



**PENNSYLVANIA WORKERS
COMPENSATION MANUAL**

of

**RULES, CLASSIFICATIONS AND
RATING VALUES**

FOR

**WORKERS COMPENSATION AND
FOR EMPLOYERS LIABILITY
INSURANCE**

April 1, 2003

PENNSYLVANIA COMPENSATION RATING BUREAU



PENNSYLVANIA COMPENSATION RATING BUREAU

Manual Information Page

April 1, 2003 Manual

Section 1

Effective April 1, 2003

New corporate officer minimum and maximum weekly payroll values.
Revisions to Section 1, Rule IV

Section 2

Effective April 1, 2003

New loss costs values
New Volunteer Firemen values
New 9740 Terrorism Risk Insurance Act 2002 – Certified Losses rating value.
New values for taxicab drivers and auxiliary or special school police.
Various new rating values

Section 5

Effective April 1, 2003

Volunteer Fire Department and/or Volunteer Fire Companies – Workers' Compensation Insurance Options

Section 6

Effective April 1, 2003

New Table B

Any questions, suggestions or comments about this manual should be directed to Bruce Decker at bdecker@pcrb.com

PREFACE

- A. In accordance with Section 654 of The Insurance Company Law of May 17, 1921, P.L. 682 and Act 44 of 1993, Act 57 of 1996, as amended, the Insurance Commissioner has approved this Manual of risk classes, underwriting rules, bureau rating values and rating plans, to become effective 12:01 A.M. April 1, 2003, with respect to all policies, the effective date of which is April 1, 2003 or thereafter, subject to the following express conditions, for the State Workers' Insurance Fund and for the insurance companies, corporations, associations and exchanges enumerated in the attached list and for no other insurance company, corporation, association or exchange.

The following portions of this Manual may, at the option of the State Workers' Insurance Fund and the insurance companies, corporations, associations and exchanges enumerated in the attached list, be applied to selected policies in force as of November 26, 2002:

- Statistical Code 9740 Terrorism Risk Insurance Act of 2002 – Certified Losses
- Policyholder Disclosure Notification of Terrorism Insurance Coverage
- Terrorism Risk Insurance Act Endorsement **WC 00 04 20**

B. Organization of Manual

This Manual has seven sections:

- Section One – Underwriting Rules
- Section Two – Classifications and Rating Values
- Section Three – Endorsements
- Section Four – Retrospective Rating Plans
- Section Five – Rulings and Interpretations and Classification Underwriting Guide
- Section Six – Experience Rating Plan
- Section Seven – Merit Rating Plan

C. Definitions

The following words are referenced in Act 44 of 1993 or have been used in this Manual with meanings intended to be consistent with the requirements of that Act. For purposes of improving the understanding of the Manual, definitions of these words as used elsewhere in this Manual are set forth below.

1. **Bureau Data Card** – Bureau Data Cards are issued by the Pennsylvania Compensation Rating Bureau. These data cards provide the risk name, location, Bureau file number, authorized classification(s) and if applicable the risk's experience modification for a minimum of one year.

Risks approved for the Pennsylvania Construction Classification Premium Adjustment Program and any other applicable credit programs will be shown on these data cards.
2. **Bureau Loss Costs** – Dollar amounts per unit of exposure attributable to the payment of losses under workers compensation and employers liability coverages, filed by the Bureau based on the aggregate experience of all Bureau members and approved by the Insurance Commissioner.
3. **Bureau Rating Values** – All parameters filed by the Bureau and approved by the Insurance Commissioner, and which are used either mandatorily or by option of carriers for purposes of pricing workers compensation and employers liability coverages. Such Bureau rating values include Bureau Loss Costs, experience rating plan values such as Expected Loss Cost Factors, Credibility, Maximum Value of One Accident, and Credibility Weighted Maximum Value Charge, retrospective rating plan values such as the Table of Expected Loss Ranges, Excess Loss Pure Premium Factors, Retrospective Pure Premium Development Factors, and expense parameters applicable to U.S.L.&H.W. coverages such as Premium Discounts, Expected Loss Ratio, Expense Ratios, Tax Multipliers and Loss Conversion Factors.
4. **Carrier Rate** – The amount per unit of exposure which an insurance carrier charges for workers compensation and employers liability insurance.
5. **Carrier Rating Values** – All parameters used by carriers for purposes of pricing workers compensation and employers liability insurance coverages. Such parameters may be either Bureau Rating Values adopted by a carrier for its own use or values independently determined by a carrier.
6. **Loss Cost** – Dollar amounts per unit of exposure attributable to the payment of losses under workers compensation and employers liability coverages. Loss Costs may be developed either by the Bureau based on the aggregate experience of all Bureau members or may be established by individual carriers based on their own supporting information.
7. **Provision for Claim Payment** – Historical aggregate losses projected through development to their ultimate value and through trending to a future point in time, but excluding all loss adjustment or claim management expenses, other

operating expenses, assessments, taxes and profit or contingency allowances. In this Manual the term "Loss Cost" is synonymous with Provision for Claim Payment.

8. **Rating Value** – A parameter or number used in pricing workers compensation or employers liability insurance coverages. Rating Values may be established by the Bureau or by individual carriers. Where individual carriers have established Rating Values different from those of the Bureau, the carrier's values supersede those of the Bureau for purposes of that insurer's policies.

D. Pennsylvania Compensation Rating Bureau Membership List

<p>ACADIA Insurance Company. Acceptance Indemnity Insurance Company. ACE American Insurance Company. ACE Fire Underwriters Insurance Company. ACE Indemnity Insurance Company. ACE Property & Casualty Insurance Company. ACIG Insurance Company. ACUITY, A Mutual Insurance Company. AIG National Insurance Company, Inc. A.I.U. Insurance Company. Alea North America Insurance Company. Allianz Insurance Company. Allied Eastern Indemnity Company. Allstate Indemnity Company. Allstate Insurance Company. American Alternative Insurance Corporation. American and Foreign Insurance Company, The. American Automobile Insurance Company. American Business & Personal Insurance Mutual, Inc. American Casualty Company of Reading. American Central Insurance Company. American Economy Insurance Company. American Employers' Insurance Company. American Fire and Casualty Company. American Guarantee and Liability Insurance Company. American Hardware Mutual Insurance Company. American Home Assurance Company. American Insurance Company, The. American International Insurance Company. American International South Insurance Company. American Interstate Insurance Company. American Manufacturers' Mutual Insurance Company. American Mining Insurance Company. American Motorists Insurance Company. American Protection Insurance Company. American Safety Casualty Insurance Company. American Select Insurance Company. American States Insurance Company. American States Insurance Company of Texas. American Zurich Insurance Company. AmeriHealth Casualty Insurance Company. Amerisure Mutual Insurance Company. Amguard Insurance Company. Arch Insurance Company. Argonaut Great Central Insurance Company. Argonaut Insurance Company. Argonaut-Midwest Insurance Company. Associated Indemnity Corporation. Assurance Company of America. Atlantic Mutual Insurance Company. Atlantic Specialty Insurance Company. Atlantic States Insurance Company. Atlas Assurance Company of America. Automobile Insurance Company of Hartford, Connecticut. Balboa Insurance Company. BancInsure, Inc. Bankers Standard Fire and Marine Company. Bankers Standard Insurance Company.</p>	<p>Berkley Insurance Company of the Carolinas. Birmingham Fire Insurance Company of Pennsylvania. Bituminous Casualty Corporation. Bituminous Fire and Marine Insurance Company. Blue Ridge Indemnity Company. Blue Ridge Insurance Company. Boston-Old Colony Insurance Company. Brethren Mutual Insurance Company, The. Brotherhood Mutual Insurance Company. Buckeye Union Insurance Company, The. Camden Fire Insurance Association, The. Capital City Insurance Company, Inc. Carolina Casualty Insurance Company. Casualty Reciprocal Exchange. Centennial Insurance Company. Centre Insurance Company. Century Indemnity Company. Charter Oak Fire Insurance Company. Chubb Indemnity Insurance Company. Church Mutual Insurance Company. Cincinnati Casualty Company. Cincinnati Indemnity Company. Cincinnati Insurance Company, The. Citizens Insurance Company of America. Clarendon National Insurance Company. Colony Specialty Insurance Company. Combined Specialty Insurance Company. Commerce and Industry Insurance Company. Commercial Insurance Company of Newark, N.J., The. Companion Commercial Insurance Company. Companion Property & Casualty Insurance Company. Connecticut Indemnity Company. Continental Casualty Company. Continental Insurance Company, The. Converium Insurance (North America) Inc. Coregis Insurance Company. Crum & Forster Indemnity Company. Cumberland Insurance Company, Inc. Cumis Insurance Society, Inc. DaimlerChrysler Insurance Company. Deerfield Insurance Company. Discover Property & Casualty Insurance Company. Donegal Mutual Insurance Company. Eagle Pacific Insurance Company. Eastern Alliance Insurance Company. Eastguard Insurance Company. Electric Insurance Company. Emcasco Insurance Company. Employers' Fire Insurance Company. Employers' Insurance Company of Wausau. Employers' Mutual Casualty Company. Erie Insurance Company. Erie Insurance Company of New York. Erie Insurance Exchange. Erie Insurance Property & Casualty Company. Everest National Insurance Company. Excelsior Insurance Company. Fairfield Insurance Company.</p>
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Farmington Casualty Company.
 Farmland Mutual Insurance Company.
 Federal Insurance Company.
 Federated Mutual Insurance Company.
 Federated Rural Electric Insurance Exchange.
 Federated Service Insurance Company.
 Fidelity and Casualty Company of New York, The.
 Fidelity and Deposit Company of Maryland.
 Fidelity and Guaranty Insurance Company.
 Fidelity and Guaranty Insurance Underwriters, Inc.
 Fire & Casualty Insurance Company of Connecticut.
 Fireman's Fund Insurance Company.
 Fireman's Fund Insurance Company of Wisconsin.
 Firemen's Insurance Company of Newark, New Jersey.
 Firemen's Insurance Company of Washington, D.C.
 First Liberty Insurance Corporation.
 First National Insurance Company of America.
 First Nonprofit Mutual Insurance Company.
 First Patriot Insurance Company.
 Firstline National Insurance Company.
 Flagship City Insurance Company.
 Florists' Insurance Company.
 Florists' Mutual Insurance Company.
 Fremont Indemnity Company.
 Frontier Insurance Company.
 GE Property & Casualty Insurance Company.
 General Casualty Company of Wisconsin.
 General Insurance Company of America.
 General Security Insurance Company.
 Genesis Insurance Company.
 Glens Falls Insurance Company, The.
 Globe Indemnity Company.
 Granite State Insurance Company.
 Graphic Arts Mutual Insurance Company.
 Great American Alliance Insurance Company.
 Great American Assurance Company.
 Great American Insurance Company.
 Great American Insurance Company of New York.
 Great Northern Insurance Company.
 Great West Casualty Company.
 Greater New York Mutual Insurance Company.
 Greenwich Insurance Company.
 Grocers Insurance Company.
 GuideOne Mutual Insurance Company.
 Gulf Insurance Company.
 Hanover Insurance Company, The.
 Harco National Insurance Company.
 Harford Mutual Insurance Company.
 Harleysville Insurance Company of New Jersey.
 Harleysville Mutual Insurance Company.
 Harleysville Preferred Insurance Company.
 Hartford Accident and Indemnity Company.
 Hartford Casualty Insurance Company.
 Hartford Fire Insurance Company.
 Hartford Insurance Company of the Midwest.
 Hartford Insurance Company of the Southeast.
 Hartford Underwriters Insurance Company.
 Highlands Insurance Company.
 Highmark Casualty Insurance Company.
 Housing and Redevelopment Insurance Exchange.
 Illinois National Insurance Company.
 Indemnity Insurance Company of North America.
 Indiana Lumbermen's Mutual Insurance Company.
 Insurance Company of Greater New York.
 Insurance Company of North America.
 Insurance Company of the State of Pennsylvania, The.

International Business & Mercantile Reassurance Company.
 Kansas City Fire and Marine Insurance Company.
 Lackawanna American Insurance Company.
 Lackawanna Casualty Company.
 Lancer Insurance Company.
 Laundry Owners' Mutual Liability Insurance Association.
 Laurier Indemnity Company.
 Lebanon Mutual Insurance Company.
 Legion Insurance Company.
 Liberty Insurance Corporation.
 Liberty Insurance Underwriters, Inc.
 Liberty Mutual Fire Insurance Company.
 Liberty Mutual Insurance Company.
 Lincoln General Insurance Company.
 LM Insurance Corporation.
 Lumbermen's Mutual Casualty Company.
 Lumbermen's Underwriting Alliance.
 Manufacturers Alliance Insurance Company.
 Markel Insurance Company.
 Maryland Casualty Company.
 Massachusetts Bay Insurance Company.
 MasterCare Insurance Company.
 Medmarc Casualty Insurance Company.
 Mercer Mutual Insurance Company.
 Merchants & Businessmen's Mutual Insurance Company.
 Merchants Insurance Company of New Hampshire, Inc.
 Merchants Mutual Insurance Company.
 Meridian Security Insurance Company.
 Mid-Century Insurance Company.
 Middlesex Insurance Company.
 Midwest Employers Casualty Company.
 Millers Capital Insurance Company.
 Mitsui Marine & Fire Insurance Company of America.
 Montgomery Mutual Insurance Company.
 Motorists' Mutual Insurance Company.
 Mutual Benefit Insurance Company.
 National American Insurance Company.
 National Farmers' Union Property & Casualty Company.
 National Fire Insurance Company of Hartford.
 National Grange Mutual Insurance Company.
 National Interstate Insurance Company.
 National Surety Corporation.
 National Union Fire Insurance Company of Pittsburgh, Pa.
 Nationwide Agribusiness Insurance Company.
 Nationwide Mutual Fire Insurance Company.
 Nationwide Mutual Insurance Company.
 Nationwide Property and Casualty Insurance Company.
 Netherlands Insurance Company, The.
 New Hampshire Indemnity Company.
 New Hampshire Insurance Company.
 New Jersey Manufacturers' Insurance Company.
 Niagara Fire Insurance Company.
 Nichido Fire & Marine Insurance Company Ltd.
 NIPPONKOA Insurance Company, Ltd. US Branch.
 Norguard Insurance Company.
 North American Elite Insurance Company.
 North American Specialty Insurance Company.
 North River Insurance Company, The.
 Northbrook Indemnity Company.
 Northbrook Property & Casualty Company.
 Northern Assurance Company of America, The.
 Northern Insurance Company of New York.
 Northwestern National Casualty Company.
 Ohio Casualty Insurance Company.
 Ohio Farmers' Insurance Company.

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Ohio Security Insurance Company.
 Old Guard Fire Insurance Company.
 Old Guard Insurance Company.
 Old Republic Insurance Company.
 OneBeacon America Insurance Company.
 OneBeacon Insurance Company.
 Pacific Employers' Insurance Company.
 Pacific Indemnity Company.
 Paramount Insurance Company.
 Patriot General Insurance Company.
 Peerless Insurance Company.
 Penn Millers Insurance Company.
 Penn National Security Insurance Company.
 Pennsylvania Casualty Company.
 Pennsylvania General Insurance Company.
 Pennsylvania Lumbermens Mutual Insurance Company.
 Pennsylvania Manufacturers' Association Insurance Company.
 Pennsylvania Manufacturers Indemnity Company.
 Pennsylvania National Mutual Casualty Insurance Company.
 Pennsylvania Surface Coal Mining Insurance Exchange.
 Pharmacists Mutual Insurance Company.
 Phoenix Insurance Company, The.
 Potomac Insurance Company.
 Potomac Insurance Company of Illinois.
 Preferred Professional Insurance Company.
 Princeton Insurance Company.
 Protective Insurance Company.
 Providence Washington Insurance Company.
 Providence Washington Insurance Company of New York.
 Public Service Mutual Insurance Company.
 Ranger Insurance Company.
 Redland Insurance Company.
 Regent Insurance Company.
 Republic-Franklin Insurance Company.
 Republic Western Insurance Company.
 Rockwood Casualty Insurance Company.
 Royal Indemnity Company.
 Royal Insurance Company of America.
 SAFECO Insurance Company of America.
 Safeguard Insurance Company.
 Safety First Insurance Company.
 Safety National Casualty Corp.
 Security Insurance Company of Hartford, The.
 Select Risk Insurance Company.
 Selective Insurance Company of America.
 Selective Insurance Company of New York.
 Selective Insurance Company of South Carolina.
 Selective Insurance Company of the Southeast.
 Selective Way Insurance Company.
 Seneca Insurance Company, Inc.
 Sentry Insurance, A Mutual Company.
 Sentry Select Insurance Company.
 Somerset Casualty Insurance Company.
 Sampo Japan Insurance Company of America.
 Southern Insurance Company of Virginia.
 Southern States Insurance Exchange.
 St. Paul Fire and Marine Insurance Company.
 St. Paul Guardian Insurance Company.
 St. Paul Mercury Insurance Company.
 Standard Fire Insurance Company, The.

Star Insurance Company.
 State Auto Property & Casualty Insurance Company.
 State Automobile Mutual Insurance Company.
 State Capital Insurance Company.
 State Farm Fire and Casualty Company.
 State Workers' Insurance Fund.
 Statesman Insurance Company.
 Sumitomo Marine and Fire Insurance Company of America.
 Technology Insurance Company.
 T.H.E. Insurance Company.
 TIG Indemnity Company.
 TIG Insurance Company.
 TIG Premier Insurance Company.
 Titan Indemnity Company.
 Tokio Marine & Fire Insurance Company, Ltd.
 Trans Pacific Insurance Company.
 Transcontinental Insurance Company.
 Transport Insurance Company.
 Transportation Insurance Company.
 Travelers Casualty and Surety Company.
 Travelers Casualty and Surety Company of America.
 Travelers Casualty and Surety Company of Illinois.
 Travelers Casualty Company of Connecticut.
 Travelers Commercial Insurance Company.
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 Travelers' Insurance Company, The.
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 Trumbull Insurance Company.
 Twin City Fire Insurance Company.
 U.S. Specialty Insurance Company.
 Ulico Casualty Company.
 UMI Insurance Company.
 Union Insurance Company.
 United National Insurance Company.
 United States Fidelity and Guaranty Company.
 United States Fire Insurance Company.
 United States Liability Insurance Company.
 United Wisconsin Insurance Company.
 Universal Underwriters' Insurance Company.
 Utica Mutual Insurance Company.
 Valiant Insurance Company.
 Valley Forge Insurance Company.
 Vanliner Insurance Company.
 Vigilant Insurance Company.
 Villanova Insurance Company.
 Wausau Business Insurance Company.
 Wausau Underwriters' Insurance Company.
 West American Insurance Company.
 Westchester Fire Insurance Company.
 Westfield Insurance Company.
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RULE I – GENERAL

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Workers Compensation as used in this Manual means workers compensation and occupational disease law of Pennsylvania.

B. STANDARD POLICY

Standard Policy means the Standard Provisions Workers Compensation and Employers Liability Policy and the Information Page approved by the Pennsylvania Insurance Department.

C. ENDORSEMENT FORMS

Endorsement forms mean standard endorsements contained in the Endorsement Forms Section. A standard endorsement must be used in the form prescribed in Section 3.

D. ENDORSEMENT FORMS SECTION (SECTION 3)

Refer to the Endorsement Forms Section for complete description of coverages and instructions on use of the endorsement forms.

E. APPLICATION OF MANUAL RULES

Rules apply separately to each policy, except as allowed by Rule VII – PREMIUM DISCOUNT.

F. EFFECTIVE DATE

1. Manual

This Manual applies only from the anniversary rating date which occurs on or after the effective date of this Manual.

2. Changes

The effective date of a change in any rule, classification or Bureau rating value is 12:01 a.m. on the date specified on the manual page. Any change will be highlighted and linked to the appropriate Bureau circular announcing the change. Unless specified otherwise, each change applies only from the anniversary rating date which occurs on or after the effective date of the change.

G. ANNIVERSARY RATING DATE

1. Definition

The anniversary rating date is the effective month and day of the policy in effect and each annual anniversary thereafter unless a different date has been established by the Pennsylvania Compensation Rating Bureau.

2. Rewritten Policies

If a policy is canceled and rewritten by the same or another carrier, all rules, classifications and carrier rating values of the rewriting carrier which were in effect as of the anniversary rating date shall apply to the rewritten policy until the next anniversary date as established by the Pennsylvania Compensation Rating Bureau.

Use the Anniversary Rating Date Endorsement.

No policy may be canceled, rewritten or extended for any period to avoid or take advantage of any changes in the rules or Bureau rating values of the Manual.

3. Long Term Policies

For application of anniversary rating dates on policies issued for a term in excess of one year, refer to Rule III - C.

H. FILING REQUIREMENTS

1. Policy

An exact copy of every Workers Compensation Policy showing the state of Pennsylvania on the Information Page shall be filed with the Pennsylvania Compensation Rating Bureau within thirty days after the effective date of the policy.

2. Endorsements

An exact copy of all endorsements or agreements attached to the policy at its inception date or issued subsequent to the inception date of the policy must be filed with the Bureau within thirty days after the date of issue of such endorsement or agreement.

3. Standard Endorsement Filing Procedure

- a. Any endorsement filed with the Insurance Department on behalf of Bureau members by the Bureau must be filed for approval with the Bureau. For filing procedure details refer to Section 5.
- b. Non Standard Endorsements filing procedure, refer to Section 3.

4. Binders

- a. A copy of the binder must be filed with the Bureau on an approved form with all required endorsements attached no later than thirty days after its date of inception.
- b. The binder must contain the classification codes and Carrier Rating Values applicable to the employer in accordance with the assignment issued by the Bureau or in accordance with the Classification Rules of this Manual if no specific Bureau assignment has been made.
- c. A binder must be replaced with a short-term policy covering the amount of time the binder was in effect or replaced with a full-term policy including the time period the binder was in effect.

I. MEDICAL CONTRACTS

- 1. Medical contracts and agreements between insurance carriers and insured employers where medical service or supplies are furnished by the employer in consideration of a reduced premium or other consideration cannot be made.
- 2. Insurance carriers may not furnish medical equipment or hospital supplies to the insured's employer.

RULE II – EXPLANATION OF COVERAGES AND METHODS OF INSURING

A. PART ONE – WORKERS COMPENSATION INSURANCE

1. Description of Coverage A

Workers compensation insurance provides coverage for the statutory obligation of an employer to provide benefits for employees as required by:

- a. Workers compensation law or occupational disease law of any state or territory of the United States, including the District of Columbia, and
 - b. United States Longshore and Harbor Workers' Compensation Act.
2. Pennsylvania workers compensation insurance may be provided only by the Standard Policy.

3. Longshore Coverage

U.S. Longshore and Harbor Workers' Compensation Act insurance may be provided only by attaching the Longshore and Harbor Workers' Compensation Act Coverage Endorsement (**WC 00 01 06A**) to the Standard Policy. Refer to Rule XII.

B. COVERAGE REQUIREMENTS**1. Compulsory as to all employments**

Exceptions:

- a. Individual proprietors
 - b. Partners of a partnership (including members of a Limited Liability Company (L.L.C.).
 - c. Elected officers of the Commonwealth or any of its political subdivisions.
 - d. An executive officer of a for profit corporation or an executive officer of a nonprofit corporation who serves voluntarily and without remuneration may, however, elect not to be an "employee" of the corporation. For the purposes of this exclusion, an executive officer of a for-profit corporation is an individual who has either an ownership interest in a Subchapter S corporation as defined by the Act of March 4, 1971 (P.L. 6, No. 2) known as the "Tax Reform Code of 1971," or an interest of at least five percent in a Subchapter C corporation as defined by the Tax Reform Code of 1971.
 - e. Any person who is a licensed real estate salesperson or an associate real estate broker affiliated with a licensed real estate broker or a licensed insurance agent affiliated with a licensed insurance agency, under a written agreement, remunerated on a commission only basis and who qualifies as an independent contractor for State tax purposes or for Federal tax purposes under the Internal Revenue Code of 1986 (Public Law 99-514, 26 U.S.C. § 1 Et Seq.).
 - f. Domestic or casual labor.
 - g. Outworker (a person to whom articles are given for cleaning, repair, etc. at home).
 - h. Farmer with one employee who works less than 30 days a year or earns less than \$1,200 a year. A spouse or a child of the farmer employer under eighteen years of age shall not be deemed an employee unless the services of such spouse or child are engaged by the farmer employer under an express written contract of hire which is filed with the Pennsylvania Department of Labor and Industry.
 - i. Elective for members of certain religious sects whose tenets prohibit benefits from insurance, provided the sect makes provisions for its members.
2. No insurance carrier is permitted to issue policies which would create duplicate coverage for an employer. Policies of different insurance carriers cannot be written for separate parts of a single risk.
 3. When an employer proposes to insure both his accident and occupational disease compensation liability, such liability must be covered by a single policy of one insurance carrier.

C. PART TWO – EMPLOYERS LIABILITY INSURANCE**1. Description of Coverage B**

Employers liability insurance provides coverage for the legal obligation of an employer to pay damages because of bodily injury by accident or disease, including resulting death, sustained by an employee. Employers liability coverage applies only if the injury or death of an employee arises out of and in the course of employment and is sustained:

- a. In the United States of America, its territories or possessions, or Canada, or
- b. While temporarily outside the United States of America, its territories or possessions, or Canada, if the injured employee is a citizen or resident of the United States or Canada; but suits for damages and actions on judgments must be in or from a court of the United States, its territories or possessions or Canada.

Unless specifically excluded, coverage for the liability of an employer under admiralty law and the Federal Employers Liability Act is provided by employers liability insurance.

2. Employers Liability for Diseases

Employers liability insurance for diseases not covered by a workers compensation law or an occupational disease law is provided by the Standard Policy.

3. Admiralty Law or Federal Employers Liability Act

Employers liability insurance for liability of an employer under admiralty law or Federal Employers Liability Act is not provided by the Standard Policy. Refer to Rule XII for rules and endorsements to cover or limit this exposure.

4. Employers Liability Insurance With Workers Compensation Insurance

Employers liability insurance written with workers compensation insurance is provided by the Standard Policy.

5. Employers Liability Insurance Without Workers Compensation Insurance

Employers liability insurance without workers compensation insurance is prohibited in the state of Pennsylvania.

D. VOLUNTARY COMPENSATION INSURANCE

1. Description of Voluntary Compensation Coverage

Voluntary compensation insurance does not provide workers compensation coverage and is not available for employments subject to a workers' compensation law. This insurance affords the benefits of a designated compensation law as if the affected employees were subject to that law, even though the law does not require payment of benefits to such employees.

Voluntary compensation insurance shall not provide compensation, medical or other benefits in excess of the statutory requirements in the workers compensation law designated in the standard Voluntary Compensation and Employers Liability Coverage Endorsement.

2. How Provided

Voluntary Compensation insurance is provided by attaching the Standard Voluntary Compensation and Employers Liability Coverage Endorsement (**WC 00 03 11A**) to the Standard Policy. Refer to Rule VIII for rules and carrier rating values.

E. PART THREE – OTHER STATES INSURANCE

1. Description of Other States Coverage

- a. Employers liability insurance and, where permitted by law, workers compensation insurance are provided in *other* states not listed in Item 3-A of the Information Page by listing states where coverage is to be provided in Item 3-C of the Information Page.
- b. If workers compensation insurance does not apply because the insured or carrier *is unable* to take the necessary action to bring the insured under a workers compensation law, the carrier will reimburse the insured for all compensation and other benefits required of the insured under such law.
- c. Part Three – Other States Insurance does not provide U.S. Longshore and Harbor Workers' Compensation Act coverage. It may be afforded only in accordance with Rule XII.

2. States Where Not Available

Other states coverage is not available in states:

- a. With a monopolistic state fund, or
- b. Where the carrier elects not to write this coverage.

3. Restriction on Use

Coverage for operations known or expected to be performed in a state not listed in Item 3-A of the Information Page shall not be provided under Part Three – Other States Insurance.

4. Premium

Premium developed for operations covered under Part Three – Other States Insurance shall be based on workers compensation rules and carrier rating values.

