOUNT <i>NOT APPLICABLE: DE, MN, PA</i> Report the portion of each claim above the state maximum amount. This field will only apply to experience modifications effective prior to 01/01/12. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI The amount is obtained by subtracting the actual primary losses from the total actual losses.	N	113-121	9
21	ACTUAL INCURRED LOSS TOTAL Report the total losses used in the experience modification formula.	N	122-130	9
22	BALLAST AMOUNT Report the amount designed to act as a stabilizing element to limit the effect of any single loss on the experience modification. This is known as the Ballast Factor. N/A: CA, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI This field will only apply to experience modifications effective prior to 01/01/12. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI	N	131-139	9
23	ACTUAL PRIMARY LOSS AMOUNT <i>NOT APPLICABLE: DE, PA</i> Report the maximum value for each loss for the experience rating period, limited to a state maximum amount per claim.	N	140-148	9
24	ASSIGNED RISK ADJUSTMENT PROGRAM (ARAP) FACTOR <i>NOT APPLICABLE: CA, DE, MI, MN, NY, PA, WI</i>	N	149-151	3

Field No.	Field Title/Description	Class	Position	Bytes
	Report the Assigned Risk Adjustment Program Factor. For MA intrastate ratings, this field will be populated with the Massachusetts All Risk Adjustment Program Factor, which is also found in positions 291-293 of Record 01. N/A: CA, DE, MI, MN, NC, NCCI, NJ, NY, PA, WI The Assigned Risk Adjustment Program imposes additional charges on employers in the residual market where applicable. There is an assumed decimal point between positions 149 and 150.			
25	AVERAGE BALLAST AMOUNT <i>NOT APPLICABLE: CA, DE, MA, MN, NJ, NY, PA, WI</i>	N	152-160	9
	Report the amount for the state based on total expected losses for the rating .			
26	LIMIT CHARGE FACTOR <i>NOT APPLICABLE: CA, MA, MI, MN, NCCI, NY, WI</i>	N	161-163	3
	Report the factor that indicates an additional charge applied to experience-rated risks in exchange for the procedure of using only limited actual losses in experience rating. The amount of limit charged is dependent on applicable maximum loss limit; a function of expected loss size of risk. There is an assumed decimal point preceding position 161.			
27	RESERVED FOR FUTURE USE	AN	164-164	1
28	CAP LIMIT <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, PA, WI</i>	N	165-168	4
	Report the limit on the size of debit modifications. There is an assumed decimal point between positions 166 and 167.			
29	LOSS LIMITED REDUCTION TOTAL <i>NOT APPLICABLE: CA, DE, MA, MN, NCCI, NY, PA</i>	N	169-178	10
	Report the amount by which any limited claim is reported on the rating worksheet.			
30	CREDIBILITY PRIMARY FACTOR <i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	179-182	4
	Report the factor that identifies the weight given to the risk's actual primary losses in the experience modification calculation. There is an assumed decimal point between positions 179 and 180.			

Field No.	Field Title/Description	Class	Position	Bytes
31	<p>CREDIBILITY EXCESS FACTOR</p> <p><i>NOT APPLICABLE: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i></p> <p>Report the factor that identifies the weight given to the risk's actual excess losses in the experience modification calculation.</p> <p>There is an assumed decimal point between positions 183 and 184.</p>	N	183-186	4
32	<p>EXPECTED EXCESS LOSS TOTALS</p> <p><i>NOT APPLICABLE: DE, MA, MN, NC, NCCI, NY, PA, WI</i></p> <p>Report the Expected Loss Total minus the Expected Primary Loss Amount.</p>	N	187-195	9
33	RESERVED FOR FUTURE USE	AN	196-319	124
34	<p>WCRATING FORMAT CODE</p> <p>Report the code that identifies the version format.</p> <p>Code Description</p> <p>1 WCIO</p> <p>Blank NCCI</p>	AN	320-320	1

