



Workers Compensation Insurance Organizations, Inc.

WCIO

**WCIO Workers Compensation Data  
Specifications**

**WORKERS COMPENSATION CONTROL  
LISTINGS ELECTRONIC SPECIFICATIONS  
(WCCNTL)**

Summary of Changes: No changes in this version.

<b>TOPIC/ FIELD NAME</b>	<b>SUBJECT HEADING</b>	<b>POSITION</b>
<b>B</b>		
BUREAU FOLDER CODE	Data Record	<a href="#">59-59</a>
<b>C</b>		
CANCEL CODE	Data Record	<a href="#">306-306</a>
CARRIER CODE	Data Record	<a href="#">1-5</a>
CARRIER GROUP CODE	Data Record	<a href="#">6-10</a>
<b>D</b>		
DISCREPANCY CODE	Data Record	<a href="#">342-343</a>
<b>E</b>		
EXPERIENCE RATING STATUS CODE	Data Record	<a href="#">58-58</a>
EXTENDED TERM POLICY INDICATOR	Data Record	<a href="#">60-60</a>
<b>F</b>		
FILLER	File Control Record	<a href="#">1-49</a>
FINE AMOUNT	Data Record	<a href="#">297-303</a>
<b>I</b>		
INSURER ISSUING/SERVICING OFFICE NUMBER	Data Record	<a href="#">154-156</a>
<b>N</b>		
NAME OF INSURED	Data Record	<a href="#">62-141</a>
NUMBER OF MONTHS OVERDUE	Data Record	<a href="#">176-177</a>
NUMBER OF TIMES INSURER NOTIFIED	Data Record	<a href="#">304-305</a>
<b>P</b>		
POLICY EFFECTIVE DATE	Data Record	<a href="#">37-42</a>
POLICY EXPIRATION OR CANCELLATION DATE	Data Record	<a href="#">43-48</a>
POLICY NUMBER IDENTIFIER	Data Record	<a href="#">11-28</a>
<b>R</b>		
RECORD TOTALS	File Control Record	<a href="#">52-61</a>
RECORD TYPE CODE	File Control Record	<a href="#">50-51</a>
REPORT NUMBER CODE	Data Record	<a href="#">36-36</a>
RESERVED FOR FUTURE USE	Data Record	<a href="#">29-35</a>
	Data Record	<a href="#">142-143</a>
	Data Record	<a href="#">146-153</a>
	Data Record	<a href="#">157-175</a>
	Data Record	<a href="#">178-296</a>
	Data Record	<a href="#">344-349</a>
	File Control Record	<a href="#">62-350</a>
REVISED CARRIER CODE	Data Record	<a href="#">325-329</a>
REVISED POLICY EFFECTIVE DATE	Data Record	<a href="#">330-335</a>
REVISED POLICY EXPIRATION OR CANCELLATION DATE	Data Record	<a href="#">336-341</a>
REVISED POLICY NUMBER IDENTIFIER	Data Record	<a href="#">307-324</a>
RISK ID NUMBER	Data Record	<a href="#">49-57</a>
<b>S</b>		
STATE CODE	Data Record	<a href="#">144-145</a>
<b>T</b>		
TYPE OF LISTING CODE	Data Record	<a href="#">350-350</a>
TYPE OF PLAN ID CODE	Data Record	<a href="#">61-61</a>

Field No.	Field Title/Description	Class	Position	Bytes
-----------	-------------------------	-------	----------	-------

**DATA RECORD**

1	<b>CARRIER CODE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>  Report the code assigned to the reporting company by NCCI or other DCO.	N	1-5	5
2	<b>CARRIER GROUP CODE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, NC, NCCI, PA, WI</i>  Report the code assigned by NCCI or other DCO to identify a carrier group.	N	6-10	5
3	<b>POLICY NUMBER IDENTIFIER</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>  Report the unique identifier used for identifying the policy.  Do not report any embedded blanks or marks of punctuation.	AN	11-28	18
4	<b>RESERVED FOR FUTURE USE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>	AN	29-35	7
5	<b>REPORT NUMBER CODE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>  Report the code that corresponds to the report level based on the loss valuation date.	AN	36-36	1

**Code Description**

1	First Report
2	Second Report
3	Third Report
4	Fourth Report
5	Fifth Report
6	Sixth Report
7	Seventh Report
8	Eighth Report
9	Ninth Report
A	Tenth Report

6	<b>POLICY EFFECTIVE DATE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>  Report the date that the policy became effective.	N	37-42	6
---	--	---	-------	---

Field No.	Field Title/Description	Class	Position	Bytes
	Format YYMMDD.			
7	<b>POLICY EXPIRATION OR CANCELLATION DATE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>	N	43-48	6
	Report the date that the policy expired or was cancelled.			
	Format YYMMDD.			
8	<b>RISK ID NUMBER</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>	AN	49-57	9
	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.			
9	<b>EXPERIENCE RATING STATUS CODE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>	N	58-58	1
	Report the status at the time of experience modification issue date.			
	<b>Code Description</b>			
	1 Not Experience Rated			
	2 Experience Rated			
10	<b>BUREAU FOLDER CODE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	A	59-59	1
	Report the code that identifies whether the risk has a bureau folder.			
	<b>Code Description</b>			
	Blank No Bureau Folder			
	F Bureau Folder			
11	<b>EXTENDED TERM POLICY INDICATOR</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	A	60-60	1
	Report the applicable indicator code.			
	<b>Code Description</b>			