F. DEDUCTIBLE COVERAGE

Act 44 of 1993 requires an insurer issuing a workers compensation policy to offer a deductible program upon a policyholder's request.

1. Deductible coverage shall be made part of the policy if requested by the policyholder. Underwriting criteria for deductible coverage are to be established by individual carriers.
2. The claimants' benefits will be paid by the insurance carrier without regard to any deductible.
3. The policyholder must agree to reimburse the carrier for the deductible amount for any benefits paid to claimants.
4. Failure of the policyholder to reimburse the carrier for any deductible amount shall be treated as non-payment of premium under the policy.
5. The loss elimination ratio is determined by the hazard group (found in Section 2 of this Manual) of the policy's governing classification. Codes 951, Salesmen and 953, office, cannot be governing classifications unless they are the only classifications on the policy.
6. The premium adjustment for the deductible provisions of the policy shall be reported as a credit which shall be applied prior to experience modification or other carrier premium modifications.
7. If the policy is issued with a deductible provision, the Deductible Endorsement (**WC 37 04 03**) shall be issued and made part of the policy.
8. The Pennsylvania Insurance Department has promulgated three deductible coverage levels of **\$1,000** per claim, **\$5,000** per claim and **\$10,000** per claim respectively. Individual carriers can offer different deductible levels and/or premium credits upon approval of the Pennsylvania Insurance Department.

G. GROUP DEDUCTIBLE OR RETROSPECTIVE RATING PLAN COVERAGE

Act 57 of 1996 permits an insurer issuing a workers compensation policy to offer an endorsement for deductible or retrospective rating plans for groups of five or more employers, subject to approval by the Insurance Commissioner and subject to the individual insurer's underwriting criteria for deductible coverage (see F. 1. above).

1. The insurer will issue an individual workers compensation policy for each member of the group.
2. Each group member will be held jointly and severally liable for the payment of premiums or deductible amounts with regard to benefits paid for compensable claims of the group as a whole.

RULE III – POLICY PREPARATION – INSURED, POLICY PERIOD AND STATE OF OPERATIONS

Item 1, 2 and 3-A of the Information Page

A. EXPLANATION OF TERMS

1. Employer/Entity

Employer may be an individual, partnership, joint venture, corporation, association, or a fiduciary such as a trustee, receiver or executor, or other entity.

2. Insured

Insured means the employer designated in Item 1 of the Information Page. If the insured is a professional association use the Professional Association Act Endorsement in Section 3 of this Manual.

3. Majority Interest

Majority Interest as defined in the Experience Rating Plan Section applies. The term majority shall mean more than 50%.

- a. Majority of voting stock, or
- b. Majority of members or directors if there is no voting stock, or
- c. Majority participation of general partners in profits of a partnership.

4. Risk

Risk means a single legal entity or two or more legal entities which qualify for combination in the state of Pennsylvania.

B. NAME, ADDRESS, AND OTHER WORKPLACES OF INSURED – ITEM 1

1. Combination of Legal Entities

Separate legal entities may be insured in one policy only if the same person, or group of persons, owns the majority interest in such entities.

2. Pennsylvania Locations

All locations and operations of the employer in Pennsylvania shall be insured in one policy. Exception: Long Term Construction Projects (Wrap-up). See Rule IX-D.

C. POLICY PERIOD – ITEM 2

1. Normal Policy Period

The normal policy period is one year. A policy may be issued for any period but not longer than 3 years.

2. Policy for One Year

- a. The manual rules are based on a policy period of one year.
- b. A policy issued for a period not longer than one year and 16 days is treated as a one year policy.

3. Policy Longer Than One Year

A policy issued for a period longer than one year and 16 days, other than a 3-year fixed carrier rating value policy, is treated as follows:

- a. The policy period is divided into consecutive 12-month units.
- b. If the policy period is not a multiple of 12 months, use the Standard Policy Period Endorsement (**WC 00 04 05**) to specify the first or last unit of less than 12 months as a short-term policy.
- c. All manual rules and procedures apply to each such unit as if a separate policy had been issued for each unit.

- 4. Renewal Certificates, Agreements and Continuing Form Policies, should be handled as policies longer than one year.

5. Three-Year Fixed Carrier Rating Value Policy Option

A policy may be issued for a period of 3 years at fixed carrier rating values. Such a policy shall not be issued if the risk is subject to the Experience Rating Plan on the effective date of the policy.

A policy issued under this option shall be known as a Three-Year Fixed Carrier Rating Value Policy and shall be so designated on the Information Page. Refer to Rule XI.

D. STATE LAWS DESIGNATED IN THE POLICY – Item 3-A

1. Listing of Pennsylvania

Insurance for operations conducted in Pennsylvania is provided by listing the state in Item 3-A of the Information Page.

2. Longshore Act

The U.S. Longshore and Harbor Workers Compensation Act shall not be entered in Item 3-A of the Information Page. Refer to Rule XII.

3. Additional States

A state may be added after the effective date of the policy. For the additional state operations, apply:

- a. Carrier rating values in effect on the anniversary rating date of the policy to which the state has been added.
- b. Any change in carrier rating values which applies to outstanding policies for the state being added.
- c. When adding the State of Pennsylvania, the Information Page and attached endorsements shall be prepared so that the Pennsylvania coverage can be clearly determined.

RULE IV – CLASSIFICATIONS

Item 4 of the Information Page

A. GENERAL EXPLANATION

1. Objective

The object of the classification system is to group insureds into classifications so that the rating value for each classification reflects the exposures common to such distinct business enterprise (See Rule IV, C. 2. & C. 3.). Subject to certain exceptions described later in this rule, it is the business of the insured within Pennsylvania that is classified, not the separate employments, occupations or operations within the business.

B. CLASSIFICATIONS

1. Basic Classifications

All classifications in the Manual are basic classifications, other than the standard exception classifications. Basic classifications describe the business of an insured such as:

<u>Business</u>	<u>Classification</u>
Manufacture of a Product	Furniture Manufacturing
A Process	Printing
Construction or Erection	Carpentry
A General Type or Character of Business	Hardware Store
A Service	Beauty Parlor

Classifications are listed in Section Two of the Manual. Notes following a classification are part of that classification. Also, see Section Two of this Manual for classifications by group arrangement which is essentially a numeric listing.

2. Standard Exception Classification

Some occupations are common to so many businesses that special classifications have been established for them. They are called standard exception classifications. Employees within the definition of a standard exception classification are not included in a basic classification unless the basic classification specifically includes those employees. The standard exception classifications are defined below:

- a. **CLERICAL OFFICE EMPLOYEES – Code 953** – are employees exclusively engaged in keeping the books or records of the insured or conducting correspondence or who are engaged wholly in office work where such books or records are kept or such correspondence is conducted.

This classification shall be applied only to employees herein described who work exclusively in separate buildings or on separate floors or in departments on such floors which are separated from all other workplaces of the employer by floor to ceiling partitions except for retail stores where a partition at least five feet high is required and within which no work is performed other than clerical office duties as defined in this rule.

If any clerical office employee has any other regular duty, the entire payroll of that employee shall be assigned in accordance with the class to which the business is assigned.

- (1) The clerk, such as a counter, time, stock or tally clerk, whose work is necessary, incidental or part of any operation of the business other than clerical office, shall not be considered a clerical office employee. Such clerk should be assigned to the basic classification of the business.
- (2) The cashier also shall not be considered a clerical office employee. A cashier is responsible for accepting payment for merchandise or services rendered. The cashier's physical location may include but is not necessarily limited to: a booth, behind a counter or on a sales floor. The cashier or any employee whose regular and frequent duty is accepting payment for merchandise or services should be assigned to the basic classification of the business regardless of the physical work location.
- (3) Office employees shall be separately classified except in connection with those classes which specifically include Office Employees.

- b. **DRAFTING EMPLOYEES, Code 953**, are employees engaged exclusively in drafting and confined to office work. The entire payroll of any such employees engaged in any other operations shall be assigned to the highest Bureau loss cost classification of operations to which they are exposed.

c. SALESPERSONS – OUTSIDE, Code 951 – exclusively engaged in sales or collection work away from the employer's premises or who are engaged in such work for any portion of their time and devote the balance of their time in clerical office duties.

This classification is inapplicable to employees delivering merchandise or products. Even though they may also collect or solicit, such employees shall be assigned in accordance with the classification appropriate to the business of the employer for which delivery is being made.

Also not included are floor and/or counter salespersons. Such employees shall be assigned in accordance with the class appropriate to the business at the location.

Employees who sell or solicit exclusively by telephone shall be assigned to Code 953, Clerical Office Employees.

Salespersons, Collectors or Messengers shall be separately classified except in connection with those classes which specifically include all employees or all employees except office

3. General Inclusions

a. Some operations appear to be separate businesses, but they are included within the scope of all classifications other than the standard exception classifications. These operations are called general inclusions and are:

- (1) Commissaries or restaurants operated for an insured's employees except in connection with construction, erection, lumbering, mining or the recovery of petroleum and/or natural gas.
- (2) Manufacturing of containers such as bags, barrels, bottles, boxes, cans, cartons or packing cases (and the incident printing thereon) to be used by the employer in the packaging of its products.
- (3) Medical facilities operated by the insured for its employees.
- (4) Maintenance or repair of an insured's buildings, or vehicles or equipment when performed by employees of an insured.
- (5) Printing or lithographing by an insured on its products.
- (6) Stamping or Welding – when an integral technique that is a part of an overall manufacturing process.
- (7) Drilling or Blasting – when conducted by the employees of a surface or underground non-coal mine operator to facilitate mineral extraction. Drilling, redrilling or deepening conducted by an entity whose field of business is the recovery of petroleum and/or natural gas shall be separately classified.
- (8) Quality control of an insured's products or research laboratories engaged in developing and/or improving products manufactured by an insured.
- (9) Drivers, chauffeurs and their helpers including all employees whose principal duties are the operation and/or the repair of vehicles.
- (10) If vehicles, including drivers, chauffeurs and helpers are employed under contract and if the owner of such vehicles has not insured his compensation obligation and furnished evidence of such insurance, the actual payroll of the drivers, chauffeurs and helpers shall be included in the payroll of the insured employer at the proper carrier rating value(s) for the operations in which they are engaged. If such payroll cannot be obtained, one-third (1/3) of the total amount paid for the hire of such vehicles under contract shall be considered as payroll of the drivers, chauffeurs and helpers.

When the contract price does not include the cost of fuel, maintenance, or other services provided to the owner or owner-operator of a vehicle under contract, the value of such goods and services shall be added to the contract price before determining the one-third (1/3) amount.

If the owner of the vehicle is also a driver, and if in the event of an injury would be entitled to workers compensation benefits from the insured, (see Section 5 Owner-Operator Owner/Driver for more detail), use actual payroll or if unavailable, use one-third (1/3) of the contract price for that vehicle which shall be included in the payroll of the insured employer.

- (11) Tools, dies, molds or fixtures made and/or repaired by an insured that are used in the insured's product manufacturing operations.

(12) Aircraft travel by employees, other than members of the flying crew, including employees whose payroll is assigned to the Standard Exception Classifications.

(13) Child day care services operated by the employer for his employees.

(14) Warehousing by an employer of its merchandise, products and/or raw materials.

b. Any operation described by a General Inclusion shall be separately classified only if:

1. Such operation constitutes a separate and distinct business of the insured as provided in Rule IV - C. below or

2. It is specifically excluded by the classification wording, or

3. The principal business is described by a standard exception classification.

4. General Exclusions

Some operations in a business are so unusual that they are excluded from basic classifications. They are classified separately unless specifically included in the basic classification wording. These operations are called general exclusions and are:

(1) Aircraft operation – all operations of the flying and ground crews.

(2) New construction or structural alterations by the insured's employees.

(3) Sawmill Operations – sawing logs into lumber by equipment such as circular carriage or band carriage saws, including operations incidental to the sawmill.

(4) Stevedoring, including tallying and checking incidental to stevedoring.

(5) Mining and Quarrying, Clay, Gravel or Sand Excavation and Dredging.

C. ASSIGNMENT OF CLASSIFICATIONS

1. Object of the Classification Procedure

a. The object of the classification procedure is to assign the one basic classification which best describes each distinct business enterprise of the insured within Pennsylvania. Subject to certain exceptions described in this Rule, each classification includes all the various types of labor found in a distinct enterprise. It is the business which is classified, not the individual employments, occupations or operations within a business. Additional classifications shall be assigned as provided below.

b. Act 44 of 1993 permits an insurer to develop subclassifications to the Bureau's classification system as approved by the Insurance Commissioner. Any such subclassification shall be filed by the developing insurer with the Bureau and the Insurance Commissioner thirty (30) days prior to its use. The insurer's filing shall demonstrate that payroll and loss data produced under such subclassification can be reported to the Bureau consistent with the Bureau's classification system and statistical plan. Otherwise, the Insurance Commissioner shall disapprove the subclassification filing.

2. Assignment of a Classification

a. The policy shall contain only classifications approved by the Pennsylvania Compensation Rating Bureau and in accordance with this Manual.

Each classification is presumed to describe an entire business enterprise. Any policy which contains more than a single classification cannot contain any classifications representing a payroll less than that of one full-time employee, but this rule will not apply in classifications involved in Construction, Erection, Stevedoring or Part-Time Aircraft Operations except as specified in classification phraseology.

Act 44 of 1993 permits an insurer to develop subclassifications to the Bureau's classification system as approved by the Insurance Commissioner. Any such subclassification shall be filed by the developing insurer with the Bureau and the Insurance Commissioner thirty (30) days prior to its use. The insurer's filing shall demonstrate that payroll and loss data produced under such subclassification can be reported to the Bureau consistent with the Bureau's classification system and statistical plan. Otherwise, the Insurance Commissioner shall disapprove the subclassification filing.

- b. Single Enterprise.** If a risk consists of a single operation or a number of separate operations which normally occur in the business described by a single manual classification, or separate operations which are an integral part of or incidental to the main business, that single classification which most accurately describes the entire enterprise shall be applied. The separate operations so covered may not be assigned to another classification even though such operation may be specifically described by some other classification or may be conducted at a separate location.

Division of payroll shall be made as provided in respect to General Exclusions, Standard Exceptions or Special Class Wording. For construction or erection work, see special procedure set forth in Rule IV, C. 5.

EXCEPTION

Where a retail outlet is located at the same or contiguous premises as an insured's manufacturing facility, a separate classification shall apply to the payroll of the outlet provided that such outlet is operated in an area physically separate from other operations by a floor to ceiling partitions and it is separately staffed.

- c. Authorized Classifications.** When the classification of any insured has been established by the Rating Bureau, no policy shall be issued or endorsed nor adjustment of premium made under any other or conflicting classification.

In any instance where the established classification does not describe the current operations of the insured, the insuring carrier or insured shall draw the matter to the attention of the Rating Bureau in writing with full particulars prior to the application of any other classifications. The reclassification shall not take place until the Bureau Staff has received and reviewed such documentation and has replied in writing to the insured or insuring carrier agreeing with their position or otherwise advising on which class(es) to assign.

The insuring carrier is not relieved of the obligation to apply the class authorized for an insured because of lack of knowledge that the Bureau has established an authorized classification for that insured.

3. Assignment of Additional Classifications

- a. Multiple Classifications/Multiple Enterprises** (Not construction or erection operations – see paragraph 6.)

Additional classifications may be used only when valid evidence supports their authorization or in conformity with the rules stated under "Standard Exceptions" and "Exclusions." Additional classes may not be added without Bureau authorization when their use is in violation of Manual Rules or an existing bureau data card.

Additional classifications shall be assigned to an insured only if the following conditions exist:

1. If the classification wording requires the assignment of an additional classification for specified employees or operations.
2. If there are distinct enterprises (meaning thereby businesses, which are specifically classified in this Manual, but not operations that normally occur in the business described by the assigned classifications, nor operations described by any of the General Inclusions), conducted in a given plant by the same insured and the entire work in each enterprise is conducted either in a separate building or on a separate floor or floors of a building, or on the same floor in separate departments divided by floor to ceiling partitions without interchange of labor and the insured conducts each of such enterprises as a separate undertaking with separate records of payroll, then such separate undertakings shall each be separately classified, (and the proper carrier rating value applied to each).
3. See Governing Classification rules for assignment of incidental operations that support more than one distinct enterprise.

- b. Governing Classification**

The governing classification is that classification other than the standard exception classifications (which may never be the governing class) which carries the largest amount of payroll exclusive of payroll of miscellaneous employees as defined below.

- (1) This concept shall be utilized not in the initial classification assignment process but to determine how to classify miscellaneous employees when an insured is assigned two or more classifications.

Miscellaneous employees are employees that either supervise or support all the various undertakings of the insured. The functions performed by miscellaneous employees may include but are not necessarily limited to: maintenance, mailroom, shipping and receiving, yard operations, security, power plant operations, lobby or front desk personnel, elevator operators, porters, foremen, superintendents or timekeepers.

- (2) The entire remuneration of miscellaneous employees is assignable to the governing classification.
- (3) The governing classification in the case of construction or erection operations shall be determined on a job basis within each policy period if payrolls are kept separately by job within the policy period; otherwise on the basis of the entire policy period.
- (4) If the basic and major operations are described by classifications defined as Standard Exceptions, the payroll of all employees not specifically included in the definition for such Standard Exceptions shall be separately classified, all other rules of this Manual notwithstanding. Section 5, Classification Underwriting Guide, will help in assignment by analogy.

4. Assignment By Analogy

Any enterprise which is not described by a classification in this Manual shall be assigned to the classification or classifications most analogous from the standpoint of process and hazard. The limitations and conditions of the classification or classifications so assigned and all Manual rules pertaining to the classification shall be applicable.

5. Payroll Assignment – Multiple Classifications - Interchange of Labor

Some employees who are not miscellaneous employees may perform duties directly related to more than one classification. When there is such an interchange of labor, the entire payroll of employees who interchange shall be assigned to the highest bureau loss cost classification representing any part of their work.

The payroll of one employee shall not be divided into two or more classes except where specifically described in classification wording as "to be separately rated" or "separately rate" and with no requirement for separate staff. See the paragraph immediately below for the auditing procedure.

General Exceptions to C. 5. above

For Construction, Erection, Temporary Staffing or Stevedoring, the payroll of any individual employee may be divided and allocated to more than one such classification provided the entry on the original records of the insured discloses an allocation of each such individual employee's payroll. Estimated or percentage allocation of payroll is not permitted. Only a single stevedoring class shall be applied to all payroll developed in the loading or unloading of a single vessel. For further reference see the material under Stevedoring in Section 2 of the Manual. For Executive Officers see Rule IX, A. 4.

6. Construction or Erection Operations

Each distinct type of construction or erection operation at a job or location shall be assigned to the classification which specifically describes such operation provided separate payroll records are maintained for each operation. Estimated or percentage allocation of payroll is not permitted.

Any such operation for which separate payroll records are not maintained shall be assigned to the highest Bureau loss cost classification which applies to the job or location where the operation is performed.

A separate construction or erection classification shall not be assigned to any operation which is within the scope of another classification assigned to such a job or location which is assignable to a construction classification designated "all work to completion." All operations of the insured contractor at that job or location shall be assignable to such classification.

7. **NOC** means not otherwise classified. A classification designated "NOC" shall apply only if no other classification more specifically describes the insured's business.

8. Changing Classifications

- a. The Bureau is empowered to determine, revise or modify the classification(s) assigned to any individual insured. No written application by the carrier, agent of record or an insured to change an insured's authorized classification(s) shall be considered by the Bureau until the carrier has issued and filed a copy of its policy Information Page written in accordance with an insured's authorized classification(s). The classification(s) shown in any policy shall be subject to correction or modification, or both, if the Bureau finds by survey or otherwise that the classification(s) shown in the policy are inappropriate to the insured. No written application to change the classification(s) for an insured on the grounds that the insured has been improperly classified shall be considered by the Bureau unless such written application is filed directly with the Bureau by the insured, agent of record or the carrier during the policy period with respect to which the application is made, or within twelve months after the termination thereof.
- b. (1) A change in classification that results from a change in an insured's operations will be applied pro rata as of the date of the change in the insured's operations, regardless of the premium impact to the insured when

the carrier becomes aware of the insured's operations change and makes a written application to the Bureau to change the insured's authorized classification(s) during the which the operations change has taken place, or within twelve months after the termination thereof.

- (2) A correction of a misclassification which results in a premium decrease shall be applied to the insured's policy in effect when the application for correction is made and to the prior policy within twelve months after the termination thereof.
 - (3) A correction of a misclassification which results in a premium increase shall be applied effective the employer's first normal policy renewal at least sixty days subsequent to the date of the Bureau's misclassification notice.
- c.** Any correction of a misclassification arising from discovery by the carrier of a material misrepresentation or intentional omission by the insured, its agent, employees, officers or directors shall be applied effective the date upon which it would have applied had such material misrepresentation or intentional omission not been made. It is recommended that a carrier claiming material misrepresentation or intentional omission as contemplated in this Rule secure a declaratory judgment from the Common Pleas Court establishing same prior to proceeding with application of this Rule.
- d.** The reallocation of payroll by a carrier among an insured's authorized classifications or the Bureau requiring a carrier to reallocate payroll among an insured's authorized classifications or to report payroll under an insured's authorized classifications for an insured's current policy or for the insured's prior policy within twelve months after the termination thereof does not constitute a class change or correction.

9. --- Carrier Determinations of Employment Status

--- A carrier's determination of a person's employment status (including but not necessarily limited to questions regarding a person's designation as an employee, independent contractor, uninsured subcontractor, leased employee or temporary staff) is not subject to the Bureau's review or approval. Where a carrier's determination of a person's employment status results in a request for authorization of a different or additional classification(s), such request must be made in writing. The Bureau will determine the applicability of any requested classification(s) in accordance with the classification guidelines set forth in this Manual. Classifications so approved by the Bureau shall be applied to any policy to which the carrier's determination of the person's employment status applies, if such policy expired or was terminated not more than 12 months before the date on which the Bureau received the carrier's written request.

This rule for determining the policy(ies) to which the approved classification(s) shall be assigned will apply regardless of whether the authorization of the classification(s) increases or decreases premium for the affected policy(ies). This rule shall govern in the event this rule conflicts with any other rule in this Manual.

10. --- Classification Appeals

--- The Bureau's assignment of an individual employer to a particular classification may be appealed pursuant to Rule XVI, APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE, Section 1 of this Manual.

11. Mercantile Businesses/Stores

For mercantile businesses, such as stores or dealers, the single applicable store or dealer classification is determined separately for each location.

D. SHOW THE CLASSIFICATIONS IN ITEM 4 OF THE INFORMATION PAGE

Show the proper classification wording, with or without notes, and show the code number in Item 4 of the Information Page. Capitalized classification wording may be used instead of the entire wording. Section 5 of this Manual, Classification Underwriting Guide, may be used for such wording.

RULE V – PREMIUM BASIS

Item 4 of the Information Page - continued

A. BASIS OF PREMIUM – TOTAL REMUNERATION

Premium shall be computed on the basis of the total remuneration paid or payable by the insured for services of employees covered by the policy.

Exception

Some classifications have a different premium basis. For example, premium for domestic worker classifications is computed on a per capita basis. Refer to Rule XIV.

B. REMUNERATION – PAYROLL

1. Definition

Remuneration means money or substitutes for money.

2. Inclusions

Remuneration includes:

- a. Wages or salaries including retroactive wages or salaries;
- b. Total cash received by employees for commissions or draws against commissions;
- c. Bonuses;
- d. Stock bonus plans – market value of stock at the time it is given to employee (refer to Exclusions, m.);
- e. Extra pay for overtime work;
- f. Pay for holidays, vacations or periods of sickness or accrued sick time;
- g. Payment by an employer of amounts otherwise required by law to be paid by employees to statutory insurance or pension plans, such as the Federal Social Security Act;
- h. Payment to employees on any basis other than time worked such as piece work, profit sharing or incentive plans;
- i. Payment or allowance for hand tools or power tools used by hand provided by employees and used in their work or operations for the insured;
- j. The rental value of an apartment or a house provided for an employee based on comparable accommodations;
- k. The value of lodging other than an apartment or house received by employees as part of their pay to the extent shown in the insured's records;
- l. The value of meals received by employees as part of their pay to the extent shown in the insured's records;
- m. The value of store certificates, merchandise, credits or any other substitute for money received by employees as part of their pay
- n. Musicians or entertainers who are not independent contractors shall be included in computation of premiums of hotels or restaurants **(maximum of \$300 per week for each musician or entertainer)**;
- o. Adjustments necessary to bring employees to minimum wage shall be included;
- p. Payments for salary reduction, retirement or cafeteria plans (IRC 125) which are made through deductions from the employee's gross pay;
- q. Prevailing wage payments paid to employees based on required government-specified minimum wage rates, including but not limited to the Davis-Bacon Act or the Pennsylvania Prevailing Wage Act;
- r. Annuity plans (see Rulings and Interpretations – Salary Reduction Plans);
- s. Expense reimbursements to employees to the extent that an employer's records do not substantiate that the expense was incurred as a valid business expense (see Rulings and Interpretations – Employee Expense Reimbursements);
- t. Payment for filming or taping of commercials excluding subsequent residuals which are earned by the commercial participant(s) each time the commercial appears in print or is broadcast.

3. Exclusions

Remuneration excludes:

- a. Payments by an employer to group insurance or group pension plans for employees, other than payments covered by Rule V - B. 2. e.;
- b. Payments made by the employer to a Group Insurance, Pension Plan or to an employee directly in lieu of the foregoing because of the Provisions of a prevailing wage statute, including but not limited to the Pennsylvania Prevailing Wage Act or the Davis-Bacon Act. For additional information please see the Rulings and Interpretations in Section 5 of this Manual.
- c. The value of special rewards for individual invention or discovery;
- d. Dismissal or severance payments except for time worked or accrued vacation;
- e. Tips and other gratuities received by employees;
- f. Payments for active military duty;
- g. Employee discounts on goods purchased from the employee's employer;
- h. Expense reimbursements to employees to the extent that an employer's records substantiate that the expense was incurred as a valid business expense (see Rulings and Interpretations – Employee Expense Reimbursements);
- i. Supper money for late work;
- j. Work uniform allowances;
- k. Sick pay paid to an employee by a third party such as an insured's group insurance carrier which is paying disability income benefits to a disabled employee;
- l. Employer provided perquisites ("perks") such as:
 1. an automobile;
 2. an airplane flight;
 3. a discount on property or services;
 4. club memberships;
 5. tickets to entertainment or sporting events;
- m. Stock option plans – difference between market value of stock and lower option price is not included as remuneration.

4. Payroll

Payroll means remuneration. The carrier rating values in this Manual shall be applicable to the remuneration of all employees of the insured without exception, and compensation policies shall not be written except upon the entire payroll of the risk which is the subject of the insurance which risk shall be divided into risk classes where specifically permitted or directed by these rules, but not otherwise. Under no circumstances shall a compensation policy be written on any part of the risk leaving another part of the risk uninsured.

5. Employee Savings Plans

Employee Contributions Contributions, made in the form of an employee authorized salary reduction, which are diverted by an employee for payment, by the employer, into a savings plan shall be included as remuneration for premium computation purposes. Such payments made by the employer into the plan, of employee salary reduction contributions, shall not be employer contributions.

Employer Contributions Contributions of employer funds, made by the employer, the amount which being determined by reference to employee contributions, shall not be considered remuneration for premium computation purposes unless same contributions are reported by the employer as current taxable income to the employee.

C. ESTIMATED PAYROLLS

1. Estimated Payrolls By Classification

For each classification shown on the Information Page, the estimated total annual payroll shall be stated in the column headed "Premium Basis –Estimated Total Annual Remuneration."

2. Determination of Estimated Payrolls

Estimated payrolls shown on the Information Page shall reflect actual remuneration anticipated by the insured during the policy period. Such estimates shall be subject to substantiation by records or inspections.

3. Approval of Estimated Payrolls

Adequacy of estimated payrolls is subject to approval by the Pennsylvania Compensation Rating Bureau

D. WHOLE DOLLARS – PAYROLLS

All payrolls shall be shown to the nearest dollar. A remainder of \$.50 shall be rounded to the next higher dollar.