Field No.	Field Title/Description	Class	Position	Bytes
MESSAGES RECORD				
1	RECORD TYPE CODE Report "05". Record Type Code 05 contains messages printed on the summary page.	AN	1-2	2
2	RISK ID NUMBER Report the unique risk (experience rating) identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable. For interstate risks, report the NCCI assigned number. For intrastate risks, report the jurisdiction assigned number. For non-rated risks, this field is optional.	AN	3-11	9
3	RATING EFFECTIVE DATE Report the date that the rating is effective. Format CCYYMMDD.	N	12-19	8
4	STATE CODE Report the code identifying the state in which the experience modification was promulgated.	N	20-21	2
5	CARRIER CODE Report the code assigned to the reporting company by NCCI or other DCO. Pertains to the policies outlined in positions 27-44.	N	22-26	5
6	POLICY NUMBER IDENTIFIER Report the unique identifier used for identifying the policy. This is the policy covering the insured for which the rating was promulgated.	AN	27-44	18
7	RATING EXPIRATION DATE <i>NOT APPLICABLE: NCCI, NY</i> Report the date that the rating expires. Applies only to experience modification periods of less than one year and is defined as the California unexpired term date. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI Format CCYYMMDD.	N	45-52	8
8	RATING ISSUE DATE <i>NOT APPLICABLE: NC</i>	N	53-60	8

Field No.	Field Title/Description	Class	Position	Bytes
	Report the date the rating was calculated. Format CCYYMMDD.			
9	REVISION CODE Report the code that indicates whether there has been a revision.	N	61-61	1
	Code Description			
	1 Not Revised			
	2 Revised			
10	RESERVED FOR FUTURE USE	AN	62-69	8
11	MESSAGE CODE Report the code that identifies a policy level message that applies to the actual incurred loss total or primary loss total reported on a record.	N	70-72	3
	Code Description			
	001 Revised Rating			
	002 Revised Rating - Additional Rate Card			
	003 Revised Rating - Change of Anniversary			
	004 Revised Classification			
	005 Revised - Additional Experience			
	006 Revised - Elimination of Experience			
	007 Revised Payrolls and Losses			
	008 Revised Payrolls			
	009 Revised Losses			
	010 Combination Effective (mm/dd/yy)			
	011 Revised Expected Losses/D-Ratio			
	012 Revised - Interstate Bureau Correction			
	013 New Case Rating			
	014 Correction			
	015 Reserved for Future Use			
	016 Reserved for Future Use			
	017 Reserved for Future Use			
	018 Revised Rating Values			

Field No.	Field Title/Description	Class	Position	Bytes
019	Revised Manual Rates			
020	Contingent Rating			
021	Expected Losses Adjusted for PAP			
022	Reserved for Future Use			
023	Reprinted			
024	Indemnity Claims = xx			
025	Loss Limit Applied			
026	Special Rating Rule			
027	Small Risk Debit Limit			
028	Plan C			
029	Modified Surcharge = xx			
030	Surcharge = xx			
031	Rating Reflects a Decrease of 70% Medical Only (Injury Code 6) Primary/Excess Loss Dollars			
032	AR Rates			
033	Does Not Qualify for Experience Rating			
034	Rating Withdrawn Due to Ineligibility of Risk			
035	Replaces Tentative Experience Modification - Bureau Endorsement Not Required			
036	Experience Rating is Based Upon All Available Data			
037	Secondary Location - Authorized Classes for This Location Only			
038	Use Surcharge 0277 only for Residual Market Employer			
039	Rating Withdrawn Due to Application of Interstate Experience Modification			
040	Rating Withdrawn Due to Incorrect Rating Effective Date			
041	Contingent Experience Modification Calculated Using Available Information and is Provided for Informational Purposes.			
042	Pending Rate Change Effective (mm/dd/yy)			
043	Rating Revised Due to Loss Corrections			
044	C - Multiple Claim Accident			