Field No.	Field Title/Description	Class	Position	Bytes
	N No, policy is not an extended term policy.			
	Y Yes, policy is longer than one year and sixteen days, but less than three years.			
12	<b>TYPE OF PLAN ID CODE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, NY, WI</i>	N	61-61	1
	Report the code that defines the type of plan used to underwrite the coverage.			
	<b>Code Description</b>			
	1 Voluntary Policy			
	2 Normal Assigned Risk Policy			
	3 Reserved for Future Use			
	4 Reserved for Future Use			
	5 Assigned Risk Policy Written Under MA Voluntary Direct Assigned Risk Program N/A: DE, MN, NCCI, NJ, NY, PA, WI			
	6 Reserved for Future Use			
	7 Assigned Risk Policy Originally Assigned by Another DCO N/A: DE, MN, NCCI, NJ, NY, PA, WI			
13	<b>NAME OF INSURED</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>	AN	62-141	80
	Report all or a portion of insured's name accommodated by the field.			
14	<b>RESERVED FOR FUTURE USE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>	AN	142-143	2
15	<b>STATE CODE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>	N	144-145	2
	Report the code for the state covered by this record.			
16	<b>RESERVED FOR FUTURE USE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>	AN	146-153	8
17	<b>INSURER ISSUING/SERVICING OFFICE NUMBER</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	154-156	3
	Report the Insurer Issuing/Service Office Number assigned by NCCI to identify each carrier issuing/servicing office address for each carrier code.			
	The addresses associated with these numbers will be mailed via			

Field No.	Field Title/Description	Class	Position	Bytes
	hard copy (Insurer Issuing Office List) to the insurer on a quarterly basis.			
18	<b>RESERVED FOR FUTURE USE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>	AN	157-175	19
19	<b>NUMBER OF MONTHS OVERDUE</b> <i>NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA, WI</i>	N	176-177	2
	Report the number of months a unit report is overdue based on due date.			
20	<b>RESERVED FOR FUTURE USE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>	AN	178-296	119
21	<b>FINE AMOUNT</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, NJ, WI</i>	N	297-303	7
	Report the amount assessed for the fine incurred.			
22	<b>NUMBER OF TIMES INSURER NOTIFIED</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, NJ, WI</i>	N	304-305	2
	Report the number of times the insurer has been notified.			
23	<b>CANCEL CODE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>	N	306-306	1
	Report the code that indicates if the policy was cancelled.			
	<b>Code Description</b>			
	1 Not Cancelled			
	2 Interim Cancellation			
24	<b>REVISED POLICY NUMBER IDENTIFIER</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, NJ, WI</i>	AN	307-324	18
	Report the changed/corrected characters used for uniquely identifying the policy.			
	Only report if the policy number identifier in positions 11-28 has been changed.			
	Do not report embedded blanks or marks of punctuation.			
25	<b>REVISED CARRIER CODE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, NJ, WI</i>	N	325-329	5
	Report the changed/corrected code assigned by NCCI or other DCO to identify a carrier.			

Field No.	Field Title/Description	Class	Position	Bytes
	Only report if carrier code in positions 1-5 has been changed.			
26	<b>REVISED POLICY EFFECTIVE DATE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, NJ, WI</i>	N	330-335	6
	Report the changed/corrected effective date of the policy.			
	Only report if the policy effective date in positions 37-42 has been changed.			
	Format YYMMDD.			
27	<b>REVISED POLICY EXPIRATION OR CANCELLATION DATE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, NJ, WI</i>	N	336-341	6
	Report the changed/corrected policy expiration or cancellation date.			
	Only report if the policy expiration or cancellation date in positions 43-48 has been changed.			
	Format YYMMDD.			
28	<b>DISCREPANCY CODE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, NJ, WI</i>	N	342-343	2
	Report the code that indicates the type of change made to the policy.			
	This is an advisory notice only. This is not in lieu of the cancellation or endorsement.			
	Insurer may return this record in a separate file to the appropriate jurisdiction with the appropriate data entered in positions 307-343. Refer to appropriate jurisdiction.			
	<b>Code Description</b>			
	00 No Change			
	01 Policy Cancelled Flat			
	02 No Record of Policy			
	03 Policy Key Change			
	04 Policy Not on Control File			
	05 Expiration Date Change			
29	<b>RESERVED FOR FUTURE USE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>	AN	344-349	6
30	<b>TYPE OF LISTING CODE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>	N	350-350	1

---

Field No.	Field Title/Description	Class	Position	Bytes
-----------	-------------------------	-------	----------	-------

Report the code for the type of list produced.

**Code Description**

- |   |  |
|---|--|
| 1 | Pre-Delinquent Unit Report Policy List/Expected Unit Report List                                     |
| 2 | Delinquent Unit Report Policy List/Overdue Unit Report List  |
| 3 | Fine List N/A: NCCI, WI  |
| 4 | Policy Interstate/Intrastate Risk Identification List<br>N/A: CA, DE, MA, MI, MN, NC, NJ, NY, PA, WI |

Field No.	Field Title/Description	Class	Position	Bytes
<b>FILE CONTROL RECORD</b>				
1	<b>FILLER</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>  These positions are to be filled with 9s.	N	1-49	49
2	<b>RECORD TYPE CODE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>  Report "99".  One File Control Record is required per submission.	N	50-51	2
3	<b>RECORD TOTALS</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>  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.	N	52-61	10
4	<b>RESERVED FOR FUTURE USE</b> <i>NOT APPLICABLE: CA, MA, MI, NC, NCCI, WI</i>	AN	62-350	289