E. PAYROLL LIMITATION

1. How Payroll Limitation Applies

For executive officers and classifications with notes which indicate payroll limitation, the payroll on which premium is based shall exclude that part of the employee's average weekly pay in excess of the applicable weekly limitation, provided:

- a. Books and records are maintained to show separately the total payroll earned by each employee whose average weekly pay for the total time employed during the policy period exceeds the weekly payroll limitation, and
- b. Separate records are maintained in summary by classification for such employees.

2. Partial Week

A part of a week shall be treated as a full week in determining average weekly pay.

RULE VI – RATING VALUES AND PREMIUM DETERMINATION

A. BUREAU RATING VALUES

1. Bureau Loss Cost

Bureau Loss Costs – Dollar amounts per unit of exposure attributable to the payment of losses under workers compensation and employers liability coverages, filed by the Bureau based on the aggregate experience of all Bureau members and approved by the Insurance Commissioner.

2. Disease Loading

- a. The Bureau Rating Value for a classification code number followed by a letter (a) or (b) etc. may include a disease loading. Such a loading may be removed upon approval of the Pennsylvania Compensation Rating Bureau.
- b. The Bureau Loss Costs shown in the Manual include occupational disease loadings which correspond to the usual exposure to diseases by classifications..
- c. A supplemental occupational disease loading may be applied to the carrier rate for any individual risk where the occupational disease hazard is abnormal, subject to approval by the Pennsylvania Insurance Department. When a carrier plans to apply for the supplemental loading, they shall supply the Bureau with an inspection report either by an insurance carrier, Department of Labor and Industry or some outside source which supports the abnormal disease exposure. The carrier shall also recommend a value for the supplemental loading. The request and supporting documentation shall be forwarded by the Bureau to the Insurance Department. Upon approval by the Insurance Department, the supplemental loading shall be published by the Bureau on the Bureau Data Card for a minimum of one year. The supplemental loading can be removed only by an inspection report from an insurance company, Department of Labor and Industry or some other agency evidencing the abnormal exposure no longer exists. This request and documentation shall also be forwarded to the Insurance Department for review and action. The supplemental disease loading is non-ratable in the experience and retrospective plans. No supplemental occupational disease loading shall be used absent explicit approval from the Insurance Commissioner.

3. Premium Adjustment Factor

4. Experience Rating Factor

5. Terrorism Risk Insurance Act of 2002- Certified Losses

Premium under the Terrorism Risk Insurance Act of 2002 - Certified Losses is calculated on the basis of total payroll according to Rule V. The premium charge is calculated by dividing a risk's total payroll by \$100 and multiplying the result times the carrier's rating value. This premium is applied after standard premium and is not subject to any other modifications including but not limited to premium discount, experience rating, schedule rating, or retrospective rating. Non-payroll exposures are not subject to premium under the Terrorism Risk Insurance Act of 2002 - Certified Losses. Policies issued on an "If Any" basis will not be charged a terrorism rate, unless premium develops during the policy term or at audit. Per capita charges are not subject to premium under this Act. Terrorism Risk Insurance Act of 2002 - Certified Losses shall be separately stated on the Standard Policy and shall be designated to Statistical Code 9740.

6. Employer Assessments Pursuant to Act 57 of 1997

Act 57 of 1997 requires that "... the assessments for the maintenance of the Subsequent Injury Fund, the Workmen's Compensation Supersedeas Fund and the Workmen's Compensation Administration Fund under sections 306.2, 443 and 446 of the act of June 2, 1915 (P.L. 736, No. 338), known as the "Workers' Compensation Act, shall no longer be imposed on insurers but shall be imposed, collected and remitted through insurers in accordance with regulations promulgated by the Department of Labor and industry."

In compliance with the above referenced provisions of Act 57 of 1997, the insurance carrier issuing any Standard Policy providing workers compensation insurance other than Coal Mine under the Workers' Compensation Act in Pennsylvania shall impose on and collect from the employer/entity insured thereunder an Employer Assessment computed according to the following formula:

Employer Assessment **equals** Act 57 of 1997 Employer Assessment Factor **times** Employer Assessment Premium Base.

The Employer Assessment shall be computed, imposed and collected consistent with the following definitions of terms:

Act 57 of 1997 Employer Assessment Factor - a factor expressed to four decimal places proposed by the Pennsylvania Compensation Rating Bureau and approved by the Pennsylvania Insurance Commissioner for the specific purpose of computing employer assessments in conformance with Act 57 of 1997.

Employer Assessment Premium Base - Calculation of Employer Assessment Premium Base proceeds by adding back to the total policy premium the amount of any applicable Small Deductible Premium Credit or Large Deductible Premium Credit. Small or Large Deductible Premium Credits include either of the following statistical codes in Pennsylvania:

9663
9664

Employer Assessments imposed, collected and remitted pursuant to Act 57 of 1997 shall be separately stated on the Standard Policy and shall be designated by Statistical Code 0938.

For reference purposes, two examples of the intended determination of the appropriate Employer Assessment Base consistent with this rule are shown below. The first example presents a risk for which a deductible credit applies before experience modification. The second example presents a risk for which a deductible credit applies after experience modification.

Example: Deductible Credit Before Experience Modification

Hypothetical Risk Insured in Classifications 665, Painting and Decorating and 953, Clerical Office. Risk has taken a small deductible policy, and qualifies for Experience Rating, a Schedule Rating Credit, a Pennsylvania Construction Classification Premium Adjustment Credit and a Certified Safety Committee Credit. **Individual rating values are selected values used only for purposes of illustrating the derivation of the appropriate Employer Assessment Base given the respective amounts of premium components shown and are not intended to relate to any specific carrier or insured's actual market premium.**

Class Code	Exposure (Payrolls)	Carrier Rate	Manual Premium
665	\$255,000	\$7.84	\$19,992
953	48,000	.24	115
		Total Manual Premium:	\$20,107
		Deductible Credit Factor:	0.163
		Deductible Premium Credit (Code 9664):	\$3,277
		Total Subject Premium:	\$16,830
		Experience Modification:	0.930

Total Standard Premium:	\$15,652
Schedule Rating Credit Factor:	0.250
Schedule Rating Credit (Code 9887):	\$3,913
Standard Premium After Schedule Rating:	\$11,739
Certified Safety Committee Credit Factor:	0.05
Certified Safety Committee Premium Credit:	\$587
PCCPAP Credit Factor:	0.25
PCCPAP Premium Credit:	\$2,935
Premium Subject to Premium Discount:	\$8,217
Premium Discount:	\$351
Final Policy Premium:	\$7,866

Employer Assessment Base:
Final Policy Premium plus Deductible Premium Credit
(Stat Code 9664)

or
\$7,866 + \$3,277 = \$11,143

Employer Assessment:
Employer Assessment Base x Employer Assessment Factor, rounded to nearest whole dollar.

Example: Deductible Credit After Experience Modification

Hypothetical Risk Insured in Classifications 665, Painting and Decorating and 953, Clerical Office. Risk has taken a large deductible policy, and qualifies for Experience Rating, a Schedule Rating Credit, a Pennsylvania Construction Classification Premium Adjustment Credit and a Certified Safety Committee Credit. **Individual rating values are selected values used only for purposes of illustrating the derivation of the appropriate Employer Assessment Base given the respective amounts of premium components shown and are not intended to relate to any specific carrier or insured's actual market premium.**

Class Code	Exposure (Payrolls)	Carrier Rate	Manual Premium
665	\$255,000	\$7.84	\$19,992
953	48,000	0.24	115
	Total Manual Premium:		\$20,107
	Experience Modification:		0.930
	Total Standard Premium:		\$18,700
	Schedule Rating Credit Factor:		0.250
	Schedule Rating Credit (Code 9887):		\$4,675
	Standard Premium After Schedule Rating:		\$14,025
	Certified Safety Committee Credit Factor:		0.05
	Certified Safety Committee Premium Credit:		\$701
	PCCPAP Credit Factor:		0.25
	PCCPAP Premium Credit:		\$3,506
	Standard Premium After PCCPAP:		\$9,818
	Deductible Credit Factor:		0.600
	Deductible Premium Credit (Code 9663):		\$5,891
	Premium Subject to Premium Discount:		\$3,927
	Premium Discount:		\$0
	Final Policy Premium:		\$3,927

Employer Assessment Base:
Final Policy Premium plus Deductible Premium Credit
(Stat Code 9663)

or
\$3,927 + \$5,891 = \$9,818

Employer Assessment:
Employer Assessment Base x Employer Assessment Factor, rounded to nearest whole dollar.

B. CARRIER RATING VALUES

1. Expense Constant

Expense Constant (if any) is determined by individual carriers' rating values. It applies to every policy and it covers expenses such as those for issuing, recording and auditing, which are common to all workers compensation policies regardless of size.

2. Minimum Premium

Minimum Premium (if any) is determined by individual carriers' rating values. It is an expression of the lowest premium amount for which a single risk can be written and carried for any period of time.

3. Premium Discount

Premium Discount (if any) is determined by individual carriers' rating values. It recognizes that the relative expense of issuing and servicing larger premium policies is less than for smaller policies.

4. Retrospective Rating Factor

C. PREMIUM

Premium for each classification shown on the policy is determined by multiplying the basis of premium by the carrier rate dividing by 100..

Example of B above

Basis of premium - payroll	=	\$90,000
Carrier Rate	=	x 1.50
Premium	=	\$ 1,350
$\frac{\$90,000}{100} \times 1.50$	=	\$ 1,350

D. WHOLE DOLLARS – PREMIUM

All premiums shall be shown to nearest dollar. A remainder of \$.50 shall be rounded to next higher dollar.

E. PREMIUM MODIFICATION EXPERIENCE RATING PLAN

1. If the risk is subject to experience rating, the experience rating modification shall be shown in Item 4 of the Information Page and applied to the premium in accordance with the Experience Rating Plan Section.
2. Copies of Experience Rating Calculation
 - a. The insurance carrier is furnished with the experience rating calculation. Subsequent insurance carriers may obtain copies of the experience rating calculation by way of special service at the appropriate charge.
 - b. The Bureau shall furnish to any insured employer upon his written request, a copy of the experience rating calculation of that employer at an appropriate charge.
 - c. The insurance carrier of record shall be furnished with an experience rating calculation established by the Experience Rating Procedure not more than 90 days prior to the effective date of the rating.

F. PREMIUM DETERMINATION FOR FEDERAL AND MARITIME INSURANCE

Additional rating procedures are in Rules XII and XIII for insurance for employers subject to the U.S. Longshore and Harbor Workers' Act, the Federal Employers Liability Act and Admiralty Law.

G. PREMIUM ALGORITHM

Pennsylvania and Delaware Premium Algorithm Preface:

Optional use upon July 1, 2000. Mandatory use for policies effective on or after January 1, 2002.

The computation of workers compensation premium includes a broad complement of potential rating values, pricing programs and other similiar or related variables. To the extent that these component parts of premium determination may be applied in a prescribed sequence and using defined formulas and/or relationships, several potential benefits arise including the following:

- Competitive differences within the marketplace can be more clearly defined and consistently applied;
- Similarly situated risks can receive comparable treatment with respect to specific rating values, pricing programs or other factors, increasing the equity of the marketplace;

- Analysis of the effects of various components of overall premium determination can be better understood and more intelligently compared across carriers, states and/or time;
- In the event that new pricing programs or other factors are introduced in the future, the defined existing formulas can provide a consistent basis for the development of programs and system procedures within the workers compensation industry.

PENNSYLVANIA WORKERS COMPENSATION MANUAL

SECTION 1

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UNDERWRITING RULES

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*Updates optional use November 26, 2002. Mandatory use for policies effective on or after October 1, 2004.
 Pennsylvania and Delaware Workers Compensation Premium Algorithm
 Premium Calculation Algorithm*

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(1)	Classification	xxxx	(1)	Carrier value
(2)	Exposure	xxxx	(2)	Risk characteristic
(3)	Carrier Rating Value	xxxx	(3)	Carrier value
(4)	Classification Manual Premium		(4)	(2)/100x(3) if classification has payroll exposure. Special procedures apply to non-payroll classes
(5)	Total Policy Manual Premium		(5)	Sum of (4) for all classifications on the policy
(6)	Employer Liability Increased Limits Factor	xxxx	(6)	Carrier value
(7)	Employer Liability Increased Limits Premium Charge		(7)	(5)x[(6) expressed as a decimal]
(8)	Minimum Premium Employer Liability Increased Limits	9848	(8)	Carrier value
(9)	Minimum Premium Employer Liability Increased Limits Premium Charge	9848	(9)	[(8)-(7)] if (7)<(8) and (6) >0, otherwise zero
(10)	Subject Deductible Credit Percentage	9664	(10)	Carrier value
(11)	Subject Deductible Premium Credit	9664	(11)	[(5)+(7)+(9)]x[(-10) expressed as a decimal]
(12)	Waiver of Subrogation Charge	0930	(12)	Carrier value - subject to experience modification
(13)	Waiver of Subrogation Premium	0930	(13)	Value from Line (12)
(14)	Total Subject Premium		(14)	[(5)+(7)+(9)+(11)+(13)]
(15)	Experience Modification	9898	(15)	Zero for non-experience-rated risks
(16)	Modified Premium		(16)	(14)x(15)
(17)	Merit Rating Credit Factor	9885	(17)	Zero if Merit Rating Credit does not apply
(18)	Merit Rating Credit	9885	(18)	(14)x[(-17) expressed as a decimal]
(19)	Merit Rating Neutral Factor	9884	(19)	Zero whether Merit Rating Neutral Adjustment (no credit or debit) does or does not apply
(20)	Merit Rating Neutral Adjustment	9884	(20)	(14)x[(19) expressed as a decimal]
(21)	Merit Rating Debit Factor	9886	(21)	Zero if Merit Rating Debit does not apply
(22)	Merit Rating Charge	9886	(22)	(14)x[(21) expressed as a decimal]
(23)	Premium After Experience Modification or Merit Rating		(23)	(16) if Experience-Rated, [(14)+(18)+(20)+(22)] if Merit-Rated, (14) if Non-Rated
(24)	Non-Ratable Classifications	xxxx	(24)	Carrier Value
(25)	Non-Ratable Classifications Exposure		(25)	Portion of payroll exposure subject to Non-Ratable Classifications
(26)	Non-Ratable Classification Rating Value	xxxx	(26)	Carrier Value
(27)	Non-Ratable Classification Premium		(27)	(25)/100x(26) [based on applicable Non-Ratable Classification exposure]
(28)	Aircraft Seat Surcharge Exposure (# of seats)	9108	(28)	Actual number of seats for insured risk. Subject to maximum 10 seats per aircraft
(29)	Aircraft Seat Surcharge	9108	(29)	Carrier Value
(30)	Aircraft Seat Surcharge Premium Charge	9108	(30)	(28) x (29)
(31)	Workfare Program Employees Exposure (PA)	0982	(31)	Number of person weeks. A partial workweek for any worker to be counted as 1 person week.
(32)	Workfare Program Employees Rating Value (PA)	0982	(32)	Carrier Value
(33)	Workfare Program Employees Premium (PA)	0982	(33)	(31) x (32)
(34)	Non-Ratable Classification Premium Total		(34)	Sum of all (27)+(30)+(33) premiums
(35)	Non-Ratable Classification Increased Limits Factor	xxxx	(35)	Carrier value
(36)	Non-Ratable Classification Increased Limits Premium Charge	xxxx	(36)	(34)x [(35) expressed as a decimal]
(37)	Minimum Premium Non-Ratable Classification Increased Limits	9848	(37)	Carrier value
(38)	Minimum Premium Non-Ratable Classification Increased Limits Premium Charge	9848	(38)	[(37)-(36)] if (36) < (37) and (35) > 0, otherwise zero
(39)	Premium Before Schedule Rating		(39)	(23)+(34)+(36)+(38)
(40)	Schedule Rating Plan Adjustment Factor	9887/9889	(40)	Carrier value - use 9887 for schedule credits and 9889 for schedule debits

PENNSYLVANIA WORKERS COMPENSATION MANUAL

SECTION 1

EFFECTIVE DATE: APRIL 1, 2003

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**Updates optional use November 26, 2002. Mandatory use for policies effective on or after October 1, 2004.
 Pennsylvania and Delaware Workers Compensation Premium Algorithm
 Premium Calculation Algorithm**

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(41)	Schedule Rating Plan Premium Adjustment	9887/9889	(41)	(39)x[(40) expressed as a decimal]. For schedule credits Line (41) will be negative
(42)	Certified Safety Committee Credit Factor (PA)	9890	(42)	Credit applies if insured is certified.
(43)	Certified Safety Committee Premium Credit (PA)	9890	(43)	[(39)+(41)]x[(-42) expressed as a decimal]
(44)	Workplace Safety Program Credit Factor (DE)	9880	(44)	Credit applies if insured qualifies
(45)	Workplace Safety Program Premium Credit (DE)	9880	(45)	[(39)+(41)]x[(-44) expressed as a decimal]
(46)	Construction Classification Premium Adjustment Program Credit Factor	9046	(46)	Based on wage level(s), application to rating organization
(47)	Construction Classification Premium Adjustment Program Premium Credit	9046	(47)	[(39)+(41)]x[(-46) expressed as a decimal]
(48)	Drug-Free Workplace Factor (DE)	9846	(48)	Carrier value
(49)	Drug-Free Workplace Credit (DE)	9846	(49)	[(39)+(41)+(45)+(47)]x[(-48) expressed as a decimal]
(50)	Managed Care Factor (DE)	9874	(50)	Carrier value
(51)	Managed Care Credit (DE)	9874	(51)	[(39)+(41)+(45)+(47)+(49)]x[(-50) expressed as a decimal]
(52)	Package Credit Factor (DE)	9721	(52)	Carrier value
(53)	Package Credit (DE)	9721	(53)	[(39)+(41)+(45)+(47)+(49)+(51)]x[(-52) expressed as a decimal]
(54)	Premium After Managed Care and Package Credit If Applicable		(54)	[(39)+(41)+(43)+(45)+(47)+(49)+(51)+(53)]
(55)	Assigned Risk Surcharge Factor (DE)	0277	(55)	May apply to some or all assigned risks based on plan and characteristics of individual insured
(56)	Assigned Risk Premium Surcharge (DE)	0277	(56)	(54)x[(55) expressed as a decimal]
(57)	Deductible Credit Factor	9663	(57)	Carrier value
(58)	Deductible Premium Credit	9663	(58)	[(54)+(56)]x[(-57) expressed as a decimal]
(59)	Loss Constant	0032	(59)	Carrier value - may vary based on risk premium size
(60)	Loss Constant Charge	0032	(60)	Line (59) if applicable
(61)	Short Rate Cancellation Factor	0931	(61)	Carrier value - zero if short rate cancellation does not apply
(62)	Short Rate Premium	0931	(62)	[(54)+(56)+(58)+(60)]x[(61)-1.0000] if (61)>0, otherwise zero
(63)	Expense Constant	0900	(63)	Carrier value if applicable
(64)	Expense Constant Charge	0900	(64)	Line (63)
(65)	Minimum Premium	0990	(65)	Carrier value
(66)	Minimum Premium Charge	0990	(66)	If (65)>[(54)+(56)+(58)+(60)+(62)+(64)], (65)-[(54)+(56)+(58)+(60)+(62)+(64)], otherwise zero
(67)	Unit Statistical Report Total Standard Premium		(67)	[(54)+(56)+(58)+(60)+(62)+(66)]
(68)	Premium Discount Amount	0063/0064	(68)	Carrier value based on [(54)+(56)+(58)+(60)+(62)+(66)]
(69)	Additional premium Waiver of Subrogation (flat charge)	9115	(69)	Carrier value(s)
(70)	Terrorism Premium Charge	9740	(70)	(Total payroll/100) x carrier rating value
(71)	Total Policy Premium Subject to Employer Assessment		(71)	(64)+(67)-(68)+(69)+(70)
(72)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(72)	Bureau value for the specific purpose of computing employer assessments
(73)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(73)	[(71)-(11)-(58)]x(72) NOTE: Cells (11) and (58) are credits. Subtracting these credits as shown effectively adds the premium reduction given for deductible coverage back into the premium for purposes of calculating employer assessments

RULE VII – PREMIUM DISCOUNT

Item 4 of the Information Page

A. PREMIUM DISCOUNT

Premium Discount (if any) is determined by an individual carriers' rating values. It recognizes that the relative expense of issuing and servicing larger premium policies is less than for smaller premium policies.

B. COMBINATION OF POLICIES

1. Combination Permitted

Two or more policies issued to the same insured by one or more insurance carriers under the same management may be combined for the purpose of computing the premium discount for that insured.

2. Combination Procedure

If such separate policies have different expiration dates, the combination for the purpose of 1. above is subject to the following:

- a. The Bureau shall determine the effective date for the application of premium discount.
- b. All such policies in force prior to such effective date shall be cancelled and rewritten as of the effective date.
- c. All policies effective after the effective date of the combination shall be written to expire concurrently with other policies in the combination.

C. Wrap-Up LARGE CONSTRUCTION PROJECTS

The first step in setting up a "wrap-up" program requires the carrier to request approval from: Compensation Actuary, Bureau of Regulation of Rates and Policies, **Pennsylvania Insurance Department, 1311 Strawberry Square, Harrisburg, PA 17120.**

The following application of the premium discount is optional for wrap up construction projects which are not under a retrospective rating plan:

Policies issued to two or more legal entities engaged in a construction, erection or demolition project may be combined for the purpose of computing premium discount, subject to the following conditions:

1. Insurance Carrier

All such policies must be issued by one or more insurance carriers under the same management.

2. Policy Limitation

The policies shall be limited to insurance on such large construction projects.

3. Eligible Entities

Entities eligible for combination shall be limited to the general contractor (including any owner or principal acting as a general contractor) and subcontractors performing work under contracts let on an ex-insurance basis. In addition, if the contract between the owner or principal and such general contractor is on an ex-insurance basis, the owner or principal shall be an eligible entity under this rule.

4. Carrier Coverage Responsibility

The carrier's coverage responsibility in a wrap-up project is for the duration of that project. Cancellation of such coverage is prohibited except for non-payment of premium.

5. Bureau Notification

The Bureau must be notified of the method by which the wrap-up policies will be identified.

6. Separate Policy Requirement

A separate policy is required for each entity included in the wrap-up plan and each policy is subject to that entity's own experience rating modification.

7. Experience Modifications

The experience developed by each entity in the combinations will be used in calculating the future experience modifications for the entity. There will be no experience rating for the project as a unit.

RULE VIII – LIMITS OF LIABILITY

Item 3-B of the Information Page

A. WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

1. Part One – Workers Compensation

There is no limit of liability in the standard policy for Part One – Workers Compensation. The policy provides all benefits required by the Pennsylvania Workers Compensation Law and Occupational Disease Act stated in Item 3-A of the Information Page.

2. Part Two – Employers Liability

a. Standard Limits

The standard limits of liability under Part Two are:

Bodily Injury by Accident: **\$100,000** – each accident
 Bodily Injury by Disease: **\$100,000** – each employee
 Bodily Injury by Disease: **\$500,000** – policy limit.

b. Increased Limits

The limits under Part Two may be increased, subject to the following:

- (1) The limits of liability shall be the same for all states specified in Item 3-A of the Information Page.
- (2) The additional premium for increased limits shall be determined by multiplying the total premium by the percentage in the following Table for Increased Limits. For this purpose, total premium shall be computed after application of any carrier rate but before application of experience rating modification or retrospective rating adjustment.

TABLE FOR INCREASED LIMITS

<u>Classification Codes</u>	<u>Limits of Liability</u>	<u>Percentage</u>
	(000s omitted)	
9803	100 / 100 / 1,000	.70%
9804	100 / 100 / 2,500	1.20%
9805	100 / 100 / 5,000	1.70%
9806	100 / 100 / 10,000	2.40%
9807	500 / 500 / 500	1.90%
9808	500 / 500 / 1,000	2.20%
9809	500 / 500 / 2,500	2.70%
9810	500 / 500 / 5,000	3.20%
9811	500 / 500 / 10,000	3.90%
9812	1,000 / 1,000 / 1,000	3.30%
9813	1,000 / 1,000 / 2,500	3.80%
9814	1,000 / 1,000 / 5,000	4.40%
9815	1,000 / 1,000 / 10,000	5.00%
9816	over 1,000 / 1,000 / 10,000	(a)
(a) Apply to Bureau for higher limit charges.		

(3) The premium for increased limits shall be subject to any experience rating modification, merit rating and retrospective rating. The premium for increased limits on non-ratable classifications is not subject to any experience rating modifications, merit rating and retrospective rating.

c. Accident Limit

The limit of liability under Part Two for Bodily Injury by accident applies to all bodily injury arising out of any one accident.

d. Disease Limits

The limit of liability under Part Two for Bodily Injury by Disease - each employee – applies as a separate limit to bodily injury by disease to any one employee and the limit of liability for Bodily Injury by Disease - policy limit applies as an aggregate limit for all bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease.

e. Show Limit on the Information Page

A limit of liability under Part Two must be stated in Item 3-B of the Information Page.

B. VOLUNTARY COMPENSATION INSURANCE

1. Standard Limits

The standard limits of liability under Part Two Employers Liability Insurance for employees subject to voluntary compensation insurance are:

Bodily Injury by Accident: **\$100,000** – each accident

Bodily Injury by Disease: **\$100,000** – each employee

Bodily Injury by Disease: **\$500,000** – policy limit

The limit of liability for Bodily Injury by Accident applies to all bodily injury arising out of any one accident. The limit of liability for Bodily Injury by Disease – each employee – applies as a separate limit to bodily injury by disease to any one employee and the limit of liability for Bodily Injury by Disease – policy limit – applies as an aggregate limit for all bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease.

2. Increased Limits

The standard limits under Part Two Employers Liability for employees subject to voluntary compensation insurance may be increased. The premium for the increased limits shall be determined on the basis of the factors in the following table:

TABLE FOR INCREASED LIMITS

<u>Limit of Liability</u>	<u>Factor</u>
(000s omitted)	
100 / 100 / 1,000	1.053
100 / 100 / 2,500	1.127
100 / 100 / 5,000	1.225
100 / 100 / 10,000	1.284
500 / 500 / 500	1.186
500 / 500 / 1,000	1.206
500 / 500 / 2,500	1.286
500 / 500 / 5,000	1.368
500 / 500 / 10,000	1.424
1,000 / 1,000 / 1,000	1.280
1,000 / 1,000 / 2,500	1.357
1,000 / 1,000 / 5,000	1.436
1,000 / 1,000 / 10,000	1.509
over 1,000 / 1,000 / 10,000	(a)
(a) Apply to Bureau for higher limit factor	

3. Premium Determination

Premium shall be determined on the basis of the workers compensation rules, classifications and Bureau rating values in this Manual for the state workers compensation law designated in the schedule in the Voluntary Compensation and Employers Liability Coverage Endorsement.

4. Payroll Records

When voluntary compensation insurance is provided for a group of employees, separate payroll records shall be maintained by the insured for the designated group of employees.

RULE IX – SPECIAL CONDITIONS OR OPERATIONS AFFECTING COVERAGE

A. EXECUTIVE OFFICERS

1. Definition

Executive Officers of a corporation are the President, Vice President, Secretary, Treasurer or any other officer appointed or elected in accordance with the charter or by-laws of a corporation or unincorporated association.

2. Law And Status

Executive Officers of a corporation are covered under the Pennsylvania Workers' Compensation Law and have the same status as employees under the policy.

Exceptions

- (1) Elected officers of Pennsylvania or its political subdivisions are not considered employees; therefore, they are not covered by the policy.
- (2) An executive officer of a for-profit corporation or an executive officer of a nonprofit corporation who serves voluntarily and without remuneration may elect not to be an "employee" of the corporation. For the purposes of this exclusion, an executive officer of a for-profit corporation is an individual who has either an ownership interest in a Subchapter S corporation as defined by the Act of March 4, 1971 (P.L. 6, No. 2), known as the "Tax Reform Code of 1971," or an interest of at least five percent in a Subchapter C corporation as defined by the Tax Reform Code of 1971.