Field No.	Field Title/Description	Class	Position	Bytes
045	P - Loss in Excess of State Multiple Claim Accident			
046	E - Primary Loss Limitation Of Multiple Claim Accident			
047	A - Loss Has Been Limited To xx,xxx			
048	Experience Modification Has Been Limited			
049	Preliminary Experience Modification Pending A-Rate Change Effective (mm/dd/yy)			
050	Rating Has Been Withdrawn Due To A Material Change In Ownership			
051	See Attached Before Applying Experience Modification			
052	This Experience Modification Has Been Promulgated Using Rating Values Established By the Carrier of Record			
053	Not Rated Due to No Current Coverage for this Employer N/A: CA, DE, MA, MI, NC, NCCI, NJ, NY, PA, WI			
054	Loss-Free Rating N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
055	Experience Modification Effective Date per ERP – Section V, Rules (1) and (2) N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
056	Experience Modification Effective Date per ERP – Section V, Rule (6) N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
057	Excludes Data from Insolvent Insurer per ERP – Section III, Rule (3f) N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
058	Reissue to Correct Name			
059	Reissue to Correct to Renewal			
060	Reissue to Correct to Unexpired Term			
061	Reissue to Correct to Unexpired Term Date			
062	Rerate Due to ERP Sec VI, Closed Claim Values			
063	Rerate Due to “S” Case Year(s)			
064	Rerate Due to Clerical Error			
065	Rerate Due to Combine			
066	Rerate Due to De-combine			
067	Rerate Due to Joint Claim			

Field No.	Field Title/Description	Class	Position	Bytes
068	Rerate Due to Non-Comp			
069	Rerate Due to Partially Fraudulent			
070	Rerate Due to Revised Losses for New Claim(s)			
071	Rerate due to Subrogated Claim			
072	Run Date & Reviewer's Initials			
073	Reissue to Correct Intrastate Risk ID Number			
074	Translation for Catastrophe Code			
075	Translation for Actual Primary Losses Notations			
076	Translation for Bureau Assigned Class Notation Codes			
077	Excludes Unaudited Payroll Data per California Workers' Compensation Experience Rating Plan, Section III, Rule 3(g) N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
078	This Experience Modification Includes Self-Insured Data			
079	(L) Limited to 25 percentage points above Loss-Free Rating per California Experience Rating Plan, Section VII, Rule 8; Calculated Unlimited Experience Modification = XXX%			
080	Merit Rating N/A: NY			
081	Primary Threshold: X,XXX,XXX			
082	(L) Limited to 25 pct. points above Loss-Free Rating per Experience Rating Plan, Sec. VI.6; Calculated Unlimited Experience Modification = XXX%.			
083	Rating reflects the application of Experience Rating Plan, Section IV, Changes in Status and Combination of Entities.			
084	Any data reported under Classification Code [XXXX] has been reassigned to Classification Code [YYYY] for experience rating purposes.			
999	Free-Form Text Message			
12	MESSAGE SEQUENCE Report the numeric sequence that identifies each line of the message displayed on the worksheet.	N	73-75	3
13	LINE NUMBER Report the number that identifies the message's line numbers for each Message Sequence.	N	76-78	3
14	MESSAGE	AN	79-178	100

Field No.	Field Title/Description	Class	Position	Bytes
	Report the information documenting the edit failure.			
15	RESERVED FOR FUTURE USE	AN	179-319	141
16	WCRATING FORMAT CODE	AN	320-320	1
	Report the code that identifies the version format.			
	Code Description			
	1 WCIO			
	Blank NCCI			

Field No.	Field Title/Description	Class	Position	Bytes
BRANCH CODE INFORMATION RECORD				
1	<p>RECORD TYPE CODE <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i></p> <p>Report "06".</p> <p>Record Type Code 06 contains the branch information for the distribution instructions.</p>	AN	1-2	2
2	<p>RISK ID NUMBER <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i></p> <p>Report the unique risk (experience rating) identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable.</p> <p>For interstate risks, report the NCCI assigned number.</p> <p>For intrastate risks, report the jurisdiction assigned number.</p> <p>For non-rated risks, this field is optional.</p>	AN	3-11	9
3	<p>RATING EFFECTIVE DATE <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i></p> <p>Report the date that the rating is effective.</p> <p>Format CCYYMMDD.</p>	N	12-19	8
4	<p>STATE CODE <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i></p> <p>Report the code identifying the state in which the experience modification was promulgated.</p>	N	20-21	2
5	<p>CARRIER CODE <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i></p> <p>Report the code assigned to the reporting company by NCCI or other DCO.</p> <p>Pertains to the policies outlined in positions 27-44 of this record.</p>	N	22-26	5
6	<p>POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i></p> <p>Report the unique identifier used for identifying the policy.</p> <p>This is the policy covering the insured for which the rating was promulgated.</p>	AN	27-44	18
7	<p>RATING EXPIRATION DATE <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NCCI, NJ, NY, PA, WI</i></p>	N	45-52	8