3. Executive Officer Exclusion Procedure

- a. An employer who wishes to exempt an executive officer(s) from coverage under their workers compensation policy may obtain the forms listed below from either the Commonwealth of Pennsylvania, Department of Labor & Industry - Bureau of Workers' Compensation, 1171 South Cameron Street, Room 103, Harrisburg, Pennsylvania 17104-2501 or their insurance carrier, agent or broker.

Application for Executive Officer Exception from the Provisions of the Pennsylvania Workers' Compensation Act: Section 104 LIBC - 509 10-01.

Executive Officer's Affidavit LIBC - 513 10-01

(Note: Copies of the above forms are found in Section 3 of this Manual)

- b. The employer must return both completed forms to their insurance company prior to the exclusion date. The carrier will endorse their policy by attaching an Exclusion of Executive Officers Endorsement – Pennsylvania (WC 37 03 10A). As a general rule, executive officers may be excluded only on the effective date of the policy. Any exceptions to this general rule must be approved in writing by the carrier issuing the policy.
- c. This Executive Officer Exclusion Procedure must be repeated each time a policyholder wishes to change the status of any executive officer or secures coverage from a different carrier group.
- d. Subchapter C and S corporations with no employees must contact the Bureau of Workers Compensation, 1171 South Cameron Street, Room 103, Harrisburg, Pennsylvania 17104-2501 for Executive Officer Exemption Certificates. (717 783 5421)

(NOTE: Carrier group is defined as an insurance carrier sharing the same controlling ownership.)

4. Premium Determination

Premium for executive officers, other than elected officers of Pennsylvania or its political subdivisions, shall be based on their total payroll, subject to the following: (For further information refer to Section 5)

- a. The requirements of Rule V-E.
- b. The minimum individual payroll for an executive officer is **\$350** per week.
- c. The maximum individual payroll for an executive officer is **\$1,650** per week.
- d. These limitations apply to the average weekly payroll of each executive officer for the number of weeks the officer was employed during the policy period.
- e. A part of a week shall be considered a full week in determining the average weekly payroll.

5. Assignment of Payroll

Payroll assignment shall be made in the same manner as for any employee. No executive officer's payroll may be assigned to the standard exception classification unless that officer's duties fulfill the definition of either Salesmen 951 or Office 953. See Rule IV.

6. Flight Duties

Payroll of an executive officer who is a pilot or member of the flying crew of an aircraft used in the insured's business shall be assigned as follows:

- a. For each week during which the executive officer did not perform flight duties, assign the officer's payroll as provided in Rule IX-A-4.
- b. For each week during which the executive officer performed flight duties, assign the officer's payroll for that week to Code 7421 Transportation of Personnel for Business. If an executive officer's non-flying duties in such a week are subject to a higher rated classification, that higher bureau loss cost classification shall be assigned in that week.

Rules 5a and b apply on the basis of the pilot's log book required under Federal regulations or other verifiable records.

If Code 7421 Transportation of Personnel for Business applies and verifiable records are not maintained to indicate those weeks during which flying is performed by executive officers, their payroll shall be assigned to the highest bureau loss cost classification which applies to any of their operations.

B. REAL ESTATE SALESPERSON/BROKER LICENSED INSURANCE AGENT – EXCEPTION

Any person who is a licensed real estate salesperson or an associate real estate broker, affiliated with licensed real estate broker or a licensed insurance agent affiliated with a licensed insurance agency, under written agreement, remunerated on a commission only basis and who qualifies as an independent contractor for state tax purposes or for federal tax purposes under the Internal Revenue Code of 1986 (Public Law 99-514, 26 U.S.C. § 1 ET seq.) is exempt from coverage under the Workers' Compensation Act.

C. PROFESSIONAL AND SEMIPROFESSIONAL ATHLETES – CLASS CODE 970

1. Employees who qualify for payroll limitation include but is not limited to all players, coaches, managers or game officials and include all players on salary list of the employer.
2. The entire remuneration of each employee should be included in computing premium, subject to a maximum of \$60,000 per season.
3. Season includes pre-season and post-season exposure.
4. When an employee works for two or more teams in the same sport during the season, the maximum shall be prorated.
5. The remuneration of an individual employee is subject to a minimum of \$500.00 per season or year, including board and lodging. For more details refer to the Classification and Rating Values Section.

D. SOLE PROPRIETORS AND PARTNERSHIPS

Sole proprietors and partners are not covered by the Pennsylvania Workers' Compensation Act or the Pennsylvania Occupational Disease Act.

E. SUBCONTRACTORS**1(a) Law on Contractors and Subcontractors.**

Pennsylvania Workers' Compensation Act (Section 302 a & b) provides that a contractor is responsible for the payment of compensation benefits to employees of its uninsured subcontractors.

- (b)** A contractor shall not subcontract all or any part of a contract unless the subcontractor has presented proof of insurance under this act.
- (c)(1)** Prior to issuing a building permit to a contractor, a municipality shall require the contractor to present proof of workers' compensation insurance or an affidavit that the contractor does not employ other individuals and is not required to carry workers' compensation insurance.
 - (2)** Every building permit issued by a municipality to a contractor shall clearly set forth the name and workers' compensation policy and the contractor's Federal or State Employer Identification Number. This information shall be in addition to any information required by municipal ordinance. If the building permit is issued to an applicant which affirms it is not obligated to maintain workers' compensation insurance under this act, the permit shall clearly set forth the contractor's Federal or State Employer Identification Number and the substance of the affirmation and that the applicant is not permitted to employ any individual to perform work pursuant to the building permit.
 - (3)** Every municipality issuing a building permit shall be named as a workers' compensation policy certificate holder of a contractor-issued building permit. This certificate shall be filed with the municipality's copy of the building permit. An insurer issuing a policy which names a municipality as a workers' compensation policy certificate holder pursuant to this section shall be required to notify that municipality of the expiration or cancellation of any such policy of insurance or policy certificate within three working days of such cancellation or expiration.
 - (4)** A municipality shall issue a stop-work order to a contractor who is performing work pursuant to a building permit, upon receiving actual notice that the contractor's workers' compensation insurance or State-approved self-insured status has been cancelled. Also, if the municipality receives actual notice that a permittee, having filed an affidavit of exemption from workers' compensation insurance, has hired persons to perform work pursuant to a building permit and does not maintain required workers' compensation insurance, the municipality shall issue a stop-work order. This order shall remain in effect until proper workers' compensation coverage is obtained for all work performed pursuant to the building permit.
- (d)(1)** Where a contractor is performing work for a public body or political subdivision, all contractors and subcontractors shall provide proof of workers' compensation insurance to the public body or political subdivision effective for the duration of the work.
 - (2)** The public body or political subdivision shall issue a stop work order to any contractor who is performing work for that public body or political subdivision upon receiving notice that any public contractor's workers' compensation insurance, or State-approved self-insurance status, has expired or has been cancelled. If the public body or political subdivision receives actual notice that a contractor, having filed an affidavit of exemption from workers' compensation insurance, has hired persons to perform work for a public body or political subdivision and does not maintain the required workers' compensation insurance or self-insurance, the public body or political subdivision shall issue a stop work order, which order shall remain in effect until proper workers' compensation coverage is obtained for all work performed pursuant to the contract of work for the public body or political subdivision.
 - (e)** Should such policy of workers' compensation insurance be cancelled or expire during the duration of the work or should the workers' compensation self-insurance status change during the said period, the contractor shall immediately notify, in writing, the municipality, public body or political subdivision of such cancellation, expiration or change in status.
 - (f)** Nothing in this act shall be the basis of any liability on part of the municipality.
 - (g)** For purposes of subsections (b), (c) and (d) of this section, "proof of insurance" shall include a certificate of insurance or self-insurance, demonstrating current coverage and compliance with the requirements of this act, the Occupational Disease Act and the Longshore and Harbor Workers' Compensation Act (44 Stat. 1424, 33 U.S.C. 901 et seq.), its amendments and supplements, where applicable.

- (h) For purposes of subsections (b), (c) and (d) of this section, "proof of insurance" shall not be required when the employer has been exempted pursuant to section 304.2 of this act.

2. Coverage

If the contractor has specifically assumed this liability, use the Statutory Employer Endorsement (**WC 37 03 09**) in Section 3 of this Manual. The carrier for the subcontractor should use Exclusion of Employees Endorsement (**WC 37 03 03**) in Section 3 of this Manual.

3. Premium for Uninsured Subcontractors

The contractor shall furnish satisfactory evidence that the subcontractor had workers' compensation insurance in force covering the work performed for the contractor. For each subcontractor for which such evidence is not furnished, additional premium shall be charged on the policy which insured the contractor as follows:

- a. The contractor shall provide a complete payroll record of the employees of each uninsured subcontractor. Premium on such payroll shall be based on the classifications which would have applied if the employees of the subcontractor had been employees of the contractor.
- b. If the contractor does not supply the payroll records of its subcontractor, the full subcontract price of the work performed during the policy period by the subcontractor shall be established as the payroll of the subcontractor's employees. The additional premium shall be charged on that amount as payroll.

Exception to 3b

If investigation on a specific job discloses that a definite amount of the subcontract price represents payroll, such amount shall be the payroll for the additional premium computation. In contracts for: (1) mobile equipment with operators (such as but not limited to: earth movers, graders, bulldozers, or log skidders), the payroll shall not be less than 33% of the subcontract price, (2) labor and material, the payroll shall not be less than 50% of the subcontract price, (3) labor only, the payroll shall be established as not less than 90% of the subcontract price.

- c. If an experience modification has been established for the contractor, such experience modification shall be applied to the premium developed for the uninsured subcontractor.

4. Drivers, Chauffeurs and Helpers Under Contract

This rule on subcontractors does not apply to contracts to drivers, chauffeurs or helpers on vehicles engaged under contract. See Rule IV-3-b.

F. EX-MEDICAL COVERAGE

Ex-medical coverage is prohibited in the state of Pennsylvania.

G. TRUCKERS – INTERSTATE

The payroll of a trucker shall be assigned to a state in which it has a terminal or base of operations. These guidelines are not applicable to dispatching or broker operations.

Example:

A driver/employee resides in State A. His employer/trucker base of operations is in State B. If the driver/employee regularly travels to the terminal or base of operations in State B to load or unload freight or perform other regular work functions, i.e. mechanic, the driver/employee payroll shall be assigned to State B.

When the trucker does not operate from a terminal or base of operation, the state to which the payroll is assigned shall be determined in accordance with the following procedures.

If it can be established that the trucker does a significant portion of its business in a single state, the payrolls, other than those payrolls which can be attributed to specific work functions in a specific state, should be assigned to that state. Factors such as driving time, number of pickups and deliveries, revenue and tonnage, should be considered in determining the state of payroll assignment. If a state payroll assignment cannot be made based on these factors, then the truckers payroll shall be assigned to his state of residence.

For the purposes of the guidelines the following definitions shall apply:

TRUCKER – A trucker is the holder of operating authority from a government agency.

TERMINAL OR BASE OF OPERATIONS – A permanent location owned, leased or used by the trucker at which loading, unloading and other related non-clerical work functions such as maintenance and transfers are performed and from which the driver/employee is assigned to work from on a regular basis.

STATE OF RESIDENCE – The state in which the trucker resides as evidenced by the location used for the filing of federal income taxes.

REGULAR – A pattern of 40 hours per week or any other pattern that appears on a continuing basis.

H. PENNSYLVANIA CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM

1. The Pennsylvania Construction Classification Premium Adjustment Program provides for a premium credit for up to one year for a policy which contains one or more construction classifications. A credit may be applicable to those policies effective new and renewed with normal anniversary rating dates on or after **January 1, 1991**.

For policies subject both to a Pennsylvania Construction Classification Premium Adjustment Program credit and any retrospective rating plan the PCCPAP credit shall be applied in determining standard premium. Such adjusted standard premium shall then be used wherever standard premium would otherwise apply in determining retrospective rating plan values and amounts for the retrospective rating plan applicable to the same risk if no PCCPAP credit were applicable. PCCPAP credits shall not be applied to final retrospective premium either in lieu of or in addition to the above prescribed procedure.

The basis for determining the credit is the total payroll (including overtime premium pay) and hours worked for each construction classification as reported to taxing authorities. The applicable report periods vary according to the normal anniversary rating date of each policy, as set forth below:

Normal Anniversary Rating Dates	Reporting Period for Qualifying Wages
July 1, 1998 – June 30, 1999	Third calendar quarter of 1997
July 1, 1999 – June 30, 2000	Third calendar quarter of 1998
July 1, 2000 – June 30, 2001	Third calendar quarter of 1999
July 1, 2001 – June 30, 2002	Third calendar quarter of 2000
July 1, 2002 and later	Third calendar Quarter of 2001

If the insured did not engage in operations for the complete quarter, then the last complete quarter prior to policy year inception shall be used or, if there was no complete quarter of operations prior to the policy inception, then the first complete quarter after policy inception shall be used. A credit may be determined for each construction classification by dividing the total payroll, including overtime premium pay, by the number of hours worked to arrive at the average hourly wage for the classification. In the absence of specific records for salaried employees, it will be assumed each such individual worked forty (40) hours per week. The credit for average hourly wage is listed below:

Normal Anniversary Rating Dates – July 1, 1998 – June 30, 1999

Average Hourly Wage	Credit From Standard Premium	Average Hourly Wage	Credit From Standard Premium
\$16.74 or less	None	\$20.65 – \$20.99	18%
\$16.75 – \$16.99	5%	\$21.00 – \$21.34	19%
\$17.00 – \$17.24	6%	\$21.35 – \$21.74	20%
\$17.25 – \$17.49	7%	\$21.75 – \$22.14	21%
\$17.50 – \$17.79	8%	\$22.15 – \$22.54	22%
\$17.80 – \$18.09	9%	\$22.55 – \$22.94	23%
\$18.10 – \$18.39	10%	\$22.95 – \$23.34	24%
\$18.40 – \$18.69	11%	\$23.35 – \$23.79	25%
\$18.70 – \$18.99	12%	\$23.80 – \$24.24	26%
\$19.00 – \$19.29	13%	\$24.25 – \$24.69	27%
\$19.30 – \$19.59	14%	\$24.70 – \$25.19	28%
\$19.60 – \$19.94	15%	\$25.20 – \$25.69	29%
\$19.95 – \$20.29	16%	over \$25.70	30%
\$20.30 – \$20.64	17%		

Normal Anniversary Rating Dates – July 1, 1999 – June 30, 2000

Average Hourly Wage	Credit From Standard Premium	Average Hourly Wage	Credit From Standard Premium
\$17.49 or less	None	\$21.80 – \$22.19	18%
\$17.50 – \$17.79	5%	\$22.20 – \$22.59	19%
\$17.80 – \$18.09	6%	\$22.60 – \$22.99	20%
\$18.10 – \$18.39	7%	\$23.00 – \$23.44	21%
\$18.40 – \$18.69	8%	\$23.45 – \$23.89	22%
\$18.70 – \$18.99	9%	\$23.90 – \$24.34	23%
\$19.00 – \$19.29	10%	\$24.35 – \$24.79	24%
\$19.30 – \$19.64	11%	\$24.80 – \$25.29	25%
\$19.65 – \$19.99	12%	\$25.30 – \$25.79	26%
\$20.00 – \$20.34	13%	\$25.80 – \$26.29	27%
\$20.35 – \$20.69	14%	\$26.30 – \$26.79	28%
\$20.70 – \$21.04	15%	\$26.80 – \$27.34	29%
\$21.05 – \$21.39	16%	over \$27.35	30%
\$21.40 – \$21.79	17%		

Normal Anniversary Rating Dates – July 1, 2000 – June 30, 2001

Average Hourly Wage	Credit From Standard Premium	Average Hourly Wage	Credit From Standard Premium
\$18.24 or less	None	\$22.70 – \$23.09	18%
\$18.25 – \$18.54	5%	\$23.10 – \$23.49	19%
\$18.55 – \$18.84	6%	\$23.50 – \$23.94	20%
\$18.85 – \$19.14	7%	\$23.95 – \$24.39	21%
\$19.15 – \$19.44	8%	\$24.40 – \$24.84	22%
\$19.45 – \$19.79	9%	\$24.85 – \$25.29	23%
\$19.80 – \$20.14	10%	\$25.30 – \$25.79	24%
\$20.15 – \$20.49	11%	\$25.80 – \$26.29	25%
\$20.50 – \$20.84	12%	\$26.30 – \$26.79	26%
\$20.85 – \$21.19	13%	\$26.80 – \$27.29	27%
\$21.20 – \$21.54	14%	\$27.30 – \$27.84	28%
\$21.55 – \$21.89	15%	\$27.85 – \$28.39	29%
\$21.90 – \$22.29	16%	over \$28.40	30%
\$22.30 – \$22.69	17%		

Normal Anniversary Rating Dates – July 1, 2001 to June 30, 2002

Average Hourly Wage	Credit From Standard Premium	Average Hourly Wage	Credit From Standard Premium
\$19.24 or less	None	\$23.70 – \$24.09	18%
\$19.25 – \$19.54	5%	\$24.10 – \$24.49	19%
\$19.55 – \$19.84	6%	\$24.50 – \$24.94	20%
\$19.85 – \$20.14	7%	\$24.95 – \$25.39	21%
\$20.15 – \$20.44	8%	\$25.40 – \$25.84	22%
\$20.45 – \$20.79	9%	\$25.85 – \$26.29	23%
\$20.80 – \$21.14	10%	\$26.30 – \$26.79	24%
\$21.15 – \$21.49	11%	\$26.80 – \$27.29	25%
\$21.50 – \$21.84	12%	\$27.30 – \$27.79	26%
\$21.85 – \$22.19	13%	\$27.80 – \$28.29	27%
\$22.20 – \$22.54	14%	\$28.30 – \$28.84	28%
\$22.55 – \$22.89	15%	\$28.85 – \$29.39	29%
\$22.90 – \$23.29	16%	over \$29.40	30%
\$23.30 – \$23.69	17%		

Normal Anniversary Rating Dates – July 1, 2002 and later

Average Hourly Wage	Credit From Standard Premium	Average Hourly Wage	Credit From Standard Premium
\$19.74 or less	None	\$24.50 – \$24.94	18%
\$19.75 – \$20.04	5%	\$24.95 – \$25.39	19%
\$20.05 – \$20.34	6%	\$25.40 – \$25.84	20%
\$20.35 – \$20.69	7%	\$25.85 – \$26.29	21%
\$20.70 – \$21.04	8%	\$26.30 – \$26.79	22%
\$21.05 – \$21.39	9%	\$26.80 – \$27.29	23%
\$21.40 – \$21.74	10%	\$27.30 – \$27.79	24%
\$21.75 – \$22.09	11%	\$27.80 – \$28.34	25%
\$22.10 – \$22.49	12%	\$28.35 – \$28.89	26%
\$22.50 – \$22.89	13%	\$28.90 – \$29.44	27%
\$22.90 – \$23.29	14%	\$29.45 – \$30.04	28%
\$23.30 – \$23.69	15%	\$30.05 – \$30.64	29%
\$23.70 – \$24.09	16%	\$30.65 and over	30%
\$24.10 – \$24.49	17%		

The total construction classification credit amount, in dollars, must be calculated and then divided by the total policy premium at bureau rating values – including construction and non-construction classifications. The resulting percentage credit will be the indicated policy credit. When calculating the indicated policy credit, the percentage shall be rounded to the nearest whole number with .5 being rounded upward (as an example, 5.4 rounded to 5 and 5.5 rounded to 6).

The indicated policy credit will be applied to the January 1, 2002 or later policy for any insured not eligible for experience rating. For insureds eligible for experience rating, a policy credit to be applied to the January 1, 2002 or later policy will be determined as follows:

- The insured's experience modification effective one year prior to the effective date of the Pennsylvania Construction Classification Premium Adjustment Program (PCCPAP) credit will be determined in accordance with applicable Manual rules using expected losses reduced by the indicated policy credit percentage for the policy period to which the PCCPAP credit will apply. This experience modification will be designated as the PCCPAP numerator.
- The insured's experience modification effective one year prior to the effective date of the PCCPAP credit will be determined in accordance with applicable Manual rules. This experience modification will be designated as the PCCPAP denominator.
- A credit Adjustment Factor will be computed by dividing the PCCPAP numerator by the PCCPAP denominator. This credit adjustment factor will be rounded to four decimal places. In the event that the insured's experience modification factor effective one year prior to the effective date of the PCCPAP credit cannot be promulgated at the time the PCCPAP credit is determined, the credit adjustment factor will be set equal to 1.0000.
- A policy credit will be computed according to the following formula:

$$100 - [100 - \text{indicated policy credit}] \times \text{credit adjustment factor}$$
- The policy credit, rounded to the nearest whole number using the convention described above with respect to the indicated policy credit, will be applied to the January 1, 2002 or later policy for insureds eligible for experience rating.

EXAMPLE:

Hypothetical insured qualified for experience rating –

(1.)	Insured's indicated policy credit:	26
(2.)	PCCPAP numerator: (insured's experience modification for prior policy period with expected losses reduced by the indicated policy credit)	1.026
(3.)	PCCPAP denominator: (insured's experience modification for prior policy period)	0.957
(4.)	Credit adjustment factor:	

	$((2) / (3))$ rounded to 4 decimals	1.0721
(5.)	Policy credit factor: $100 - [100 - 26] \times 1.0721$ rounded to two decimals	21

The insured shall submit the required payroll and hours worked information to the Pennsylvania Compensation Rating Bureau for calculation of any applicable credit. The carrier shall, upon audit, verify the information that was submitted by the insured and used in the calculation of the credit. If the carrier discovers an error in the original request for policy credit, the revised information must be submitted to the Pennsylvania Compensation Rating Bureau for recalculation. If the insured does not furnish records to verify the payrolls and hours worked originally submitted and used in the calculation of the credit, there shall be no credit applied to the policy.

The credit, authorized by the Pennsylvania Compensation Rating Bureau, shall appear on item 4 of the Policy. If the credit is not available at the time of policy issuance, the carrier shall endorse the policy to provide this credit information.

Report Pennsylvania Construction Class Premium Credit on the information page and unit statistical report under **Code 9046**.

Carriers are required to use the approved form to notify all their insureds, who have one or more construction classifications on their policy, that they may be eligible for a premium adjustment credit.

"Construction classifications" are those classifications subject to the following code numbers:

601	609	648	656	663	670	679
602	611	649	657	664	673	681
603	615	651	658	665	674	682
605	617	652	659	666	675	691
606	645	653	660	667	676	693
607	646	654	661	668	677	695
608	647	655	662	669		

2. Appeals

The Bureau's determination of an individual risk's eligibility for or the percentage of credit under the Pennsylvania Construction Classification Premium Adjustment Program may be appealed pursuant to RULE XVI, APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE, Section 1 of this Manual.

BUREAU FILE NO.: _____

PENNSYLVANIA WORKERS COMPENSATION – PREMIUM CREDIT APPLICATION

NAME ON INSURANCE POLICY _____

INSURANCE COMPANY (Not Agent) _____

POLICY NO. _____ EFF. DATE _____

Notice: Unless Code(s), total wages paid as reported to taxing authorities, total hours worked, and calendar quarter reported are indicated and application is signed, it cannot be processed. Non-construction class code payrolls must be included. Corporate Officers should be included in the appropriate classification subject to payroll limitation rules. Do not include corporate officers who have elected to be excluded from the Workers Compensation Act. Contact your agent and/or insurance company if assistance is desired.

Are you currently engaged in a Long Term Construction Project (i.e. Wrap-up)? YES

CLASSIFICATION DESCRIPTION	PENNSYLVANIA WC CLASS CODE	TOTAL PENNSYLVANIA WAGES PAID THIS QUARTER	TOTAL HOURS WORKED THIS QUARTER (Including O.T.)
Example: Carpentry	652	\$8,000	460
Example: Office	953	\$3,000	520
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The foregoing is based on actual wages and hours worked, as reflected in our payroll records, for the complete calendar quarter ending _____.

Signature _____ Title _____

Telephone Number _____ Date _____

Address _____ City _____ State _____ Zip Code _____

SEND APPLICATION TO EXPERIENCE RATING DEPARTMENT, PENNSYLVANIA COMPENSATION RATING BUREAU, THE WIDENER BUILDING – 6TH FLOOR, ONE SOUTH PENN SQUARE, PHILADELPHIA, PA 19107-3577

No application will be processed by the Bureau unless such application is filed within 12 months after the termination of the policy period to which it would apply.

I. CERTIFIED SAFETY COMMITTEE CREDIT PROGRAM

1. Act 44 of 1993 mandates that the Department of Labor and Industry develop certification criteria for the operation of safety committees. (For certification criteria contact Pennsylvania Department of Labor and Industry.)
2. A 5% rate credit shall apply to the policy period beginning with the next normal anniversary rating date established by the Pennsylvania Compensation Rating Bureau and shall not apply to the policy period in effect when the certification is issued.
3. The 5% rate credit shall continue if the employer annually submits certification renewal affidavits acceptable to the Department of Labor and Industry.
4. Use Endorsement **WC 37 04 04B** Certified Safety Committee Endorsement – Pennsylvania to show credit on appropriate policy.

RULE X – CANCELLATION

A. WHO MAY CANCEL

1. The Cancellation Condition of the Standard Policy permits cancellation by the insured or by the insurance carrier.
2. Pennsylvania enacted legislation that prohibits an insurance carrier from cancelling workers' compensation policies during their term, except for nonpayment of premium and/or failure to reimburse the deductible amount.

Reinstatement

When a notice of cancellation for non-payment has been issued, if the insurer thereafter receives payment and voluntarily determines to reinstate the policy, such reinstatement of coverage must be retroactive to the cancellation date.

Alternatively, if the insurer does not want to reinstate the policy as of the cancellation date but voluntarily determines to resume coverage after a lapse in coverage, the insurer must issue a new policy. Such new policy must carry the carrier rating values effective on the anniversary rating date of the cancelled policy.

IMPORTANT NOTICE: CANCELLATION NOTICES MUST BE FILED WITH THE BUREAU WITHIN 10 DAYS OF ISSUANCE; PROVIDED, HOWEVER, THAT FAILURE TO FILE SUCH NOTICE WITHIN THE REQUIRED TIME SHALL NOT INVALIDATE ANY CANCELLATION WHICH HAS BEEN MADE IN ACCORDANCE WITH THE PROVISIONS OF THE POLICY.

B. PREMIUM DETERMINATION – CANCELLATION BY THE INSURANCE CARRIER

Premium for the canceled policy shall be computed as follows:

1. Carrier Rating Values and Payroll
Apply carrier rating values to the payroll developed during the period the policy was in effect.
2. Experience Rating
Apply any experience rating modification in accordance with the rules of the Experience Rating Plan Section. Refer to Rule VI-H.

C. PREMIUM DETERMINATION – CANCELLATION BY THE INSURED, WHEN RETIRING FROM BUSINESS

Compute the premium as provided in B above if a policy is cancelled by the insured when:

1. All the work covered by the policy has been completed, or
2. All interest in any business covered by the policy has been sold, or
3. The insured has retired from all business covered by the policy.

D. PREMIUM DETERMINATION—CANCELLATION BY THE INSURED, EXCEPT WHEN RETIRING FROM BUSINESS

The premium for the canceled policy shall be based on the Short Rate Cancellation Table in this rule and computed as follows:

1. Actual Payroll

Determine the payroll developed during the period the policy was in effect.

2. Extended Payroll and Number of Days

a. Extended Payroll

Extend such payroll pro-rata based on the number of days for which the policy was written divided by the number of days the policy remained in force to produce the full policy payroll.

Example

A policy written for 250 days that remained in effect for 185 days produced a payroll of \$55,500. Payroll extended for the original policy term — $\$55,500 \times 250/185 = \$75,000$.

b. Extended Number of Days

The extended number of days shall be determined by dividing the number of days the policy was in force by the number of days for which the policy was written and multiplying the quotient by 365 days. (When the policy was written for a one year period, the extended number of days will equal the number of days the policy remained in force.)

3. Carrier Rate

Apply carrier rate to the payroll in 2a. above.

4. Experience Rating

Apply any experience rating modification in accordance with the rules of the Experience Rating Plan Section. Refer to Rule VI-H.