Field No.	Field Title/Description	Class	Position	Bytes
	Report the date that the rating expires. Applies only to experience modification periods of less than one year and is defined as the California unexpired term date. N/A: MI, NJ Format CCYYMMDD.			
8	RATING ISSUE DATE <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i>	N	53-60	8
	Report the date the rating was calculated. Format CCYYMMDD.			
9	REVISION CODE <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i>	N	61-61	1
	Report the code that indicates whether there has been a revision. Code Description 1 Not Revised 2 Revised			
10	BRANCH CODE <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i>	AN	62-64	3
	Report the branch code associated with the rating distribution.			
11	STATE ABBREVIATION <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i>	A	65-66	2
	Report the alphabetic state abbreviation of the physical branch address.			
12	CITY OF THE PHYSICAL BRANCH ADDRESS <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i>	AN	67-98	32
	Report the city name of the carrier receiving the rating worksheet.			
13	CARRIER ZIP CODE <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i>	AN	99-107	9
	Report the postal or zip code of the carrier.			
14	RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, DE, MA, MN, NC, NJ, NY, PA, WI</i>	AN	108-319	212
15	WCRATING FORMAT CODE	AN	320-320	1

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

Report the code that identifies the version format.

Code Description

1 WCIO

Blank NCCI

Field No.	Field Title/Description	Class	Position	Bytes
CONTINGENT RATING RECORD				
1	RECORD TYPE CODE <i>NOT APPLICABLE: CA, MI, NJ, NY</i> Report "07". Record Type Code 07 is used if contingent rating is applicable. Multiples of this record can occur.	AN	1-2	2
2	RISK ID NUMBER <i>NOT APPLICABLE: CA, MI, NJ, NY</i> Report the unique risk (experience rating) identification number assigned by NCCI or the risk identification number given by the independent DCO assigned to the state where applicable. For interstate risks, report the NCCI assigned number. For intrastate risks, report the jurisdiction assigned number. For non-rated risks, this field is optional.	AN	3-11	9
3	RATING EFFECTIVE DATE <i>NOT APPLICABLE: CA, MI, NJ, NY</i> Report the date that the rating is effective. Format CCYYMMDD.	N	12-19	8
4	STATE CODE <i>NOT APPLICABLE: CA, MI, NJ, NY</i> Report the code identifying the state in which the experience modification was promulgated.	N	20-21	2
5	CARRIER CODE <i>NOT APPLICABLE: CA, MI, NJ, NY</i> Report the code assigned to the reporting company by NCCI or other DCO. Pertains to the policies outlined in positions 27-44.	N	22-26	5
6	POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, MI, NJ, NY</i> Report the unique identifier used for identifying the policy. This is the policy covering the insured for which the rating was promulgated.	AN	27-44	18
7	RATING EXPIRATION DATE	N	45-52	8