5. Short Rate Percentage

Based on the extended number of days calculated in 2.b., apply the short rate percentage shown in the Short Rate Cancellation Table in this rule to the premium computed on the basis of the extended payroll in order to determine the short rate portion of the premium.

6. Example of a Short Rate Cancellation

A policy originally written for 250 days in effect for 185 days develops actual payroll of \$55,500, carrier rate of \$.50.

a. Payroll extended to full policy term =

$$\$55,500 \times \frac{250}{185} = \$75,000$$

b. Full policy term premium = $\$75,000 \times \$.50 = \$375$

c. Extended number of days =

$$\frac{185}{250} \times 365 = 270$$

d. Short rate percentage for 270 days = 80%

e. Short rate premium = $\$375 \times .80 = \300

f. Total premium for canceled policy = \$300

Refer to the Rules and Interpretation (Section 5) for an alternative method of short rate computation for policies originally written for a one year period.

E. SHORT RATE CANCELLATION TABLE FOR TERM OF ONE YEAR

Days Policy In Force		Percent of One Year Premium
1		5%
2		6
3 - 4		7
5 - 6		8
7 - 8		9
9 - 10		10
11 - 12		11
13 - 14		12
15 - 16		13
17 - 18		14
19 - 20		15
21 - 22		16
23 - 25		17
26 - 29		18
30 - 32	(1 mo)	19
33 - 36		20
37 - 40		21
41 - 43		22
44 - 47		23
48 - 51		24
52 - 54		25
55 - 58		26
59 - 62	(2 mos)	27
63 - 65		28
66 - 69		29
70 - 73		30
74 - 76		31
77 - 80		32
81 - 83		33
84 - 87		34
88 - 91	(3 mos)	35
92 - 94		36
95 - 98		37
99 - 102		38
103 - 105		39
106 - 109		40
110 - 113		41
114 - 116		42
117 - 120		43
121 - 124	(4 mos)	44
125 - 127		45
128 - 131		46
132 - 135		47
136 - 138		48
139 - 142		49
143 - 146		50
147 - 149		51
150 - 153	(5 mos)	52

Days Policy In Force		Percent of One Year Premium
154 - 156		53
157 - 160		54
161 - 164		55
165 - 167		56
168 - 171		57
172 - 175		58
176 - 178		59
179 - 182	(6 mos)	60
183 - 187		61
188 - 191		62
192 - 196		63
197 - 200		64
201 - 205		65
206 - 209		66
210 - 214	(7 mos)	67
215 - 218		68
219 - 223		69
224 - 228		70
229 - 232		71
233 - 237		72
238 - 241		73
242 - 246	(8 mos)	74
247 - 250		75
251 - 255		76
256 - 260		77
261 - 264		78
265 - 269		79
270 - 273	(9 mos)	80
274 - 278		81
279 - 282		82
283 - 287		83
288 - 291		84
292 - 296		85
297 - 301		86
302 - 305	(10 mos)	87
306 - 310		88
311 - 314		89
315 - 319		90
320 - 323		91
324 - 328		92
329 - 332		93
333 - 337	(11 mos)	94
338 - 342		95
343 - 346		96
347 - 351		97
352 - 355		98
356 - 360		99
361 - 365	(12 mos)	100

RULE XI – THREE-YEAR FIXED RATE POLICY OPTION

1. A carrier may file a "Three-Year Fixed Rate Option" program with the Pennsylvania Insurance Department.
2. A policy may be issued for a period of three years at a fixed carrier rate, provided the risk is not eligible for the Experience Rating Plan on the effective date of the policy.
3. A policy issued under an approved program shall be designated on the Information Page as follows - "THREE-YEAR FIXED RATE."

RULE XII – U.S. LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT

A. GENERAL EXPLANATION

The U.S. Longshore and Harbor Workers' Compensation Act (U.S.L. & H.W. Act) is a Federal law which provides for payment of compensation and other benefits to employees such as longshoremen, harbor workers, ship repairmen, shipbuilders, ship-breakers and other employees engaged in loading, unloading, repairing or building a vessel. It applies to such employees while working on navigable waters of the United States and also while working on any adjoining pier, wharf, dry dock, terminal, building way, marine railway, or other area adjoining such navigable waters customarily used for loading, unloading, repairing or building a vessel. It does not cover masters or members of the crew of a vessel. For complete details see U.S. Code (1946), Title 33, Section 901-49, amended by Public Law 92-576.

B. WORKERS COMPENSATION INSURANCE – PART ONE

The standard policy is used to insure the statutory obligation of an employer to furnish benefits required by the U.S.L. & H.W. Act. Attach the Standard Longshore and Harbor Workers' Compensation Act Coverage Endorsement (**WC 00 01 06A**) to provide such insurance. Do not designate the U.S.L. & H.W. Act in Item 3-A of the Information Page.

C. EMPLOYERS LIABILITY INSURANCE – PART TWO

For operations subject to the U.S.L. & H.W. Act, the standard limits of liability under Part Two are:

Bodily Injury by Accident: **\$100,000** – each accident
Bodily Injury by Disease: **\$100,000** – each employee
Bodily Injury by Disease: **\$500,000** – policy limit, Refer to Rule VIII.

D. CLASSIFICATIONS AND RATES

1. Classifications

Classifications for insurance under the U.S.L. & H.W. Act are listed in "Section 2 – Classifications" of this Manual.

2. Rates for Federal "F" Classifications

The manual rates for classification code numbers followed by the letter "F" include premium for operations subject to the U.S.L. & H.W. Act.

3. Bureau Rating Values for Non-Federal "Non-F" Classifications

The manual bureau rating values for classification code numbers not followed by the letter "F" do not include premium for operations subject to the U.S.L. & H.W. Act. If operations under such classifications involve some employees subject to U.S.L. & H.W. Act, the manual rates and minimum premiums for such classifications shall be increased by the U.S. Longshore and Harbor Workers' Compensation Coverage Percentage. Such increased rate shall apply only to payroll of employees engaged in operations subject to the U.S.L. & H.W. Act.

E. EXTENSIONS OF THE U.S.L. & H.W. ACT

1. Defense Base Act

The Defense Base Act extends the provisions of the U.S.L. & H.W. Act to employers and their employees on overseas military bases and on other overseas locations under public works contracts being performed by contractors with agencies of the United States Government. Employees who are not United States citizens may be exempted from coverage upon approval of a waiver by the Secretary of Labor. For complete details, see Defense Bases Act, U.S. Code (1946) Title 42 Sections 1651-54, Public Law 208, 77th Congress.

To provide such insurance, attach the Standard Defense Base Act Coverage Endorsement **(WC 00 01 01A)**.

2. Civilian Employees of Nonappropriated Fund Instrumentalities Act

The Nonappropriated Fund Instrumentalities Act extends the provisions of the U.S.L. & H.W. Act to civilian employees of nonappropriated fund instrumentalities such as post exchanges and service clubs of the Armed Forces. For complete details, see U.S. Code (1970) Title 5, Section 8171 (Public Law 85-538, 85th Congress).

To provide such insurance attach the Standard Nonappropriated Fund Instrumentalities Act Coverage Endorsement **(WC 00 01 08A)**.

3. Premium Determination

For insurance under extensions of the U.S.L. & H.W. Act, determine premium as provided in Rule XII - D.

4. Outer Continental Shelf Lands Act

To provide such insurance, attach the Outer Continental Shelf Lands Act Coverage Endorsement **(WC 00 01 09A)**.

F. PENNSYLVANIA WORKERS COMPENSATION VOLUNTARY POOL

Contact Pennsylvania Compensation Rating Bureau for information concerning U.S.L. & H.W. coverage.

RULE XIII – THE ADMIRALTY LAW AND THE FEDERAL EMPLOYERS' LIABILITY ACT

NOTE: The Pennsylvania Compensation Rating Bureau has no jurisdiction over the bureau rating values or classification for Admiralty or Federal Employers Liability exposure. The following rule was published by the National Council on Compensation Insurance and is shown here for information purposes only.
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A. GENERAL EXPLANATION

1. Admiralty Law

Masters and members of the crews of vessels are not covered under state workers compensation laws nor under the U.S.L. & H.W. Act. They are subject to admiralty law and, if injured, have the right to sue their employers for damages in the Admiralty Courts where the proceeding is in the nature of an employers' liability suit. They also have the right to transportation, wages, maintenance and cure. Such seamen are subject to a Federal law, the Merchant Marine Act of 1920, known as the Jones Act (46 U.S. Code, Section 688, 1970) which applies the provisions of the Federal Employers Liability Act to seamen. Every person employed on board a vessel is deemed to be a seaman if connected with the operation or welfare of the vessel while in navigable waters. Usually, navigable waters are defined as those which form a continuous highway for interstate or international commerce.

2. Federal Employers Liability Act (F.E.L.A.)

The Federal Employers Liability Act applies to employees of interstate railroads. Such employees are not subject to state workers compensation laws. This federal law imposes liability for damages on the railroad if the injured railroad employee can show any negligence on the part of the railroad. For complete details, see 45 U.S. Code, Sections 51-60, 1970.

B. DESCRIPTION OF COVERAGE PROGRAMS

The Standard Policy may be used to provide insurance for liability under one or more state workers compensation laws and also for liability under admiralty law or F.E.L.A. There are two programs to furnish such insurance:

1. Program I

Provides under Part One - Workers Compensation Insurance statutory liability - under the workers compensation law of any state designated in the Information Page and under Part Two - Employers Liability Insurance, Employers liability - for damages under admiralty law or F.E.L.A., subject to a standard limit of liability of \$25,000.

2. Program II

Provides the same coverage as Program I, but with the addition of Voluntary Compensation. Under Program II, the insurance carrier will offer a settlement of a claim strictly in accord with the statutory benefits provided in the workers' compensation law designated in the Voluntary Compensation Endorsement attached to the policy as if the claim were subject to such law, instead of subject to the laws of negligence. If the offer of settlement is rejected, Employers liability then applies to such claim or suit, with the same standard limit as for Program I.

C. COVERAGE

1. Admiralty Law Endorsements

To provide Program I for admiralty law, attach the Standard Maritime Coverage Endorsement (**WC 00 02 01A**). To provide Program II for admiralty law, also attach the Standard Voluntary, Maritime Coverage Endorsement (**WC 00 02 03**).

2. Admiralty Law Coverage Options

a. The Maritime Coverage Endorsement (**WC 00 02 01A**) excludes liability to provide transportation, wages, maintenance and cure. This endorsement may optionally include a provision to insure such liability for an additional premium based on an (a) rate.

3. F.E.L.A. Endorsements

To provide Program I for employments subject to F.E.L.A., attach the Standard Federal Employers Liability Act Coverage Endorsement (**WC 00 01 04**). To provide Program II, also attach the Standard Voluntary Compensation and Employers Liability Coverage Endorsement (**WC 00 03 11A**).

4. U.S.L. & H.W. Act

When insurance is provided for liability under admiralty law or F.E.L.A., insurance for liability under the U.S.L. & H.W. Act also may be necessary. To provide such insurance, attach the Standard Longshore and Harbor Workers' Compensation Act Coverage Endorsement (**WC 00 01 06A**).

D. LIMITS OF LIABILITY

1. Standard Limit

The standard limit of liability under Part Two - Employers Liability Insurance for admiralty or F.E.L.A. insurance under Program I or II is \$25,000.

a. Accident Limit

The limit of liability applies to all bodily injury arising out of any one accident.

b. Disease Limit

The limit of liability also applies as a separate aggregate limit for all bodily injury by disease. The aggregate limit applies separately to bodily injury by disease arising out of work in each state shown in Item 3-A of the Information Page.

c. **Show Limits on Endorsement**

These limits of liability must be stated in the Maritime Coverage Endorsement and/or the Federal Employers Liability Act Coverage Endorsement (**WC 00 01 04**).

2. Increased Limits

Increased limits for liability under Part Two - Employers Liability Insurance are available. The additional premium for increased limits shall be determined by applying the factor in the following Table for Increased Limits to the total premium for admiralty or F.E.L.A. classifications before application of:

a. Expense Constant

b. Experience rating modification

c. Premium discount or retrospective rating adjustment.

The premium for increased limits is subject to an experience rating modification.

TABLE FOR INCREASED LIMITS

Limit Per Accident	Factor	Minimum Premium	
		Program I	Program II
\$ 25,000	1.00	\$100	\$200
50,000	1.09	109	218
100,000	1.15	115	230
200,000	1.23	123	246
300,000	1.29	129	258
400,000	1.34	134	268
500,000	1.38	138	276

3. Minimum Premium

The separate minimum premium shown in the above Table For Increased Limits applies to a policy which includes classifications for operations subject to admiralty law or the F.E.L.A. Such minimum premium is the lowest premium for insuring admiralty or F.E.L.A. operations and it shall apply in addition to the minimum premium or premium for other operations on such a policy. It is not subject to an experience rating modification.

E. CLASSIFICATIONS

NOTE: The Pennsylvania Compensation Rating Bureau has no jurisdiction over the bureau rating values or classification for Admiralty or Federal Employers Liability Exposure. The following admiralty or F.E.L.A. classification list is for information purposes only.

Classifications

Code Number

	Program I	Program II	
		State Act Benefits	USL Act Benefits
Boat Livery - boats under 15 tons. This classification includes the laying up or putting into commission of boats. Boats 15 tons or over to be separately rated under the appropriate vessels classification.	7038	7090	7050
Diving - marine	7394	7395	7398
Dredging - all types	7333	7335	7337
Ferries - This classification includes dock employees.	7019	7027	7062
Fishing Vessels - NOC. This classification includes packing, curing or shipping fish and repair of nets or boats.	7039	7091	7051
Oyster Boats - This classification includes planting; harvesting; and operation of boats.	7079	7097	7070
Salvage Operations - marine.	7394	7395	7398
Supply Boats	7020	7028	7131
Tugboats	7020	7028	7131
Vessels - NOC	7016	7024	7047
Vessels - not self-propelled. Such vessels having a regular master and crew who are furnished living quarters aboard the vessel, shall be rated as "Vessels, NOC."	7046	7098	7099

Classifications	Code Number		
	Program I	Program II	
		State Act Benefits	USL Act Benefits
Vessels - sail	7036	7088	7048
Wrecking - marine. This classification includes salvage operations.	7394	7395	7398
Yachts - private - sail or power	7037	7089	7049

Federal Employers Liability Act

Railroad Operation - all employees including drivers. This classification contemplates the normal operations of railroads including normal maintenance and repair. All extraordinary repair work including such work as rebuilding bridges, grade crossing elimination, laying or relaying track and all new construction operations shall be classified as Code 6702 or 6703.	7151	7153	7152
Clerical Office Employees - NOC	8814	8805	8815
Salespersons, Collectors or Messengers - outside	8737	8734	8738
Railroad Construction - all operations including clerical, salespersons and drivers	6702	6704	6703

F. WATERS NOT UNDER ADMIRALTY JURISDICTION

1. Coverage

An insured may conduct operations on waters not subject to admiralty jurisdiction. Insurance for such operations shall be provided by the Standard Policy and endorsement forms and is subject to the rules which apply to statutory workers' compensation insurance.

2. Admiralty Law or U.S.L. & H.W. Act Liability

If there is a potential liability under admiralty law, follow the previous rules for insurance under admiralty law. If there is a potential liability under the U.S.L & H.W. Act, refer to Rule XII.

RULE XIV – DOMESTIC WORKERS - RESIDENCES

A. DEFINITIONS

1. Inside Domestic Workers

Domestic Workers—Inside are employees engaged exclusively in household or domestic work performed principally inside the residence. Examples include a cook, housekeeper, laundry worker, maid, butler, companion, nurse and baby sitter.

2. Outside Domestic Workers

Domestic Workers—Outside are employees engaged exclusively in household or domestic work performed principally outside the residence. Examples include a private chauffeur and a gardener.

3. Occasional Domestic Workers

Domestic Workers—Occasional are domestic workers inside or outside, who are employed part-time. Any domestic worker employed more than 1/2 of the customary full time shall be assigned and rated as a full time domestic worker. Examples of occasional domestic workers are persons engaged on certain days for gardening, cleaning, laundering or baby sitting.

B. COVERAGE

1. Workers Compensation and Employers Liability Insurance

An employer of domestic workers may elect to come within the workers compensation law by applying to the Bureau of Workers Compensation. The statutory obligation of the employer may be insured by the standard policy.

2. Voluntary Compensation Insurance

If the employer of domestic workers does not elect coverage under the law, voluntary compensation insurance for the domestic workers may be provided by attaching the standard Voluntary Compensation Endorsement to the Standard Policy.

C. NAME OF INSURED

One or more members of the same residence may be named as the insured, but only with respect to the employment of domestic workers in connection with such residence.

D. CLASSIFICATIONS

1. Please refer to the Section 2 Domestic Workers class listing for the Domestic Workers classifications.

2. Maintenance, Repair Or Construction Operations

- a. Codes 0913, 0908, 0912 and 0909 include ordinary repair or maintenance of the insured's premises or equipment by domestic workers.
- b. Payroll developed in general building maintenance or repair by employees of a commercial building owner, lessee or real estate management firm or of a business where the basic and major operations are described by classifications defined as standard exceptions shall be assigned to Code 971. Payroll developed in general building maintenance or repair by employees of an apartment house or condominium complex operator shall be assigned to Code 880. Payroll developed in general building maintenance or repair by employees of a business assigned to a classification other than the standard exceptions shall be included in the employer's applicable field of business classification.
- c. Extraordinary repairs, alterations, new construction, erection or demolition of structures shall be assigned to construction or erection classifications.

E. BUREAU RATING VALUES AND PREMIUM

1. Bureau Rating Values

The Bureau Rating Values for Codes 0913, 0908, 0912 and 0909 are per capita premium charges. Terrorism Risk Insurance Act of 2002-Certified Losses (**9740**) does not apply to per capita classification premium charges.

2. Records Required

The insured shall maintain a record of the names, duties and period of service of each domestic worker.

3. Full Time Domestic Workers

Estimated premium for Codes 0912 and 0913 shall be computed on the estimated number of such domestic workers during the policy period. If additional domestic workers under Codes 0912 and 0913 are employed during the policy period or if some domestic workers are no longer employed and are not replaced, the per capita premium charges shall be pro-rated. Each pro rata charge shall be based on the period of employment but shall not be less than 25% of the per capita charge.

4. Occasional Domestic Workers

A separate per capita charge shall be applied to each concurrently employed domestic worker.

RULE XV – FINAL EARNED PREMIUM DETERMINATION

A. ACTUAL PAYROLL

Final earned premium for the policy shall be determined on actual, instead of estimated, payroll or other premium basis.

B. PREMIUM DETERMINATION

The determination of final earned premium is governed by the rules, classifications and Bureau rating values and carrier rating values, subject to modification by applicable rating plans.

C. AUDIT RIGHTS OF CARRIER

The insurance carrier has the right to compute earned premium based on an examination of original payroll records and books of account of the insured, in accordance with Part Five (Premium Audit) of the Standard Policy.

D. AUTHORIZED CLASSIFICATIONS

Classifications which are not expressed on the policy shall not be used in auditing the payroll of any risk upon which a Data Card has been issued by the Pennsylvania Compensation Rating Bureau, unless upon application to the Bureau Data Card may be revised.

RULE XVI – APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE

- A.** Any person, corporate or otherwise, aggrieved by an application of the rating system of the Pennsylvania Compensation Rating Bureau (the "Bureau") as approved by the Insurance Commissioner pursuant to the Insurance Company Law of May 17, 1921, P.L. 682, as amended, (the "Law") and the Pennsylvania Workers' Compensation Act of June 2, 1915, P.L. 736, as amended (the "Act") may appeal such application to the Bureau in accordance with this Procedure. "Rating System" is defined herein to include but is not necessarily limited to the following: the assignment by the Bureau of an individual business to a particular classification, the continuation or discontinuation of an entity's (ies) previous experience to the experience rating of new ownership, an individual business' eligibility for or the percentage of credit under the Pennsylvania Construction Classification Premium Adjustment Program, the discount or surcharge applied to a business eligible for the Merit Rating Plan or any other workers compensation insurance pricing program filed by the Bureau with the Insurance Commissioner. The aggrieved party must commence any appeal of an application of the rating system within twelve (12) months of the policy period in which the application was made by filing an appeal directly with the Bureau in accordance with this Procedure.
- B.** An aggrieved party to which the rating system is found on appeal by an Appeals Subcommittee to have been improperly applied as of the time of the aggrieved party's appeal to the Bureau in accordance with this Procedure, may have such application amended effective only for the policy currently in effect at the time the aggrieved party first submitted its appeal to the Bureau, in accordance with Paragraph F. hereof, and for the immediately preceding expired policy. In the case of a multiple year policy, application of the rating system may be amended effective only for the policy year currently in effect at the time the aggrieved party first submitted its appeal to the Bureau, in accordance with Paragraph F. hereof, and for the policy year expiring no more than twelve (12) months prior to such appeal to the Bureau.
- C.** An aggrieved party for which application of the rating system is revised as a result of a change in the Bureau's interpretation of the rating system approved for use by the Insurance Commissioner, may have such application amended effective as of the date determined by an Appeals Subcommittee of the Bureau's Classification and Rating Committee, which date may be prospective or retroactive as determined by the Appeals Subcommittee; provided however, that any retroactive effect shall not exceed the time period authorized in Paragraph B. hereof.
- D.** An aggrieved party for which application of the rating system is revised pursuant to a change to the rating system filed by the Bureau approved for use by the Insurance Commissioner, may have such application amended effective only upon the aggrieved party's first normal anniversary date on or later than the effective date of the change to the rating system approved by the Insurance Commissioner.
- E.** Nothing in this Procedure shall permit an aggrieved party for which application of the rating system is revised on a new and renewal basis only to have such application amended effective before the aggrieved party's first normal policy anniversary date effective on or later than the effective date of the change to the rating system approved by the Insurance Commissioner.
- F.** An aggrieved party who wants to appeal an application of the rating system must first submit a written request for review thereof to the Bureau together with all information in support of its appeal. The Bureau staff shall review the request and supporting information. To make certain the facts of an appeal are fully agreed upon by the Bureau and the appellant, the Bureau staff may (as circumstances warrant) visit the appellant's Pennsylvania work-place(s). The Bureau shall notify the appellant in writing of its final decision resulting from the Bureau staff's review. If the appellant is still aggrieved by the rating system application following completion of the Bureau staff's review and final decision, the appellant shall have the right to present its appeal to an Appeals Subcommittee of the Bureau's Classification and Rating Committee in accordance with the provisions of this Procedure. A further appeal by an appellant of the Appeals Subcommittee decision may be taken to the Insurance Commissioner pursuant to Section 654 of the Law and Section 717 of the Act, only after the appellant has first exhausted its rights pursuant to this Procedure.
- G.** Any party aggrieved by a final decision of the Bureau staff pursuant to Paragraph F. shall have the right to appeal to an Appeals Subcommittee of the Classification and Rating Committee of the Bureau. An Appeals Subcommittee shall be comprised of an equal number of public and insurer members. Any Appeals Subcommittee member having a direct pecuniary interest in the aggrieved party's appeal shall recuse its representative from the appeal proceeding.

Such appeal must be received by the Bureau no later than ninety (90) days from the date of the Bureau staff's final decision referred to in Paragraph F.

- H.** All appeals pursuant to Paragraph G. hereof must be filed with the Bureau and must meet the following requirements:
1. The appeal must be in writing.
 2. The appeal must set forth in detail the nature of the complaint, all reasons for believing the Bureau decision to be in error, all documents in support of the appeal, the specific nature of relief desired, and that the aggrieved party or its designated representative will appear before an Appeals Subcommittee of the Classification and Rating Committee at a to be determined hearing date. The Bureau urges the aggrieved party to appear before the Appeals Subcommittee as the aggrieved party is better able to respond to any questions the Appeals Subcommittee may have regarding the aggrieved party's business operations than a designated representative.
 3. In the event an appeal does not fulfill the requirements of Paragraph H. 2. hereof the Bureau shall make a written request for the needed additional information from the aggrieved party, who shall have thirty (30) days to comply. Upon a written showing by the aggrieved party that the requested additional information cannot be provided within thirty (30) days, the Bureau may grant an extension consistent with the circumstances. If the requested additional information is not submitted within the specified time period, as extended, the appeal shall be dismissed.
- I.** Following receipt of an appeal to an Appeals Sub-committee of the Classification and Rating Committee, the Bureau will notify the appellant of the time and place of the Appeals Subcommittee meeting at which the matter shall be heard. The appeal shall be dismissed if an appellant, after due notice pursuant to Paragraph L. hereof, fails to be present or represented at three such scheduled hearings.
- J.** The procedure at the hearing shall be as informal as possible and shall provide for the following steps:
1. The Chair of the Classification and Rating Committee shall introduce the appellant to the Appeals Subcommittee.
 2. The appellant may at its option make an oral presentation of its case, or may rely solely upon the written material previously submitted to the Bureau in connection with the appeal.
 3. Bureau staff members or consultants to the Bureau may present testimony and other information to the Appeals Subcommittee relating to the matter under consideration.
 4. The appellant or the Bureau may also present witnesses and documentary evidence relevant to the appeal, and the appellant and the Bureau shall have the opportunity to direct questions to any witness who has testified before the Appeals Subcommittee on appeal.
 5. After all testimony and other evidence have been presented, the hearing shall be declared closed by the Chair of the Committee and the appellant shall leave the hearing room. Such hearing may, in the discretion of the Appeals Subcommittee, be reopened at any time prior to the Appeals Subcommittee's decision.
 6. After the hearing is closed, the Appeals Sub-committee shall arrive at its decision in executive session.
 7. The decision shall be set forth in writing, shall specify all factual and other bases for the decision, and shall be sent to the appellant no later than thirty (30) days after the hearing.
 8. The Appeals Subcommittee decision shall be included in the minutes of the meetings of the Classification and Rating Committee and be retained in the records of the Bureau.
 9. The minutes of an Appeals Subcommittee of the Classification and Rating Committee meeting shall be kept by the Bureau staff. As hearings before the Appeals Subcommittee are as informal as possible there shall be no stenographic, audio or video record thereof.
 10. If travel is required for the aggrieved person to be heard by the Appeals Subcommittee in person, the aggrieved person will be reimbursed for travel expenses in the same manner as members of the Appeals Subcommittee.
- K.** An appellant is not required to be represented by an attorney at any stage in any proceeding. However, an appellant has a right at the appellant's expense to be represented by an attorney. An appellant who is represented by an attorney shall notify the Bureau in writing and shall also furnish the Bureau with the attorney's name and mailing address. After the Bureau has received such notification from an appellant, subsequent papers in the proceeding to be served on such appellant shall be served only upon the attorney designated by the appellant.

- L.** Notices of any requirements for additional information pursuant to Paragraph H. 3. or of the time and place of the Appeals Subcommittee hearing shall be given to the appellant, or its attorney pursuant to Paragraph K., in writing personally or by certified mail (with return receipt). The notice of hearing shall be made at least ten (10) days in advance of such hearing, unless such notice is waived by the appellant or its attorney. When a meeting is adjourned to another time or place, written notice need not be given of the adjourned hearing if the time and place thereof are announced at the meeting during which all parties are present at which the adjournment is taken. All other notices, orders, papers, or communications, including a copy of the decision, may be served on an appellant by hand delivery or by regular first class mail to the appellant or its attorney at the last known mailing address provided to the Bureau.
- M.** During the course of all proceedings governed by this Procedure, the Appeals Subcommittee shall have the power to interpret and apply the foregoing Paragraphs, and such interpretation shall be binding upon the parties.
- N.** Appeals from a final decision of the Appeals Subcommittee pursuant to this Procedure must be filed with the Insurance Commissioner within thirty (30) days of the mailing date of the Committee's decision as provided in Section 654 of the Law and Section 717 of the Act.
- O.** Unless otherwise specifically provided by this Procedure, all periods of time shall be calculated from the postmark on materials sent by first class or certified mail through the United States Postal Service or the date of any hand delivery, whichever date is earlier.
- P.** Nothing contained in this Procedure shall prevent efforts to resolve any controversies governed by this Procedure on an informal basis at any stage of the proceedings before the Bureau or the Appeals Subcommittee.