Field No.	Field Title/Description	Class	Position	Bytes
	<i>NOT APPLICABLE: CA, MI, NCCI, NJ, NY</i>			
	Report the date that the rating expires.			
	Applies only to experience modification periods of less than one year and is defined as the California unexpired term date. N/A: DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI			
	Format CCYYMMDD.			
8	RATING ISSUE DATE <i>NOT APPLICABLE: CA, MI, NC, NJ, NY</i>	N	53-60	8
	Report the date the rating was calculated.			
	Format CCYYMMDD.			
9	REVISION CODE <i>NOT APPLICABLE: CA, MI, NJ, NY</i>	N	61-61	1
	Report the code that indicates whether there has been a revision.			
	Code Description			
	1 Not Revised			
	2 Revised			
10	RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, MI, NJ, NY</i>	AN	62-69	8
11	STATE CODE <i>NOT APPLICABLE: CA, MI, NJ, NY</i>	N	70-169	100
	Report the code(s) of the state(s) covered by this record.			
12	FIRM CODE/MULTIPLE ENTITY CODE <i>NOT APPLICABLE: CA, DE, MI, MN, NJ, NY, PA</i>	AN	170-171	2
	Report the code that identifies the entities with separate policies that have been combined for experience rating purposes.			
13	DETAIL REPORT LEVEL CODE / REPORT NUMBER <i>NOT APPLICABLE: CA, MI, NJ, NY</i>	AN	172-173	2
	Report the code that identifies the level of the report that is missing in a contingent rating.			
14	DETAIL CONTINGENT EFFECTIVE DATE <i>NOT APPLICABLE: CA, MI, NJ, NY</i>	N	174-177	4
	Report the effective date of the report that is missing in a contingent rating.			

Field No.	Field Title/Description	Class	Position	Bytes
	Format MMY.			
15	NAME OF DETAIL CARRIER <i>NOT APPLICABLE: CA, MI, NJ, NY</i>	AN	178-217	40
	Report the name of the carrier insuring the risk.			
16	DETAIL POLICY NUMBER IDENTIFIER <i>NOT APPLICABLE: CA, MI, NJ, NY</i>	AN	218-235	18
	Report the identifier that uniquely identifies the policy assigned by the carrier insuring the risk.			
17	FORM TYPE CODE <i>NOT APPLICABLE: CA, MI, MN, NC, NJ, NY</i>	AN	236-240	5
	Report the code that describes the type of rating being issued.			
	Code Description			
	Inter Use for Interstate Rating			
	Intra Use for Intrastate Rating			
	Texas Use for Texas Only			
18	RESERVED FOR FUTURE USE <i>NOT APPLICABLE: CA, MI, NJ, NY</i>	AN	241-319	79
19	WCRATING FORMAT CODE <i>NOT APPLICABLE: CA, MI, NJ, NY</i>	AN	320-320	1
	Report the code that identifies the version format.			
	Code Description			
	1 WCIO			
	Blank NCCI			

Field No.	Field Title/Description	Class	Position	Bytes
FILE CONTROL RECORD				
1	RECORD TYPE CODE Report "99". Record Type Code 99 indicates the end of the distribution records for the Carrier Pup (Carrier Group's Subsidiary Companies) listed in Record Type Code 00 or at the end of the file (see Trailer Type Code in position 3 of this record).	AN	1-2	2
2	TRAILER TYPE CODE Report the code that defines the end of a carrier's record or the end of a file. Submit one and only one record for each Record Type Code 00 on the file. Record Type 00 will signify the beginning of the rating worksheets for the designated Carrier Pup and Record Type Code 99. Submit one and only one File Control Record per file. The File Control Record must be the last record on the file.	AN	3-3	1
3	DETAIL RECORD COUNT TOTAL Report the total number of records on the submission including the Electronic Transmittal Record, but excluding the File Control Record. If position 3, Trailer Type Code, is blank, report the total number of records contained on the file for the associated Carrier Pup, including all Record Type Codes (00-99). If a "9" is reported in position 3, Trailer Type Code, then report the total number of records contained on the file including all record types (00-99), but excluding the Electronic Transmittal Record (if used).	N	4-13	10
4	NUMBER OF RATINGS Report the number of ratings produced. If position 3, Trailer Type Code, is blank, then report the number of rating documents contained on the file for the associated Carrier Pup. This field will show ONLY the total number of Header Records (Record Type Code 00) on the file for the associated Carrier Pup. If position 3, Trailer Type Code, is 9, then report the number of rating documents contained on the file. This field will show ONLY the total number of Header Records (Record Type Code 00) on the file.	N	14-21	8
5	RESERVED FOR FUTURE USE	AN	22-319	298
6	WCRATING FORMAT CODE Report the code that identifies the version format.	AN	320-320	1

Code Description

1 WCIO

Field No.	Field Title/Description	Class	Position	Bytes
	Blank NCCI			