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COAL MINE CLASSIFICATIONS

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RATING VALUES

**LOSS COSTS AND EXPECTED LOSS FACTORS
FOR PENNSYLVANIA WORKERS COMPENSATION INSURANCE
EXPERIENCE RATING PLAN**

CODE NO	LOSS COST	EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
005	18.66	9.46	11.46	12.55	III
007	6.60	3.34	4.05	4.44	III
009	27.08	13.73	16.64	18.22	III
025	5.46	2.69	3.22	3.49	III
028	4.55	2.23	2.68	2.90	III
050	3.29	1.62	1.94	2.10	III
051	3.35	1.65	1.98	2.14	III
055	4.90	2.41	2.89	3.13	III
059	4.01	1.97	2.37	2.56	III
101	2.90	1.42	1.75	1.90	III
103	1.53	0.75	0.92	1.00	II
104	3.89	1.90	2.35	2.54	II
105	4.17	2.04	2.53	2.73	III
106	6.44	3.15	3.90	4.22	II
107	3.86	1.89	2.34	2.52	II
108	4.38	2.15	2.65	2.87	II
109	5.42	2.65	3.28	3.55	III
110	3.73	1.82	2.26	2.44	II
111	4.54	2.22	2.75	2.97	II
112	9.83	4.81	5.95	6.43	II
113	2.35	1.15	1.42	1.54	II
114	10.21	5.00	6.18	6.68	III
115	2.06	1.01	1.25	1.35	II
119	6.60	3.23	3.99	4.32	II
130	5.03	2.46	3.04	3.29	III
132	2.58	1.26	1.56	1.69	II
134	4.23	2.07	2.56	2.77	II
135	3.17	1.55	1.92	2.07	II
136	2.73	1.33	1.65	1.78	II
139	4.02	1.97	2.43	2.63	II
141	4.90	2.40	2.97	3.20	II
142	2.48	1.22	1.50	1.63	II
161	3.31	1.62	2.01	2.17	II
163	3.60	1.76	2.18	2.35	II
165	4.99	2.44	3.02	3.26	II
166	2.88	1.41	1.74	1.88	II
185	3.89	1.90	2.35	2.54	II
187	3.86	1.89	2.34	2.52	II
189	2.35	1.15	1.42	1.54	II
191	3.31	1.62	2.01	2.17	II

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

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RATING VALUES

**LOSS COSTS AND EXPECTED LOSS FACTORS
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EXPERIENCE RATING PLAN**

CODE NO	LOSS COST	EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
201	4.25	2.08	2.57	2.78	II
204	3.52	1.72	2.13	2.30	II
205	3.05	1.49	1.85	2.00	II
221	2.92	1.43	1.77	1.91	II
222	4.05	1.98	2.45	2.65	II
225	4.13	2.02	2.50	2.70	II
227	3.80	1.86	2.30	2.48	II
255	3.22	1.58	1.95	2.11	II
257	4.69	2.29	2.84	3.07	II
261	4.29	2.10	2.60	2.81	II
263	4.18	2.05	2.53	2.74	II
265	4.22	2.07	2.56	2.76	II
275	2.92	1.43	1.77	1.91	II
276	4.05	1.98	2.45	2.65	II
281	3.02	1.48	1.83	1.98	II
282	5.82	2.85	3.52	3.81	III
291	3.22	1.58	1.95	2.11	II
297	3.02	1.48	1.83	1.98	II
301	7.79	3.81	4.71	5.09	III
305	5.88	2.88	3.56	3.85	II
306	4.63	2.26	2.80	3.03	II
311	4.19	2.05	2.54	2.74	II
319	4.31	2.11	2.61	2.82	II
323	2.87	1.40	1.74	1.88	II
327	3.30	1.62	2.00	2.16	II
402	5.93	2.90	3.59	3.88	III
403	3.53	1.73	2.13	2.31	II
404	4.47	2.19	2.71	2.93	III
406	4.68	2.29	2.83	3.06	III
407	4.12	2.02	2.49	2.70	II
411	5.88	2.88	3.56	3.85	III
413	6.26	3.07	3.79	4.10	III
415	4.78	2.34	2.89	3.13	III
416	9.96	4.87	6.03	6.52	II
421	7.58	3.71	4.59	4.96	III
425	8.18	4.00	4.95	5.35	III
427	4.28	2.10	2.59	2.80	III
429	5.44	2.66	3.30	3.56	III
431	7.54	3.69	4.56	4.93	II
433	4.39	2.15	2.66	2.87	II

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

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LOSS COSTS AND EXPECTED LOSS FACTORS FOR PENNSYLVANIA WORKERS COMPENSATION INSURANCE EXPERIENCE RATING PLAN						
CODE NO	LOSS COST	EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP	
		A-1	A-2	A-3		
435	5.67	2.77	3.43	3.71	II	
441	1.90	0.93	1.15	1.24	II	
445	3.52	1.72	2.13	2.30	II	
447	5.54	2.71	3.35	3.62	III	
449	4.00	1.96	2.42	2.62	II	
451	5.19	2.54	3.14	3.40	II	
454	4.24	2.08	2.57	2.78	II	
456	4.29	2.10	2.60	2.81	II	
457	3.86	1.89	2.34	2.52	II	
458	3.03	1.48	1.83	1.98	II	
459	1.75	0.86	1.06	1.14	I	
461	3.75	1.83	2.27	2.45	II	
463	2.32	1.14	1.41	1.52	II	
465	3.54	1.73	2.14	2.31	III	
467	3.71	1.81	2.24	2.43	II	
471	2.35	1.15	1.42	1.54	II	
472	2.01	0.98	1.22	1.31	II	
473	2.72	1.33	1.64	1.78	II	
474	0.96	0.47	0.58	0.63	II	
475	3.06	1.50	1.85	2.00	III	
476	1.65	0.81	1.00	1.08	II	
477	3.33	1.63	2.02	2.18	II	
483	1.55	0.76	0.94	1.01	II	
485	1.81	0.88	1.09	1.18	II	
486	3.34	1.64	2.02	2.19	II	
487	2.16	1.06	1.31	1.41	II	
488	1.52	0.74	0.92	0.99	II	
489	1.20	0.59	0.73	0.79	II	
491	3.53	1.73	2.13	2.31	II	
493	3.52	1.72	2.13	2.30	II	
495	5.19	2.54	3.14	3.40	II	
497	2.01	0.98	1.22	1.31	II	
499	3.06	1.50	1.85	2.00	III	
501	3.72	1.82	2.25	2.43	III	
502	4.26	2.09	2.58	2.79	I	
506	2.64	1.29	1.60	1.72	II	
507	4.18	2.05	2.53	2.74	III	
509	6.77	3.31	4.10	4.43	III	
511	6.94	3.40	4.20	4.54	III	
512	4.10	2.01	2.48	2.68	III	

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

a OD: \$0.33 Supplemental is not subject to experience rating. Code as 0067.

b OD: \$0.21 Supplemental is not subject to experience rating. Code as 0066.

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**LOSS COSTS AND EXPECTED LOSS FACTORS
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EXPERIENCE RATING PLAN**

CODE NO	LOSS COST	EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
513	4.32 ^c	2.12	2.62	2.83	II
514	6.93	3.39	4.19	4.53	III
535	3.85	1.88	2.33	2.52	II
536	6.15	3.01	3.72	4.02	II
544	11.14	5.45	6.74	7.29	III
551	3.85	1.88	2.33	2.52	IV
553	1.18	0.58	0.72	0.77	III
555	0.95	0.46	0.57	0.62	II
563	3.06	1.50	1.85	2.00	II
571	3.04	1.49	1.84	1.99	II
573	3.98	1.95	2.41	2.60	III
581	2.62	1.28	1.58	1.71	III
587	3.06	1.50	1.85	2.00	II
601	8.54	4.11	4.93	5.34	III
602	4.70	2.24	2.69	2.92	III
603	7.01	3.27	3.92	4.25	III
605	8.17	3.91	4.69	5.09	III
606	12.51	5.97	7.17	7.77	III
607	9.44	4.59	5.51	5.96	III
608	6.25	2.98	3.58	3.88	III
609	5.53	2.67	3.20	3.47	III
611	11.72	5.55	6.67	7.22	III
615 ^d	13.51	6.44	7.73	8.37	IV
0152	1.45				IV
617	6.03	2.88	3.46	3.74	III
645	7.62	3.59	4.31	4.67	III
646	5.47	2.61	3.13	3.40	III
647	8.83	4.25	5.11	5.53	II
648	6.08	2.90	3.48	3.77	III
649	3.12	1.43	1.72	1.87	III
651	8.58	4.09	4.91	5.32	III
652	9.27	4.53	5.44	5.89	III
653	8.15	3.87	4.64	5.03	III
654	9.43	4.43	5.31	5.76	III
655	18.68	8.58	10.30	11.15	IV

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

 Associated classes - both codes must be applied. The second code is not subject to experience rating and applies to the full payroll of the associated class.

^c OD: \$0.31 Supplemental is not subject to experience rating. Code as 0176.

^d OD: \$1.27 Supplemental applies when coverage for Federal black lung is provided. It is not subject to experience rating. Code as 0164.

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**LOSS COSTS AND EXPECTED LOSS FACTORS
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CODE NO	LOSS COST	EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
656	8.73	4.17	5.01	5.43	III
657	11.52	5.52	6.63	7.18	IV
658	9.76	4.60	5.52	5.98	III
659	18.09	8.59	10.31	11.17	III
660	2.38	1.15	1.38	1.49	III
661	4.52	2.09	2.51	2.72	III
662	3.86	1.90	2.28	2.47	II
663	5.02	2.38	2.86	3.10	III
664	4.28	2.02	2.42	2.63	III
665	9.12	4.39	5.27	5.71	III
666	6.23	2.97	3.57	3.87	III
667	2.36	1.13	1.35	1.47	III
668	5.75	2.71	3.25	3.52	II
669	7.54	3.61	4.33	4.69	III
670	5.58	2.66	3.19	3.45	III
673	5.86	2.81	3.37	3.65	III
674	5.64	2.74	3.29	3.56	III
675	5.36	2.58	3.09	3.35	III
676	5.18	2.47	2.96	3.21	III
677	7.41	3.54	4.25	4.61	III
679	11.94	5.70	6.85	7.42	III
681	5.52	2.66	3.19	3.45	III
682	18.02	8.66	10.40	11.26	III
691	5.53	2.67	3.20	3.47	III
693	8.58	4.09	4.91	5.32	III
695	4.52	2.09	2.51	2.72	III
709	2.42	1.19	1.43	1.55	III
716	3.67	1.80	2.16	2.34	III
718	3.58	1.76	2.11	2.29	III
721	12.06	5.90	7.30	7.89	III
744	1.74	0.85	1.05	1.14	II
751	1.37	0.67	0.83	0.90	III
752	0.78	0.38	0.47	0.51	III
753	3.17	1.55	1.92	2.07	III
755	1.26	0.62	0.76	0.83	III
757	1.54	0.75	0.93	1.00	III
759	5.97	2.92	3.61	3.91	III
801	7.38	3.74	4.54	4.97	II
803	18.13	9.19	11.14	12.20	III
804	3.25	1.65	2.00	2.19	III

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

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**LOSS COSTS AND EXPECTED LOSS FACTORS
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CODE NO	LOSS COST	EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
805	5.29	2.68	3.25	3.56	III
806	12.03	6.10	7.39	8.09	III
807	6.63	3.34	4.05	4.43	III
808	7.13	3.62	4.38	4.80	III
809	5.25	2.66	3.23	3.53	III
810	6.22	3.15	3.82	4.19	III
0162	1.27				III
811	8.38	4.25	5.15	5.64	III
812	6.87	3.48	4.22	4.62	III
813	7.21	3.66	4.43	4.85	II
814	4.14	2.10	2.54	2.79	II
815	4.03	2.04	2.48	2.71	III
816	2.94	1.49	1.81	1.98	II
817	7.24	3.67	4.45	4.87	III
818	3.09	1.57	1.90	2.08	III
819	0.65	0.33	0.40	0.43	III
821	6.86	3.48	4.21	4.61	III
825	4.45	2.26	2.74	3.00	II
855	6.41	3.25	3.94	4.32	III
857	8.80	4.46	5.40	5.92	III
858	8.12	4.12	4.99	5.46	III
859	9.78	4.96	6.01	6.58	III
860	9.64	4.89	5.92	6.48	III
861	6.64	3.36	4.08	4.46	III
862	8.82	4.47	5.42	5.93	II
865	5.23	2.65	3.21	3.52	II
867	7.21	3.66	4.43	4.85	II
877	2.25	1.14	1.38	1.52	II
879	3.54	1.79	2.17	2.38	II
880	5.42	2.75	3.33	3.65	II
881	3.57	1.81	2.19	2.40	II
882	6.66	3.37	4.09	4.48	II
883	2.16	1.10	1.33	1.45	II
884	1.11	0.56	0.68	0.75	II
885	3.79	1.92	2.33	2.55	II
886	2.62	1.33	1.61	1.76	II
887	1.13	0.57	0.69	0.76	II
889	0.29	0.15	0.18	0.20	II
890	0.48	0.25	0.30	0.33	II
891	1.19	0.60	0.73	0.80	II
892	0.99	0.50	0.61	0.67	II

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

Associated classes - both codes must be applied. The second code is not subject to experience rating and applies to the full payroll of the associated class.

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**LOSS COSTS AND EXPECTED LOSS FACTORS
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EXPERIENCE RATING PLAN**

CODE NO	LOSS COST	EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
893	0.70	0.35	0.43	0.47	II
894	1.35	0.69	0.83	0.91	II
895	0.64	0.32	0.39	0.43	II
896	2.71	1.37	1.66	1.82	II
897	2.15	1.09	1.32	1.45	II
898	3.42	1.74	2.10	2.30	II
899	2.00	1.01	1.23	1.35	II
903	0.42	0.22	0.26	0.29	II
907	6.59	3.34	4.05	4.43	II
910	11.33	5.75	6.96	7.63	II
911	7.01	3.55	4.31	4.72	II
914	2.25	1.14	1.38	1.52	II
915	4.33	2.20	2.66	2.92	II
916	2.31	1.17	1.42	1.56	II
917	2.81	1.42	1.72	1.89	II
918	3.49	1.77	2.15	2.35	II
919	2.25	1.14	1.38	1.52	II
920	0.77	0.39	0.47	0.52	II
922	5.07	2.57	3.11	3.41	II
923	3.54	1.79	2.17	2.38	II
924	5.00	2.53	3.07	3.36	II
925	2.57	1.30	1.58	1.73	II
926	3.57	1.81	2.19	2.40	II
927	1.36	0.69	0.84	0.92	II
928	2.16	1.10	1.33	1.45	II
929	6.20	3.14	3.81	4.17	II
932	1.19	0.60	0.73	0.80	II
933	5.77	2.92	3.54	3.88	II
934	3.02	1.53	1.86	2.03	II
935	1.60	0.81	0.98	1.07	II
936	0.39	0.20	0.24	0.27	II
937	16.36	8.30	10.05	11.01	II
939	5.58	2.83	3.43	3.75	III
940	6.58	3.33	4.04	4.42	II
941	2.85	1.44	1.75	1.92	II
942	4.12	2.09	2.53	2.77	II
943	6.99	3.54	4.29	4.70	II
944	2.51	1.27	1.54	1.69	II
945	3.08	1.56	1.89	2.07	II
946	4.59	2.32	2.82	3.09	II
947	6.82	3.46	4.19	4.59	II

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

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**LOSS COSTS AND EXPECTED LOSS FACTORS
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CODE NO	LOSS COST	EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
948	2.42	1.23	1.49	1.63	II
949	1.06	0.54	0.65	0.71	II
951	0.65	0.33	0.40	0.43	III
952	1.05	0.53	0.65	0.71	III
953	0.29	0.15	0.18	0.20	II
954	3.35	1.70	2.06	2.26	IV
955	0.64	0.32	0.39	0.43	III
956	0.26	0.13	0.16	0.18	III
957	0.44	0.23	0.27	0.30	III
958	2.04	1.03	1.25	1.37	III
959	2.08	1.05	1.28	1.40	II
960	4.97	2.52	3.05	3.34	II
961	1.24	0.63	0.76	0.84	III
962	0.14	0.07	0.09	0.10	III
963	0.51	0.26	0.31	0.34	II
964	2.74	1.39	1.68	1.84	II
965	0.64	0.32	0.39	0.43	II
966	3.28	1.66	2.02	2.21	III
967	1.83	0.93	1.12	1.23	III
968	1.66	0.84	1.02	1.11	II
969	2.76	1.40	1.69	1.86	III
970	8.18	4.15	5.03	5.50	II
971	5.43	2.76	3.34	3.66	II
973	3.64	1.84	2.23	2.45	II
974	3.31	1.68	2.04	2.23	II
975	2.41	1.22	1.48	1.62	II
976	1.60	0.81	0.98	1.07	II
977	0.99	0.50	0.61	0.67	I
978	3.43	1.74	2.11	2.31	III
979	5.30	2.69	3.26	3.57	II
980	5.71	2.89	3.51	3.84	III
982	3.76	e			III
983	7.93	4.02	4.87	5.33	II
984	0.35	0.18	0.22	0.24	III
985	4.09	2.05	2.49	2.73	III
986	1.56	0.79	0.96	1.05	II
987	1.20	0.61	0.74	0.81	II
988	0.38	0.19	0.24	0.26	II
992	5.25	2.66	3.23	3.53	III

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

e Per person per week. A partial workweek is to be counted as a full workweek. Not subject to Experience or Retrospective Rating.

LOSS COSTS AND EXPECTED LOSS FACTORS
FOR PENNSYLVANIA WORKERS COMPENSATION INSURANCE
EXPERIENCE RATING PLAN
EXPECTED LOSS FACTORS TABLE *

CODE NO	LOSS COST	EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
993	2,031.92	866.03	1,049.35	1,149.29	III
994	g	h	h	h	IV
995	8.94	4.53	5.49	6.01	III
996	1,708.21	866.03	1,049.35	1,149.29	IV
997	0.99	0.50	0.61	0.67	II
999	5.51	2.79	3.38	3.70	II
0006	4.35	2.21	2.67	2.93	II
0008	2.60	1.32	1.59	1.75	II
0011	3.77	1.91	2.31	2.53	II
012	6.06	3.07	3.72	4.08	II
0013	6.38	3.24	3.92	4.30	II
0016	3.86	1.96	2.37	2.60	II
0034	5.67	2.87	3.48	3.81	II
0036	5.45	2.77	3.35	3.67	II
0083	6.47	3.28	3.98	4.36	III
0170	3.11	1.58	1.91	2.09	II
4771	5.40	2.65	3.27	3.54	IV
0771	1.44				IV
4775	4.37	2.14	2.65	2.86	IV
0775	0.71				IV
4777	11.34	5.75	6.97	7.63	III
7405	1.75	0.89	1.07	1.18	III
7445	0.37				IV
7413	1.93	0.98	1.19	1.30	IV
7453	0.40				IV
7421	2.33	1.18	1.43	1.57	III
7424	5.51	2.79	3.38	3.70	IV
7428	3.33	1.69	2.05	2.24	II
9108	76.83				II
9740	.03				II

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

Associated classes - both codes must be applied. The second code is not subject to experience rating and applies to the full payroll of the associated class.

f Per ambulance corps.

g See appropriate page of Section 2, proposed effective 4/1/03.

h Apply the following percentages (A-1 = 46.84%, A-2 = 56.76%, A-3 = 62.16%) to annual loss cost from the appropriate page of Section 2.

i Per hazardous materials response team.

j Code 9108 may also apply.

k Not subject to experience rating Merit or Retro

PENNSYLVANIA WORKERS COMPENSATION MANUAL

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RATING VALUES

LOSS COSTS AND EXPECTED LOSS FACTORS FOR PENNSYLVANIA WORKERS COMPENSATION INSURANCE EXPERIENCE RATING PLAN					
CODE NO	LOSS COST	EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
Per Capita					
0901	17.62	8.93	10.82	11.85	I
0902	1.61	0.81	0.99	1.08	I
0908	82.72	41.94	50.81	55.65	I
0909	71.55	36.27	43.95	48.14	II
0912	265.31	134.51	162.98	178.50	II
0913	343.27	174.03	210.87	230.96	II
A Rated					
9985	A	A	A	A	
0133	A	A	A	A	

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**PENNSYLVANIA
VOLUNTEER FIREMEN
CODE 994
SCHEDULE OF ANNUAL LOSS COSTS**

Population	Annual Loss Cost	Population	Annual Loss Cost
Up to 300	\$1,217	6,501 to 7,000	\$5,084
301 to 500	1,495	7,001 to 7,500	5,269
501 to 700	1,739	7,501 to 8,000	5,453
701 to 1,000	2,008	8,001 to 8,500	5,631
1,001 to 1,500	2,362	8,501 to 9,000	5,806
1,501 to 2,000	2,744	9,001 to 9,500	5,976
2,001 to 2,500	3,070	9,501 to 10,000	6,141
2,501 to 3,000	3,359	10,001 to 15,000	7,048
3,001 to 3,500	3,613	15,001 to 20,000	8,616
3,501 to 4,000	3,853	20,001 to 25,000	10,159
4,001 to 4,500	4,077	25,001 to 30,000	11,683
4,501 to 5,000	4,290	30,001 to 35,000	13,182
5,001 to 5,500	4,499	35,001 to 40,000	14,664
5,501 to 6,000	4,697	40,001 to 45,000	16,119
6,001 to 6,500	4,893	45,001 to 50,000	17,549
		For each additional 5,000 population.....	1,435

A. Definitions

HOME AREA

Any city, township or borough having its volunteer fire department located within the city, township or borough.

OUTSIDE AREA

Any city, township or borough which does not have its volunteer fire department located within its boundaries and is protected pursuant to a fire protection contract.

VOLUNTEER AND PAID STAFF

In jurisdictions where a combination of volunteer and paid firemen are employed, the following procedure shall be followed to arrive at the proper population to be used for volunteer firemen premium calculation:

The number of salaried firemen and active volunteers shall be determined at the inception of the policy and shall not be subject to revision until renewal. 'Active volunteers' refers to members of the company who are on the roster as available to respond to a fire alarm.

Determine the number of salaried firemen and active volunteers, e.g. 14 paid and 35 volunteers, total staff 49. Take 35/49 or 71% of the service, as being provided by volunteers. Apply 71% to the population, e.g. population 37,769 x 71% = 26,816 as a revised population base.

B. The annual loss cost charge shall be determined on the basis of the sum of the populations from:

- (1) The Volunteer Fire Company or Companies' "Home Area,"

and

- (2) Any "Outside Area" serviced by the "Home Area" company or companies. When an "Outside Area" is serviced by fire companies from two or more different "Home Areas," the separate populations serviced by each company shall be determined.

PENNSYLVANIA WORKERS COMPENSATION MANUAL

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RATING VALUES

C. Population.

Population is determined on the basis of the figures provided by the U.S. Department of Commerce, Bureau of the Census, as published in either actual population counts (Census of Population and Housing Reports) or semiannual actuarial estimates of population.

The latest report issued prior to June 30 of a given year shall be used for all policies issued on and after October 1 of that year and up to and including the following September 30.

PENNSYLVANIA EMPLOYER ASSESSMENT FACTOR

CODE 0938.....0.0280

SMALL DEDUCTIBLE PROGRAM

LOSS ELIMINATION RATIOS

Deductible Levels	I	II	III	IV
1,000/claim	7.5%	7.3%	3.5%	1.4%
5,000/claim	21.9%	21.8%	15.8%	12.4%
10,000/claim	29.8%	29.4%	21.1%	16.9%

NOTE: Upon approval of the Pennsylvania Insurance Department individual carriers can offer different deductible levels and/or premium credits.

**UNITED STATES LONGSHORE AND HARBOR WORKERS RATES
MANUAL RATES AND EXPECTED LOSS RATES**

Code No.	Manual Rate	Min Prem.	Experience Rating Plan Expected Loss Rate Table			Hazard Group
			A-1	A-2	A-3	
6824F	24.08	2650	7.10	9.08	9.59	III
6826F	25.23	2650	7.44	9.52	10.04	III
6843F	31.56	2650	9.31	11.90	12.56	IV
6872F	75.32	2650	22.22	28.41	29.98	IV
7309F	129.14	2650	38.10	48.71	51.41	IV
7313F	26.04	2650	7.68	9.82	10.37	IV
7317F	67.01	2650	19.77	25.28	26.68	IV
7327F	48.28	2650	14.24	18.21	19.22	IV
7366F	22.05	2650	6.50	8.32	8.78	IV
8709F	8.70	1700	2.57	3.28	3.46	III
8726F	7.79	1545	2.30	2.94	3.10	III

Table A-1 applies to the most current policy year, Table A-2 to the first prior year, and Table A-3 to second prior and older policy year.

VOLUNTARY MARKET

Expense Constant: \$220

United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Rule XII79.3% (1.793 x Carrier Rate)

PENNSYLVANIA WORKERS COMPENSATION MANUAL

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RATING VALUES

**UNITED STATES LONGSHORE AND HARBOR WORKERS
PREMIUM DISCOUNT TABLE**

	Total Workers Compensation Standard Premium	Discounts Applicable to Pennsylvania Portion Schedule (Y) Carriers	Discounts Applicable to Pennsylvania (X) Carriers
First	\$ 5,000.....	None	None
Next	95,000.....	10.9%	3.5%
Next	400,000.....	12.6%	5.0%
Over	500,000.....	14.4%	7.0%

* **EXCESS LOSS (PURE PREMIUM) FACTORS** (Applicable to New and Renewal Policies)

Excess Loss Factors

Hazard Group

Per Accident Limit	Hazard Group			
	I	II	III	IV
\$10,000	0.715	0.720	0.796	0.847
\$15,000	0.658	0.663	0.753	0.813
\$20,000	0.614	0.620	0.718	0.784
\$25,000	0.576	0.587	0.688	0.757
\$30,000	0.543	0.556	0.660	0.731
\$35,000	0.514	0.526	0.635	0.706
\$40,000	0.485	0.501	0.611	0.683
\$50,000	0.442	0.459	0.571	0.642
\$75,000	0.355	0.374	0.488	0.565
\$100,000	0.297	0.314	0.423	0.501
\$125,000	0.252	0.272	0.375	0.453
\$150,000	0.219	0.240	0.337	0.410
\$175,000	0.193	0.212	0.300	0.374
\$200,000	0.172	0.188	0.273	0.343
\$225,000	0.155	0.170	0.248	0.314
\$250,000	0.141	0.155	0.227	0.289
\$275,000	0.127	0.141	0.209	0.266
\$300,000	0.118	0.131	0.195	0.251
\$325,000	0.109	0.122	0.182	0.237
\$350,000	0.103	0.114	0.172	0.224
\$375,000	0.097	0.108	0.162	0.213
\$400,000	0.092	0.102	0.154	0.203
\$425,000	0.088	0.097	0.146	0.194
\$450,000	0.084	0.093	0.140	0.186
\$475,000	0.081	0.089	0.134	0.179
\$500,000	0.078	0.086	0.130	0.173
\$600,000	0.069	0.076	0.115	0.154
\$700,000	0.064	0.070	0.105	0.141
\$800,000	0.059	0.065	0.097	0.131
\$900,000	0.055	0.061	0.090	0.123
\$1,000,000	0.0521	0.0576	0.0860	0.1171
\$2,000,000	0.0316	0.0345	0.0510	0.0665
\$3,000,000	0.0240	0.0262	0.0376	0.0486
\$4,000,000	0.0200	0.0216	0.0304	0.0388
\$5,000,000	0.0173	0.0191	0.0261	0.0332
\$6,000,000	0.0151	0.0172	0.0235	0.0293
\$7,000,000	0.0135	0.0154	0.0210	0.0260
\$8,000,000	0.0122	0.0138	0.0195	0.0237
\$9,000,000	0.0113	0.0125	0.0182	0.0218
\$10,000,000	0.0105	0.0114	0.0171	0.0203

PENNSYLVANIA RETROSPECTIVE DEVELOPMENT FACTORS*

Retrospective development factors for first, second and third adjustments are calculated below. They are intended for application to retrospective plans with no loss limitation.

First Adjustment	RDF =	0.4037
Second Adjustment	RDF =	0.2757
Third Adjustment	RDF =	0.1968

For those companies using retrospective development factors with loss limitations, the following formula may be used.

$RDF(LIM) = (1.0 - ELF) \times RDF$
RDF(LIM) = Retrospective Development Factors at limited basis
ELF = Expected Loss Factors for given Hazard Group and Loss Limitation
RDF = Retrospective Development Factors without Loss Limitation

For Example: ELF = \$25,000 limit, Hazard Group II
ELF = .587
First Adjustment RDF = $(1 - 0.587) \times 0.4037$
RDF = 0.1617

*The use of retrospective development factors is optional.

PENNSYLVANIA STATE AND HAZARD GROUP RELATIVITIES

HAZARD GROUP	FACTOR
1	1.012
2	0.881
3	0.687
4	0.527

PENNSYLVANIA WORKERS COMPENSATION MANUAL

SECTION 2

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TABLE OF EXPECTED LOSS RANGES

(From NCCI ITEM R-1371)

Expected Loss Group	Expected Loss Range	Expected Loss Group	Expected Loss Range	Expected Loss Group	Expected Loss Range			
95	430---	671	65	36053---	38938	35	449651---	504854
94	672---	994	64	38939---	42056	34	504855---	566837
93	995---	1312	63	42057---	45422	33	566838---	646366
92	1313---	1735	62	45423---	49058	32	646367---	742956
91	1736---	2257	61	49059---	52985	31	742957---	853981
90	2258---	2725	60	52986---	57238	30	853982---	981599
89	2726---	3290	59	57239---	61888	29	981600---	1166840
88	3291---	3819	58	61889---	66821	28	1166841---	1395287
87	3820---	4433	57	66822---	71996	27	1395288---	1668462
86	4434---	5142	56	71997---	77572	26	1668463---	2056868
85	5143---	5815	55	77573---	83581	25	2056869---	2617424
84	5816---	6574	54	83582---	90374	24	2617425---	3330748
83	6575---	7424	53	90375---	97745	23	3330749---	4256111
82	7425---	8260	52	97746---	105720	22	4256112---	5446097
81	8261---	9191	51	105721---	114342	21	5446098---	6968796
80	9192---	10224	50	114343---	123387	20	6968797---	8917234
79	10225---	11375	49	123388---	133126	19	8917235---	11410444
78	11376---	12553	48	133127---	143703	18	11410445---	15651781
77	12554---	13820	47	143704---	156342	17	15651782---	23148859
76	13821---	15216	46	156343---	170091	16	23148860---	34236979
75	15217---	16721	45	170092---	185049	15	34236980---	50636219
74	16722---	18307	44	185050---	202219	14	50636220---	74890565
73	18308---	20042	43	202220---	221271	13	74890566---	110762548
72	20043---	21944	42	221272---	242119	12	110762549---	173385693
71	21945---	23954	41	242120---	266906	11	173385694---	274365607
70	23955---	26129	40	266907---	294958	10	274365608---	434156275
69	26130---	28499	39	294959---	325958	9	434156276---	& over
68	28500---	30900	38	325959---	360215			
67	30901---	33376	37	360216---	400481			
66	33377---	36052	36	400482---	449650			

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**UNITED STATES LONGSHOREMEN AND HARBOR WORKERS
PREMIUM DISCOUNT TABLES (IN PERCENT)**

Standard Premium	Discount	Standard Premium	Discount	Standard Premium	Discount
\$ 0 - 5,023	0.0%	\$ 9,160 - 9,316	5.0%	\$ 57,369 - 64,117	10.0%
5,024 - 5,069	0.1	9,317 - 9,478	5.1	64,118 - 72,666	10.1
5,070 - 5,117	0.2	9,479 - 9,646	5.2	72,667 - 83,846	10.2
5,118 - 5,165	0.3	9,647 - 9,819	5.3	83,847 - 99,090	10.3
5,166 - 5,215	0.4	9,820 - 9,999	5.4	99,091 - 104,418	10.4
5,216 - 5,265	0.5	10,000 - 10,186	5.5	104,419 - 109,512	10.5
5,266 - 5,317	0.6	10,187 - 10,380	5.6	109,513 - 115,128	10.6
5,318 - 5,369	0.7	10,381 - 10,582	5.7	115,129 - 121,351	10.7
5,370 - 5,422	0.8	10,583 - 10,792	5.8	121,352 - 128,285	10.8
5,423 - 5,477	0.9	10,793 - 11,010	5.9	128,286 - 136,060	10.9
5,478 - 5,532	1.0	11,011 - 11,237	6.0	136,061 - 144,838	11.0
5,533 - 5,589	1.1	11,238 - 11,473	6.1	144,839 - 154,827	11.1
5,590 - 5,647	1.2	11,474 - 11,720	6.2	154,828 - 166,296	11.2
5,648 - 5,706	1.3	11,721 - 11,978	6.3	166,297 - 179,599	11.3
5,707 - 5,767	1.4	11,979 - 12,247	6.4	179,600 - 195,217	11.4
5,768 - 5,828	1.5	12,248 - 12,528	6.5	195,218 - 213,809	11.5
5,829 - 5,891	1.6	12,529 - 12,823	6.6	213,810 - 236,315	11.6
5,892 - 5,956	1.7	12,824 - 13,132	6.7	236,316 - 264,117	11.7
5,957 - 6,022	1.8	13,133 - 13,456	6.8	264,118 - 299,333	11.8
6,023 - 6,089	1.9	13,457 - 13,797	6.9	299,334 - 345,384	11.9
6,090 - 6,158	2.0	13,798 - 14,155	7.0	345,385 - 408,181	12.0
6,159 - 6,228	2.1	14,156 - 14,533	7.1	408,182 - 498,888	12.1
6,229 - 6,300	2.2	14,534 - 14,931	7.2	498,889 - 523,023	12.2
6,301 - 6,374	2.3	14,932 - 15,352	7.3	523,024 - 548,536	12.3
6,375 - 6,449	2.4	15,353 - 15,797	7.4	548,537 - 576,666	12.4
6,450 - 6,526	2.5	15,798 - 16,268	7.5	576,667 - 607,837	12.5
6,527 - 6,606	2.6	16,269 - 16,769	7.6	607,838 - 642,571	12.6
6,607 - 6,687	2.7	16,770 - 17,301	7.7	642,572 - 681,515	12.7
6,688 - 6,770	2.8	17,302 - 17,868	7.8	681,516 - 725,483	12.8
6,771 - 6,855	2.9	17,869 - 18,474	7.9	725,484 - 775,517	12.9
6,856 - 6,942	3.0	18,475 - 19,122	8.0	775,518 - 832,962	13.0
6,943 - 7,032	3.1	19,123 - 19,818	8.1	832,963 - 899,599	13.1
7,033 - 7,124	3.2	19,819 - 20,566	8.2	899,600 - 977,826	13.2
7,125 - 7,218	3.3	20,567 - 21,372	8.3	977,827 - 1,070,952	13.3
7,219 - 7,315	3.4	21,373 - 22,244	8.4	1,070,953 - 1,183,684	13.4
7,316 - 7,414	3.5	22,245 - 23,191	8.5	1,183,685 - 1,322,941	13.5
7,415 - 7,517	3.6	23,192 - 24,222	8.6	1,322,942 - 1,499,333	13.6
7,518 - 7,622	3.7	24,223 - 25,348	8.7	1,499,334 - 1,729,999	13.7
7,623 - 7,730	3.8	25,349 - 26,585	8.8	1,730,000 - 2,044,545	13.8
7,731 - 7,841	3.9	26,586 - 27,948	8.9	2,044,546 - 2,498,888	13.9
7,842 - 7,956	4.0	27,949 - 29,459	9.0	2,498,889 - 3,212,857	14.0
7,957 - 8,074	4.1	29,460 - 31,142	9.1	3,212,858 - 4,497,999	14.1
8,075 - 8,195	4.2	31,143 - 33,030	9.2	4,498,000 - 7,496,666	14.2
8,196 - 8,320	4.3	33,031 - 35,161	9.3	7,496,667 - 22,489,999	14.3
8,321 - 8,449	4.4	35,162 - 37,586	9.4	22,490,000 and over	14.4
8,450 - 8,582	4.5	37,587 - 40,370	9.5	Above Table Based on the Following	
8,583 - 8,719	4.6	40,371 - 43,599	9.6	Discounts	
8,720 - 8,861	4.7	43,600 - 47,391	9.7	First	\$ 5,000 0.0%
8,862 - 9,008	4.8	47,392 - 51,904	9.8	Next	\$ 95,000 10.9
9,009 - 9,159	4.9	51,905 - 57,368	9.9	Next	\$400,000 12.6
				Over	\$500,000 14.4

**TABLE OF EXCESS LOSS (PURE PREMIUM) FACTORS
FOR
UNITED STATES LONGSHORE AND HARBOR WORKERS ACT**

(Applicable to New and Renewal Policies)

Accident Limitation	Hazard Group		
	II	III	IV
\$25,000	0.486	0.562	0.583
30,000	0.470	0.546	0.569
35,000	0.457	0.532	0.561
40,000	0.444	0.525	0.548
50,000	0.420	0.499	0.529
75,000	0.367	0.444	0.477
100,000	0.321	0.397	0.432
125,000	0.284	0.355	0.394
150,000	0.256	0.322	0.361
175,000	0.232	0.295	0.334
200,000	0.213	0.272	0.311
250,000	0.183	0.237	0.273
300,000	0.162	0.211	0.245
500,000	0.111	0.151	0.179
1,000,000	0.067	0.092	0.112

Pennsylvania Retrospective Rating Tax Multiplier

Federal Classes, or Non F where rate is increased by USL & HW Act Percentage 1.2692

SUBCLASSIFICATION – CARRIER OPTION

Act 44 of 1993 permits an insurer to develop subclassifications to the Bureau's classification system as approved by the Insurance Commissioner. Any such subclassification shall be filed by the developing insurer with the Bureau and the Insurance Commissioner thirty (30) days prior to its use. The insurer's filing shall demonstrate that payroll and loss data produced under such subclassification can be reported to the Bureau consistent with the Bureau's classification system and statistical plan. Otherwise, the Insurance Commissioner shall disapprove the subclassification filing.

CLASSIFICATIONS – NUMERICAL AND GROUP ARRANGEMENT

AGRICULTURAL AND LOGGING

005 TREE PRUNING, Spraying, Repairing or Fumigating. No payroll division with Code 012 same location or job site.

Landscaping or lawn cutting or maintenance performed at separate locations or job sites where no tree care services are provided is to be separately rated as Code 012.

007 FARM MACHINERY OPERATION by Contractors: threshing, shredding, ensilage cutting, harvesting and hay baling, excluding logging and sawmill operations.

009 LOGGING or LUMBERING – including transportation of logs to mill and construction, operation, maintenance or extension of logging roads or logging railroads.

Sawmill operations conducted by a separate crew of employees shall be assigned to Code 301.

Specialist contractors engaged in log hauling in connection with logging or lumbering operations shall be assigned to Code 811.

012 LANDSCAPE CONTRACTOR Or Lawn Cutting Or Maintenance Contractor.

Includes the construction of dry stone walls, rock gardens, patios, garden walks and the like when such operations are incidental to the landscape or lawn maintenance operations.

Assign Code 0013 to separately staffed nursery, Christmas tree raising or sod farm operations.

Personal servants engaged in the care of lawns, shrubs or grounds surrounding the residence of the insured shall be assigned to Code 0912 or Code 0909.

MINING AND QUARRYING

025 MINING – not coal.

Includes underground mining of metallic or non-metallic minerals and includes milling or other mineral preparation customarily done at the mine site or as part of the mining activity.

028 OIL OR GAS PRODUCTION, Operation of Wells – including gasoline mfg. from casing-head gas.

As provided for in this Manual separately classify: erecting or dismantling of derricks, drilling, re-drilling or deepening, installation or recovery of casing, well shooting, cementing, tank building or tapping operations.

050 QUARRIES, N.O.C. – including drilling or stripping by contractor or operator and including incidental stone crushing, cutting or polishing.

This classification includes, but is not necessarily limited to: quarrying of sandstone, ganister, glass-sand, bluestone, granite, micaschist.

051 QUARRY – limestone, dolomite, marble, lime, gypsum or slate – including but not necessarily limited to: drilling, stripping, cutting, polishing, crushing, lime burning or slate splitting or milling by the quarry operator.

055 SAND, Gravel or Slag **EXCAVATION** – Including Crushing.

Includes establishments principally engaged in operating sand or gravel pits and in washing, screening, or otherwise preparing sand or gravel. Also included are establishments principally engaged in surface mining, milling or otherwise preparing fire clay, fuller's earth, kaolin, ball clay, clay ceramic, refractory minerals or performing the dredging of materials on non-navigable waters with incidental shore operations.

059 MINERAL MILLING – establishments operating without a mine or quarry and primarily engaged in the crushing, grinding, pulverizing or otherwise preparing clay, ceramic or refractory minerals, barite or miscellaneous metallic or non-metallic minerals.

FOOD INDUSTRIES

101 GRAIN MILLING.

103 SUGAR REFINING

104 FOOD SUNDRIES MFG., N.O.C., No cereal milling.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

105 BAKERY, Wholesale.

Includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the insured's products to customers.

106 PROCESSED MEAT PRODUCTS MFG. – No Slaughtering or Handling of Livestock.

For this classification, the term "processed" shall mean there are definite changes in the resulting meat product due to the application of either chemicals and/or heat (the use of smoke and/or cooking) to the meat materials.

Includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the insured's products to customers.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

107 CANDY, Chocolate or Chewing Gum MFG.

108 BREWERY.

Includes the distribution of beer or malt liquors by the manufacturer, bottler or canner. Also includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the insured's products to customers.

109 DAIRY PRODUCTS MFG.

Ice cream manufacturing by a separate group of employees in a physically separate department shall be assigned to Code 110.

Includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the insured's product(s) to customers.

110 ICE CREAM MFG.

111 SLAUGHTERHOUSE – Wholesale, all operations.

Includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the insured's products to customers.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

112 BEVERAGE MFG., N.O.C., including bottling or canning.

Includes the distribution of beverages, not otherwise classified, by the manufacturer, bottler or canner. Also includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the insured's products to customers.

Payroll developed in the brewing, bottling or canning of beer, ale or malt liquors shall be assigned to Code 108.

113 PRESERVING OR CANNING OF FOOD.

114 RENDERING Works

This classification includes establishments primarily engaged in rendering inedible grease and tallow from animal fat, bones and meat scrap; and those engaged in manufacturing animal oils and animal meal.

115 TOBACCO PRODUCTS MFG., including tobacco rehandling.

119 MEAT PRODUCTS MFG., N.O.C.

This class is for establishments primarily to exclusively engaged in the making of hamburger and/or hamburger or veal patties and/or sandwich steaks.

TEXTILES AND CLOTHING MFG.

130 TEXTILE WASTE, Shoddy and Unwoven Felt, **MFG.,** the garnetting of Fibers.

132 SPINNING OR WEAVING.

134 KNIT GOODS MFG.

Applies to the knitting of yarn into cloth or fabric and the dyeing and/or finishing of the knitted fabric by the knitting mill. Subsequent manufacturing of clothing or non-apparel textile products shall be assigned to either Code 161 or to Code 163, respectively, when performed by a separate crew of employees in a physically separate work area.

135 HOSIERY MFG.

136 EMBROIDERY MFG.

Includes quilted cloth manufacturing for garment and household furnishing. Payroll developed in mattress or box spring manufacturing shall be classified by Code 165.

139 DYEING, Mercerizing, Bleaching, Printing, Coating or Finishing New Goods – excluding hosiery finishing, rubber or resin coating and oil-cloth manufacturing which are separately rated as provided for in this Manual.

141 LAUNDRY, N.O.C.

Receiving, collecting or distributing stations that are separately staffed and with no laundering at the same or contiguous location shall be assigned to Code 928.

Includes businesses principally engaged in cleaning carpets and upholstered furniture on customers' premises. Assign Code 971 to incidental carpet and upholstered furniture cleaning by a commercial or industrial building cleaning contractor. Assign Code 882 to incidental carpet and upholstered furniture cleaning by a house cleaning contractor.

Also includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors performing the pick-up of items to be laundered or cleaned and the delivery of the items after laundering or cleaning.

142 DRY CLEANING PLANT.

Receiving, collecting or distributing stations that are separately staffed and with no dry cleaning at the same or contiguous location shall be assigned to Code 928.

Includes primarily risks engaged in dry cleaning or dyeing apparel and household fabrics other than rugs (see Code 141). Establishments dyeing fabrics for the trade are classified by Code 139.

Also includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors performing the pick-up of items to be laundered or cleaned and the delivery of the items after laundering or cleaning.

161 APPAREL MFG.

Restricted to the manufacture of wearing apparel from woven or knit fabrics , related materials such as leather or rubber or resin coated fabrics.

The manufacture of yarn into knitted cloth or fabric shall be assigned to Code 134 when performed by a separate group of employees in a physically separate department. If there is no separation, all payroll shall be assigned to Code 134.

163 TEXTILE PRODUCTS MFG., N.O.C.

Contemplates sewn non-apparel textile products including products made from soft textile type plastics such as vinyls.

The manufacture of yarn into cloth or fabric shall be separately classified as provided in this Manual.

Separately rate the installation, removal or repair of furnishing goods to Code 670.

165 MATTRESS or BOX SPRING MFG.

The manufacture of wire springs shall be classified by Code 457 provided such operations are conducted by a separate crew of employees in a physically separate department.

166 CANVAS or BURLAP PRODUCTS MFG.

Includes manufacturing or repairing bags made from textile cloth or fabric.

Separately rate the installation, removal or repair of awnings, tents or other canvas products away from the shop to Code 681.

185 EMPLOYMENT CONTRACTOR – Temporary FOOD SUNDRIES MFG., N.O.C. Staff.

Applicable only to temporary staff provided to customers whose business classification is **Code 104**.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

187 EMPLOYMENT CONTRACTOR – Temporary CANDY, Chocolates or Chewing Gum MFG. Staff.

Applicable only to temporary staff provided to customers whose business classification is **Code 107**.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

189 EMPLOYMENT CONTRACTOR – Temporary PRESERVING OR CANNING of Food Staff

Applicable only to temporary staff provided to customers whose business classification is **Code 113**.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

191 EMPLOYMENT CONTRACTOR – Temporary APPAREL MFG. Staff.

Applicable only to temporary staff provided to customers whose business classification is **Code 161**.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

LEATHER, RUBBER AND COMPOSITION GOODS

201 TANNING and Leather Dressing.

204 SHOE MFG.

205 LEATHER GOODS MFG., N.O.C.

Includes the manufacture of handbags, purses, wallets, dog collars, leashes, straps, belts, etc. from leather, simulated leather or vinyl sheet.

221 PLASTIC Articles MFG., INJECTION MOLDING.

222 PLASTIC Articles MFG., N.O.C.

Includes all plastic molding techniques except for injection molding which is assigned to Code 221 and the molding of plastic composite products which is assigned to Code 227.

225 RUBBER GOODS or Tire MFG.

227 OILCLOTH, Linoleum and Cork Carpet MFG.

PAPER AND PAPER GOODS MFG. AND PRINTING

255 PAPER or Pulp MFG. – all kinds.

257 PAPER PRODUCTS MFG., N.O.C.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

261 CORRUGATED Paper And/Or Corrugated BOX OR CONTAINER MFG.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

263 PAPER COATING/FINISHING – By Contractor.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

265 STATIONERY PRODUCTS MFG.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

275 EMPLOYMENT CONTRACTOR – Temporary PLASTICS Articles MFG. – INJECTION MOLDING Staff.

Applicable only to temporary staff provided to customers whose business classification is **Code 221**.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

276 EMPLOYMENT CONTRACTOR – Temporary PLASTICS Articles MFG. – N.O.C. Staff.

Applicable only to temporary staff provided to customers whose business classification is **Code 222**.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

281 PRINTING – including incidental engraving, and the assembly, stapling or binding of the printing business' products.

282 NEWSPAPER or Periodical Printing or PUBLISHING.

291 EMPLOYMENT CONTRACTOR – Temporary PAPER OF PULP MFG. Staff

Applicable only to temporary staff provided to customers whose business classification is **Code 255**

Please see Employment Contractor - Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

297 EMPLOYMENT CONTRACTOR – Temporary PRINTING Staff.

Applicable only to temporary staff provided to customers whose business classification is **Code 281**.

Please see the Employment Contractor – Temporary Staffing Ruling and interpretation in Section 5 for further information on classifying temporary staff.

WOODWORKING

301 SAWMILL.

Includes the grading, sorting, pulling, piling, air or kiln drying, loading and storage of sawmill products. Subsequent wood products manufacturing operations conducted by a separate crew of employees in a physically separate department shall be separately classified as provided in this Manual.

305 CARPENTRY SHOP, including Planing Mill.

Includes but is not necessarily limited to the manufacture of sash, door, assembled millwork, pallets or wood trusses. For the manufacture of woodenware products N.O.C., see Code 306.

Separately rate erection work as provided for in this Manual.

Businesses also engaged in selling lumber and/or building materials on a wholesale or retail basis with a separate staff of employees may have a division of payroll with Code 855. Code 855 will apply to the yard and delivery staffs. If further engaged in the sale of hardware in a physically separate department by a separate staff, payroll so developed shall be assigned to Code 935.

306 WOODENWARE MFG., N.O.C.

311 CABINET WORKS – with power-driven machinery.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

319 FURNITURE ASSEMBLY.

Upholstering operations conducted by a separate crew of employees in a physically separate department shall be assigned to Code 327.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

323 FURNITURE MFG. – Wood.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

327 FURNITURE UPHOLSTERING, SHOP only.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

PRIMARY NONFERROUS METAL WORKING

402 SMELTING of nonferrous metals **OR** hot-dip **GALVANIZING**.

Also includes employers principally engaged in melting nonferrous scrap metal to produce ingots.

Not available for businesses principally engaged in the handling of any ferrous scrap metals. Such businesses must be assigned to Code 858.

Galvanizing by methods other than the hot-dipping procedure shall be assigned to the classification best describing the process.

403 ROLLING, DRAWING or EXTRUDING NONFERROUS METALS.

Also includes making nonferrous pipe or tubes or forging nonferrous metals.

Subsequent product(s) manufacturing operations conducted by a separate crew(s) of employees, in a physically separate department(s), shall be separately classified as provided for in this Manual.

STEEL MAKING AND ROLLING MILLS

404 STEEL MFG.

406 ROLLING MILL – Ferrous Metals – Not available for rolling mills in plants operating open-hearth, Bessemer, electric or crucible steel furnaces.

407 TUBE or Pipe **MFG.**, Iron or Steel – not cast iron pipe – excluding steel making but including skelp rolling.

STEEL FABRICATING

411 STEEL FABRICATING – Bridge and Structural Shops, Shop Only, erection to be separately rated as Code 655.

413 IRON WORKS – Shop – Ornamental, non-structural iron or steel fabricating.

Installation or erection is to be separately rated as Code 658.

415 FABRICATED PLATE WORK – metal, including but not necessarily limited to boiler or tank mfg. – shop only.

Plate shall be #3 U.S. Standard Gauge (1/4" thick) or thicker.

416 CAR MFG., Railroad – all kinds.

FOUNDRIES

421 STEEL FOUNDRY, Open-Hearth and Electric.

The secondary machining of castings by a separate staff in a physically separate work area shall be assigned to Code 461.

425 IRON FOUNDRY, N.O.C.

The secondary machining of castings by a separate staff in a physically separate work area shall be assigned to Code 461.

427 MALLEABLE Iron FOUNDRY.

The secondary machining of castings by a separate staff in a physically separate work area shall be assigned to Code 461.

429 DIE CASTING MFG.

Also includes secondary machining of die castings by the die casting employer. There is no payroll division with Code 461.

447 NONFERROUS METALS FOUNDRY

When foundry is operated and there is a silicosis potential, the supplemental loading will apply to the foundry portion of payroll. Code 0066 at the carrier rate is to apply to such foundry payroll, but note that this payroll is also included in the Code 447 payroll at the carrier rate. Premium developed under Code 0066 is not subject to experience or retrospective rating.

Also includes secondary machining of non-ferrous castings by the foundry employer. There is no payroll division with Code 461.

METAL WORKING

431 FORGING.

Includes die making, trimming or grinding and heat treating operations. The secondary machining of forgings by a separate staff in a physically separate work area shall be assigned to Code 461.

433 TOOL MFG. – Forged.

Also includes secondary machining of the forged tools by the forge employer. There is no payroll division with Code 461.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

435 SPRING MFG. – Hot Wound.

Also includes Chain Mfg.

441 TOOL MFG., N.O.C.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

445 HARDWARE MFG., N.O.C.

When foundry is operated, the supplemental loading will apply to the foundry portion of payroll. Code 0067 at the carrier rate is to apply to such foundry payroll, but note that this payroll is also to be included in Code 445 payroll at the carrier rate. Premium developed under Code 0067 is not subject to experience or retrospective rating.

Also includes secondary machining of hardware castings by the foundry employer. There is no payroll division with Code 461.

447 NON-FERROUS METALS FOUNDRY.

When foundry is operated and there is silicosis potential, the supplemental loading will apply to the foundry portion of payroll. Code 0066 at the carrier rate is to apply to such foundry payroll, but note that this payroll is also to be included in the Code 447 payroll at the carrier rate. Premium developed under Code 0066 is not subject to experience or retrospective rating.

Also includes secondary machining of non-ferrous castings by the foundry employer. There is no payroll division with Code 461.

449 ELECTROPLATING.

451 AUTOMOBILE, Truck or Trailer BODY MFG.

Also includes an employer principally engaged in fabricating an automobile, truck or trailer body and then attaching the fabricated body onto a customer supplied or purchased chassis.

This class is not available for payroll division with Code 463. Code 463 shall be assigned to an employer engaged in both the making of the automobile, truck, or trailer body and chassis and then assembling the complete motor vehicle.

454 SHEET METAL PRODUCTS FABRICATION, N.O.C., Shop only.

Sheet metal shall be thinner than #3 U.S. Standard Gauge (less than 1/4" thick).

Code 676 shall be assigned to both the shop and the erection or installation payroll developed by an insured engaged in both the shop fabrication of sheet metal products and the erection or installation thereof.

456 METAL FURNITURE or Furnishing Goods MFG., N.O.C.

Sheet metal shall be thinner than #3 U.S. Standard Gauge (less than 1/4" thick).

Also includes the manufacture of major household or commercial kitchen or laundry appliances.

Upholstering operations conducted by a separate crew of employees in a physically separate department shall be assigned to Code 327.

457 WIRE GOODS MFG.

Includes the manufacture of wire springs by cold winding technologies. The making of springs from bar stock by hot wound methodologies must be assigned to Code 435 .

458 JEWELRY MFG.

459 EYELET, Needle, Pin, Pen or Tack MFG.

MACHINERY MFG.

461 MACHINE SHOP – no woodworking – no boiler making.

Also includes the manufacture of all types of internal combustion engines, all types of pumps, pneumatic drills or hammers or hydraulic devices (e.g., hydraulic jacks or lifts).

463 AUTOMOBILE MFG.

Code 463 shall be assigned to an employer engaged in both the making of the automobile, truck, or trailer body and chassis and then assembling the complete motor vehicle.

This class is not available for payroll division with Code 451. Code 451 shall be assigned to an employer principally engaged in fabricating an automobile, truck, or trailer body and then attaching the fabricated body onto a customer supplied or purchased chassis.

465 CONVEYOR or Hoisting Systems MFG., or Reconditioning.

Elevator, escalator, conveyor or hoisting system erection, installation or repair is to be separately rated as Code 675.

467 BALL or Roller BEARING MFG.

For establishments engaged in the fabrication of either metal ball or roller bearings. Where an insured is engaged in the fabrication of either metal ball or roller bearings and these are consumed by the insured's production process, such operations shall be classified in accordance with the class appropriate to the business of the employer.

471 PRINTED CIRCUIT BOARD ASSEMBLY OR ELECTRICAL WIRE HARNESS MFG. – BY CONTRACTOR.

Applies to concerns principally engaged in performing any of the services discussed below for others on a contract basis.

Includes the manufacture/assembly of printed circuit boards, the placement of components onto printed circuit boards (mounting/stuffing) or the installation of resultant boards into a chassis with the addition of wire leads.

Also contemplated by this class is the assembly of electrical wire harnesses, automotive wire harnesses or connector cable assemblies. Electrical cord assembly is to be assigned to Code 473. The manufacture of wire or cable shall be separately classified as provided for in this Manual.

472 ELECTRONIC COMPONENT MFG., N.O.C.

Applies to the manufacture of electronic component parts used to receive, store, govern or direct the flow of current within an electrical circuit, such as resistors, capacitors, coils, transformers (less than 746 watts), filters or transducers.

Also applies to semiconductor material refining, the manufacture of integrated circuits, quartz crystal culturing or glass to metal seals.

Not applicable to the manufacture of non-electronic parts (e.g., pushbuttons, springs or gaskets). The inclusion of such non-electronic parts in an electronic device is not to be construed as an electronic component as defined by this classification.

473 ELECTRICAL APPARATUS MFG., N.O.C.

Applies but is not limited to the manufacture or shop repair of electrical housewares, hand-held power tools, electrical fixtures or small electrical appliances.

474 ELECTRIC POWER OR ELECTRIC TRANSMISSION EQUIPMENT MFG.

Contemplates the manufacture of equipment for the generation, storage or transmission of electrical energy or vacuum furnaces.

Includes the manufacture of power transformers (over 1 horsepower), switchgear or switchboard apparatus, generators or vacuum furnaces.

475 BATTERY MFG., Storage.

476 INDUSTRIAL CONTROLS OR SYSTEMS MANUFACTURE/ASSEMBLY.

Applies to the manufacture/assembly of motor controllers, control panels and/or systems used in industrial plants for the distribution of power, control of heating or air conditioning or batch control.

Risks engaged in the manufacture of meters, counters, thermometers or other electronic analytical/measuring instrumentation not otherwise classified shall be assigned to Code 488.

Installation or repair provided at customer locations shall be separately classified as provided for in this Manual.

477 ELECTRIC MOTOR MFG. OR REPAIR.

Applies to firms principally engaged in the manufacture, shop repair or rewinding of electric motors, armatures or field coils.

483 OFFICE MACHINE MFG. – Installation or repair conducted by a separate crew to be separately classified by Code 952.

485 COMMUNICATIONS, SEARCH, DETECTION OR SIGNAL PROCESSING EQUIPMENT MFG.

Includes but is not limited to the manufacture of:

- (1) Telephone or telegraph equipment or apparatus
- (2) Radio or TV broadcasting or communications equipment
- (3) Search, detection, navigation, guidance, aeronautical or nautical systems

486 INCANDESCENT LIGHT BULB or ELECTRONIC TUBE MFG.

487 SURGICAL OR OPTICAL INSTRUMENT MFG.

Applies but is not limited to the manufacturing of surgical or dental instruments, optical instruments, optical lens grinding, fiber optics or other precision metal instruments such as drafting equipment, compasses, T-squares or triangles.

488 ELECTRONIC MEASURING OR ANALYTICAL INSTRUMENT MFG.

Includes the manufacture of electric test equipment, totalizing fluid meters or counters, electronic test or measuring instrumentation.

Also contemplated by this class is the manufacture of medical diagnostic equipment such as CAT scanners or MRIs.

489 DENTAL LABORATORY.

491 EMPLOYMENT CONTRACTOR – Temporary ROLLING, DRAWING or EXTRUDING NONFERROUS METALS Staff.

Applicable only to temporary staff provided to customers whose business classification is **Code 403.**

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

493 EMPLOYMENT CONTRACTOR – Temporary HARDWARE MFG. Staff

Applicable only to temporary staff provided to customers whose business classification is **Code 405.**

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

495 EMPLOYMENT CONTRACTOR – Temporary AUTOMOBILE, Truck or Trailer BODY MFG. Staff.

Applicable only to temporary staff provided to customers whose business classification is **Code 451.**

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

497 EMPLOYMENT CONTRACTOR – Temporary ELECTRONIC COMPONENT MFG. Staff.

Applicable only to temporary staff provided to customers whose business classification is **Code 472.**

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

499 EMPLOYMENT CONTRACTOR – Temporary BATTERY MFG. Staff.

Applicable only to temporary staff provided to customers whose business classification is **Code 475.**

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

STONE AND CLAY PRODUCTS MFG.

501 CEMENT MFG. – including quarrying.

502 PLASTER STATUARY or Ornament MFG.

506 POWDER METAL PRODUCTS MFG.

507 GRAPHITE PRODUCTS MFG.

509 ASBESTOS GOODS MFG. – For establishments utilizing asbestos fibers in their manufacturing processes that result in an asbestos product.

511 CONCRETE PRODUCTS MANUFACTURING.

512 BRICK MFG., N.O.C.

This classification may not apply to any payroll at a location where refractory products are manufactured.

513 POTTERY, N.O.C. – no brick, non-decorative tile, sewer pipe or gas retorts mfg.

A supplementary dust disease loading shall be added by the Bureau to cover the potential hazard of those employers using material containing free silica.

Code 0176 at the carrier rate is to apply to such exposure, but note that payroll developed by the exposure is also to be included in the Code 513 payroll at the carrier rate. Premium developed under Code 0176 is not subject to experience or retrospective rating.

514 REFRACTORY PRODUCT MFG.

GLASS MFG.

535 GLASS OR GLASSWARE MFG.

The manufacture of glass products from purchased glass shall be assigned to Code 536.

536 GLASS PRODUCTS MFG. – from purchased glass – no glass manufacturing.

544 Employment Contractor – Temporary Staff – **MANUFACTURING** or **LIGHT INDUSTRIAL OPERATIONS**, N.O.C.

Applies to all temporary employees provided to manufacturing businesses except for temporary manufacturing or light industrial staff subject to **Codes 185, 187, 189, 191, 275, 276, 291, 297, 491, 493, 495, 497, 499 or 587**.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on the manufacturing businesses assignable to **Code 544** and on classifying temporary staff.

CHEMICALS INDUSTRIES

551 CHEMICAL Processing or Products **MFG.**, N.O.C.

For establishments engaged in manufacturing miscellaneous chemical preparations not otherwise classified.

553 GASES – MFG. of carbonic oxide, anhydrous ammonia, oxygen or hydrogen.

555 DRUG or **MEDICINE MFG.**

563 PAINT or Colors **MFG.** – no red or white lead mfg.

571 SOAP MFG.

573 FERTILIZER MFG.

581 OIL REFINING, Petroleum.

587 EMPLOYMENT CONTRACTOR – Temporary **PAINT** or **COLORS MFG.** Staff.

Applicable only to temporary staff provided to customers whose business classification is **Code 563**.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

EXCAVATION AND CONSTRUCTION

601 ROAD or Street **CONSTRUCTION:** Paving or Repaving.

Applies to the laying of the road starting with the sub-base and includes all kinds of paving or repaving, surfacing or resurfacing or scraping, including airport runways or warming aprons. Also included are trimming and finishing of shoulders, installing curbing and erecting guard rails or fences.

Asphalt plants operated by a paving contractor shall be classified in accordance with the following procedure. Permanently located plants staffed by a separate crew shall be assigned to Code 855. Portable/temporarily located asphalt plants shall be assigned to Code 601.

As provided for in this Manual separately rate: clearing of right-of-way, earth or rock excavation, filling or grading, tunneling, bridge or culvert building, quarrying and stone crushing.

602 ROAD or Street **CONSTRUCTION:** Subsurface work.

Applies to all operations of bringing road bed to grade including clearing of right-of-way, earth or rock excavation, filling or grading. It does not include laying the sub-base.

As provided for in this Manual separately rate: tunneling, bridge or culvert building where clearance is more than 10 feet at any point or the entire distance between terminal abutments exceeds 20 feet, quarrying and stone crushing.

603 SEWER CONSTRUCTION – all work to completion, including masonry work in connection therewith – no tunneling.

605 RAILROAD CONSTRUCTION and Maintenance of Way by Contractors – all operations incident thereto, except tunneling and bridge building.

The entire payroll in construction of bridges or culverts exceeding a span of 12 ft. or in the construction of tunnels must be separately classified and rated.

606 OIL or GAS WELL DRILLING – ROTARY method.

607 DRILLING by Contractors.

608 FLAT CEMENT WORK – floors, driveways, yards, sidewalks or curbs. (Self-bearing floors, airport runways, warming aprons, street or road construction to be separately rated.)

609 EXCAVATION – for cellars or foundations for buildings, bridges, retaining walls and dams, including grading preparatory to building erection.

611 PILE DRIVING, including timber wharf building.

615 TUNNELING or Shaft Sinking, all work to completion.

Code 0152 must be applied to Code 615 payroll to determine the mandatory catastrophe reserve which is not subject to experience or retrospective rating. To provide coverage for Federal Black Lung, the Federal Coal Mine Health and Safety Act Endorsement must be attached to the policy at the additional non-rateable disease loading specified under Code 0164 on the rate pages.

Code 0152 and if applicable Code 0164 apply to the payroll developed in tunneling and shaft sinking, but note that such exposure is also to be included in the Code 615 payroll at the manual rate.

617 GAS, STEAM or WATER MAIN CONSTRUCTION – all work to completion except tunneling under pressure.

Also includes conduit construction for cable or wires.

BUILDING CONSTRUCTION

645 WALLBOARD INSTALLATION – within buildings.

Includes the entire operation of installing drywall/wallboard including taping, seaming, texturing, but not painting.

646 FURNITURE or FIXTURES INSTALLATION – portable – in offices or stores.

647 INSULATION WORK, N.O.C.

Includes the installation or application of acoustical or thermal insulating material in buildings or within building walls. The class applies when insulating work is performed as a separate operation not part of or incidental to any other construction operation performed by the same contractor at the same job or location.

648 CARPENTRY – INSTALLATION of CABINET WORK, Finished Wooden Flooring or Interior Trim. Also includes installation of parquet flooring. Not applicable to contractors who perform any other carpentry operations at the same job or location.

649 CEILING INSTALLATION – suspended acoustical grid type. Insulation work will be separately rated.

651 CARPENTRY – COMMERCIAL Structures.

652 CARPENTRY – RESIDENTIAL. Includes one- or two-family detached houses, townhouse or row houses or buildings designed primarily for multiple occupancy three stories or less in height or garages constructed in connection with the houses or apartments.

This classification shall include the payroll developed by all employees that interchange trades at a specific location. For specific locations where there is no interchange between trades, all trades shall be separately classified.

653 MASONRY.

Masonry work in connection with sewers must take the sewer rate and not the masonry rate.

654 CONCRETE CONSTRUCTION.

Payroll to include persons engaged in making, setting up, taking down or operating forms, scaffolds, false work and concrete mixing or distributing apparatus.

655 IRON ERECTION.**656 ELECTRIC, Telephone or Telegraph LINE CONSTRUCTION** by Contractors.

Includes the setting of poles, installation of pole hardware or transformers or the stringing of lines. Erection of steel towers for cross-country lines must be assigned to Code 655. Clearing of right-of-way on new lines, maintenance of right-of-way on existing lines or tree trimming must be assigned to Code 005.

657 RIGGING, N.O.C.**658 IRON ERECTION** or Installation – ornamental or non-structural only.**659 ROOFING** – No payroll division with Code 676 at the same location or job site.**660 ALARM OR SOUND SYSTEM** – Installation or Repair.**661 ELECTRICAL WIRING** – within **BUILDINGS**.

Includes electric fixtures, apparatus installation or the making of service connections. For electric, telephone or telegraph line construction, see Class 656.

662 APPLIANCE – Electrical – **SERVICE** or **REPAIR**.

Includes the service or repair of window-unit type air conditioners, domestic refrigerators and/or commercial or domestic appliances including but not necessarily limited to: stoves, dishwashers, washing machines or clothes dryers. Also includes incidental shop or parts department employees. Electrical wiring or plumbing to be separately rated.

Separately staffed store operations shall be assigned to the appropriate store class. Assign Code 664 to the installation, service or repair of central air conditioning units or commercial refrigeration (including walk-in) units. Assign Code 675 to the installation, service or repair of industrial equipment (e.g., conveyor ovens).

663 PLUMBING: gas, steam, hot water or other pipefitting, including house connections – shop payroll, if any, must be included.

Includes work within buildings. Pipefitting in connection with the installation of machinery or apparatus outside of buildings must be assigned to Class 675.

664 HEATING, VENTILATING or **AIR CONDITIONING CONTRACTOR.**

Applicable to contractors performing forced air heating, ventilating or air conditioning equipment installation required for air comfort control or engaged in the service or repair of such equipment. Further included is any incidental duct or shop work.

Payroll developed in the installation, service or repair of heating equipment which will utilize either hot water or steam shall be assigned to Code 663. High pressure water or steam heating systems shall be assigned to Code 677 for the installation, service or repair thereof.

665 PAINTING and Decorating, including shop.

The painting of steel structures or bridges shall be assigned to Code 655.

666 PLATE and Wire **GLASS INSTALLATION.**

Payroll developed by a separate shop crew engaged in the manufacture of glass products including bending, beveling, grinding or silvering of plate glass shall be separately classified by Code 536.

667 PAPER HANGING.**668 TILE, STONE, MOSAIC** or **TERRAZZO WORK** – Interior Construction Only including Marble Setting and Tile Wainscoting, but excluding Cement Finishing and Structural Glass Block Installation.

Structural glass block installation shall be assignable to Code 653 .

669 PLASTERING, including lathing.

670 HOUSE FURNISHINGS INSTALLATION, N.O.C.

Separately staffed store operations shall be assigned to the appropriate store class.

WRECKING OR DEMOLITION OR BUILDING MOVING OR RAISING PROJECT

All work to completion at a wrecking or demolition or a building moving or raising site shall be assigned to one of the following classifications:

1. Code 651 – Applicable to wooden buildings or structures including those designed for residential occupancy and interior stripping/gutting.
2. Code 654 – Applicable to concrete or concrete encased buildings or structures.
3. Code 655 – Applicable to iron or steel buildings or structures.
4. Code 653 – Applicable to masonry buildings or structures.
5. Code 611 – Applicable to piers or wharfs.

Where wrecking or demolition or building moving or raising involves a building or structure of more than one type of construction, the classification with the highest rating value applies.

All wrecking or demolition or building moving or raising work not specifically described above shall be assigned by analogy to one of the classifications designated above. No other classification is applicable.

Secondhand material businesses at a separate location with no interchange of employees shall be assigned to the appropriate scrap classification based on the materials principally handled by the employer. Assign ferrous scrap dealers to Code 858 and assign nonferrous scrap dealers to Code 859. Assign Code 860 to secondhand materials dealers who do not have a principle line of merchandise.

673 ADVERTISING SIGN, Manufacture, Erection or Repair – Not Outdoor Advertising Company.

674 SWIMMING POOL CONSTRUCTION, all work to completion. The construction of iron or steel pools shall be assigned to Code 655. Maintenance work by a separate crew or a specialist contractor is to be assigned to Code 971.

675 MACHINERY or EQUIPMENT ERECTION or REPAIR.

Applies to the erection or repair of factory machinery or to the installation, erection or repair of elevators, escalators, conveyors or hoisting systems.

676 SHEET METAL INSTALLATION, No payroll division with Code 659 at the same location or job site.

Code 676 shall be assigned to both the shop and the erection or installation payroll developed by an insured engaged in both the shop fabrication of sheet metal products and the erection or installation thereof.

677 BOILER INSTALLATION or Repair.

Includes all work to completion except brickwork, which must be assigned to Code 653 .

679 ADVERTISING COMPANY, OUTDOOR.

Applicable to outdoor advertising companies and includes but is not necessarily limited to: shop operations, the erection, painting, repair, maintenance or removal of signs, sign painting or lettering in or upon buildings or structures or bill posting.

681 CANVAS GOODS, Awning or Tent ERECTION, Removal or Repair.

682 EMPLOYMENT CONTRACTOR – TEMPORARY LABOR – Construction Or Erection Operations.

Applies to temporary employees provided to a construction or erection contractor except for temporary excavation, commercial structure carpentry or electrical wiring (within buildings) staff which are subject to **Codes 691, 693 or 695**, respectively.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on the construction or erection business operations assignable to **Code 682** and on classifying temporary staff.

691 EMPLOYMENT CONTRACTOR – Temporary EXCAVATION Staff.

Applicable only to temporary staff provided to customers whose business classification is **Code 609**.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

693 EMPLOYMENT CONTRACTOR – Temporary COMMERCIAL Structure CARPENTRY Staff.

Applicable only to temporary staff provided to customers whose business classification is **Code 651**.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

695 EMPLOYMENT CONTRACTOR – Temporary ELECTRICAL WIRING (within buildings) Staff.

Applicable only to temporary staff provided to customers whose business classification is **Code 661**.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

SPECIAL STATE ACT EXPOSURES

709 TALLYMEN AND CHECKING CLERKS – engaged in connection with stevedoring work.

Coverage under State Act only.

716 MARINA.

Applicable to all waterfront operations, including but not necessarily limited to: the operation of boat docks, storage facilities, repair shops or marine railways, the sale or repair of boats or engines, the sale of parts or accessories, dockside snack bars and all dockside employees. The operation of separately-staffed inland boat showrooms or the operation of separately-staffed motels, restaurants, swimming pools, bowling lanes or other recreational facilities shall be separately classified as provided for in this Manual.

Separate staff engaged in boat building are assignable to Code 718.

Coverage under State Act only.

718 BOAT BUILDING OR REPAIR.

Coverage under State Act only.

This classification is applicable to the construction or repair of wood, metal, fiberglass or plastic yachts, motor boats, sailboats or rowboats not exceeding 65' in length overall.

Also includes insureds exclusively engaged in the building, repairing or dismantling of small vessels as defined in Public Law 98-426 who have been granted exemption from the United States Longshore and Harbor Workers Act by the Secretary of Labor. A copy of the exemption certificate shall be made available to the Bureau as documentation.

721 RAILROAD OPERATION, N.O.C., including shop, ordinary maintenance and repair of roadbed.

The policies for risks with operations assignable to Code 721 must be endorsed excluding insurance of Federal Employers' Liability Act coverage. (Part Two)

744 AIRCRAFT MANUFACTURE

UTILITIES OPERATION

751 GAS UTILITY.

Payroll developed by meter readers having no regular duty of any other nature in the service of the employer shall be assigned to Code 951.

As provided for in this Manual separately classify: geophysical exploration, drilling for gas deposits, the operation of gas wells and the construction or operation of cross-country pipelines.

752 OIL OR GAS PIPELINE OPERATION – Construction, operations of wells or oil refining shall be separately classified.

753 WATERWORKS.

Payroll developed by meter readers having no regular duty of any other nature in the service of the employer shall be assigned to Code 951.

755 ELECTRIC UTILITIES Operation.

Payroll developed by meter readers having no regular duty of any other nature in the service of the employer shall be assigned to Code 951.

757 TELECOMMUNICATIONS COMPANY – including installation, maintenance, repair and operation of telephone lines and systems, remote transmission sites and central office switching equipment.

Applicable to FCC licensed telecommunications firms. The services provided include but are not necessarily limited to: wireline, long distance, cellular, radio paging or mobile radio services for customers on a fee basis.

759 CABLE TELEVISION OPERATIONS.

Applicable to contractors or operators engaged in cable television system installation or erection or system hook-up or service and/or repair or the operation of a cable television system.

Separately staffed broadcasting studios and/or separate crews engaged in the presentation and/or filming of news or sporting events shall be classified by Code 936.

TRUCKING AND STORAGE

801 STABLE, Livestock commission merchant or stockyard not associated with slaughterhouses.

803 TAXICAB COMPANY

When cabs are leased to operators and no payroll records are available, an amount of **\$33,100** per annum shall be taken as payroll per operator. This amount may be prorated if the operator does not work a full year.

804 SCHOOL BUS OPERATION.

805 MILK HAULING – by contractor.

For contractors exclusively engaged in hauling unprocessed or processed milk by tank truck.

806 FURNITURE MOVING and/or **STORAGE.**

Includes the packaging or handling of household goods away from the employer's premises

The transporting or delivery and the setting into place at customers' locations of furniture and/or major household appliances under contract for a manufacturer or store shall be assigned to Code 811.

807 AMBULANCE SERVICE – Non-volunteer.

808 PARCEL DELIVERY Company – No handling of bulk merchandise or freight

Applies to risks engaged in the delivery of envelopes, parcels or packages limited to 150 pounds or less. Envelopes, parcels or packages refers to those items where the delivery tariff or charge is allocable to the individual envelope, parcel or package.

Assign Code 811 when the haulage or transport charge is based on truckload or partial truckload, the cumulative weight of the packages and/or parcels being transported or a flat contract price for the consignment.

The transport of mail under contract to the United States Postal Service is to be assigned to **Code 812.**

809 FUEL DISTRIBUTION – Retail or Wholesale.

For businesses principally engaged in the sale of processed coal, fuel oil, liquefied petroleum (LP), gas (bottled gas or in bulk), or any combination of these lines. Separate crews engaged in installing and/or servicing fuel oil or gas heating units may be separately classified as provided for in this Manual. This classification is not available to businesses operating coal or oil docks or to truckers hauling fuel for others.

810 COAL TRUCKING

Applies to payroll developed in truck delivery of unprepared coal and is applied to all those engaged in the hauling of unprepared coal except employers assigned to Coal Mine Rating Bureau **Codes 1001, 1010, 1012, 1014, 1015, 1021 and 1023.**

If hauling of unprepared coal consists of only part of the operation of a hauling contractor, the payroll expended for unprepared coal hauling shall be reported separately and assigned to Code 810. If there is no separation, all payroll for hauling operations shall be assigned to Code 810 or to Code 811, whichever has the higher manual rate. When Code 811 is used as a result of this rule, attach the Federal Coal Mine Health and Safety Act Endorsement at no added charge. Other records of the insured, such as receipts, shall be examined to confirm the breakout of payroll.

Hauling contractors engaged in trucking of prepared coal from coal preparation plants shall be included within Class 811. See Code 809 for rules regarding coal trucking by dealers.

The Federal Coal Mine Health and Safety Act Endorsement shall be attached to a policy developing payroll under Code 810, and Code 0162 must be used to designate the non-rateable premium developed by applying the 0162 rate to such payroll.

811 TRUCKING, N.O.C.

Includes dispatchers and/or clerks on loading platforms, drivers, chauffeurs and their helpers and employees repairing vehicles.

Applicable to hauling contractors principally engaged in hauling or delivering for unrelated concerns. Payroll developed in the hauling of unprepared coal shall be assigned in accordance with the rules for Code 810.

Also includes the rental of cranes with operator by a specialist contractor.

812 MAIL HAULING or Delivery Service COMPANY.

Applies to risks engaged under contract to the United States Postal Service for the hauling or delivery of mail involving letters, parcels, packages, sacks, pallets or rolling containers.

Includes U.S. Postal Service contract mail delivery performed on a bulk or individual item basis.

813 WAREHOUSING – Other than furniture moving and/or storage.

For establishments principally engaged in either the cold storage or the warehousing or storage of general merchandise for unrelated concerns.

814 DEALER IN MOBILE, SELF-PROPELLED factory, farm or construction EQUIPMENT - including parts department.

Payroll developed by employees engaged in the sale of mobile self-propelled factory, farm or construction equipment shall be assigned to Code 819.

815 AUTOMOBILE SERVICE CENTER or Garage – including counter personnel and estimators.

Tire recapping or retreading shall be assigned to Code 225 when performed by a separate crew of employees in a physically separate work area.

See the Code 934 Section 2 class description for how to classify an auto parts store that also provides automobile repair services.

Please see the Automobile Service/Gasoline Station Ruling and Interpretation for information on classifying such business enterprise.

816 AUTOMOBILE FILLING STATION – Retail.

Please see the Automobile Service/Gasoline Station Rulings and Interpretations for information on classifying such business enterprise.

817 BUS (except school bus) OPERATION.

818 AUTOMOBILE or Automobile Truck DEALER – including service counter and parts department.

Also includes but is not necessarily limited to: automobile auctions, inland boat dealers, mobile home dealers, recreational vehicle dealers or specialist contractors performing mobile home set-up or warranty service.

819 AUTOMOBILE or Automobile Truck SALESPERSON.

821 BEVERAGE DISTRIBUTOR, Wholesale.

825 AUTOMOBILE STORAGE GARAGE or PARKING STATION or LOT – No Automobile Repair.

For automobile storage garages/parking stations/parking lots whose business is the storing or parking of automobiles. Includes cashiers who receive payment from customers.

Parking attendants on the payroll of enterprises such as hotels, restaurants, stores or theaters – not drive-in theaters – which operate parking facilities for their customers shall be rated with the enterprise.

MATERIAL DEALERS

855 LUMBER and/or BUILDING MATERIAL DEALER.

Applicable to establishments engaged in selling lumber and/or building materials on a wholesale or retail basis. The lumber may include but is not necessarily limited to rough and dressed lumber, flooring, molding, doors, sashes, frames and other millwork. The building materials may include roofing, siding, shingles, wallboard, paint, brick, tile, cement, ready-mix concrete, sand or gravel and other building materials. This class also includes payroll developed in the delivery of hardware, lumber and/or building materials by the lumber/building material dealer.

The operation of an outlet on the premises of a lumber and/or building material dealer in which hardware, paint, and other similar merchandise is sold shall be subject to separate classification provided the outlet is located in a physically separate department with no interchange of labor between the outlet and other operations. Payroll developed in the outlet operations is subject to Code 935.

Risks engaged in manufacturing millwork are assignable to Code 305. Dealers in secondhand building materials are assignable to Code 860.

857 METAL SERVICE CENTER (Ferrous or Nonferrous Metals).

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

858 FERROUS SCRAP METAL DEALER.

Applicable to businesses principally engaged in collecting and handling ferrous metals. Ferrous metals contain iron and include any type of steel or any steel alloy such as stainless steel.

The term "principally engaged" means more than 50 percent of the employer's gross receipts.

859 NONFERROUS SCRAP METAL DEALER.

Applicable to businesses principally engaged in collecting and handling nonferrous metals. Nonferrous metals contain no iron and include but are not limited to: aluminum, copper, brass, lead or zinc.

The term "principally engaged" means more than 50 percent of the employer's gross receipts.

Businesses principally engaged in the melting of nonferrous scrap to produce ingots shall be assigned to Code 402.

860 JUNK DEALER.

For businesses collecting and handling a combination of ferrous and/or nonferrous scrap metal and other secondhand commodities (e.g., paper, glass, rubber, rags or bottles) with no principal line of merchandise.

Also includes secondhand material yards of a wrecking or demolition contractor that are separately located and staffed.

WRECKING OR DEMOLITION PROJECTS shall be classified as delineated in Section 2.

861 AUTOMOBILE DISMANTLERS.

Businesses engaged in automobile dismantling for the recovery of usable parts must be assigned to this classification. It includes all stores, yards or shops operated at the same or contiguous locations. It does not include businesses who demolish automobiles solely for the purpose of obtaining scrap metal; such businesses must be assigned to the applicable scrap metal classification based on the principal type of scrap metal handled .

862 RECYCLING CENTER.

Applicable to businesses principally engaged in collecting or handling recyclable materials such as: cloth clippings, rags, paper, glass, plastic, rubber stock and/or aluminum beverage cans. Assign businesses collecting a combination of recyclable products and scrap metals with no principal line of merchandise to Code 860.

Dealers in cloth clippings, new goods only, shall be assigned to Code 924.

865 POULTRY and/or FISH DEALER/ PROCESSOR.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

867 EMPLOYMENT CONTRACTOR – Temporary WAREHOUSING Staff.

Applicable only to temporary staff provided to customers whose business classification is **Code 813**.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

STORES

877 EMPLOYMENT CONTRACTOR – Temporary DEPARTMENT STORE Staff.

Applicable only to temporary staff provided to customers whose business classification is **Code 914**.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

879 EMPLOYMENT CONTRACTOR – Temporary PACKAGING – Contract – Non-crating Staff.

Applicable only to temporary staff provided to customers whose business classification is **Code 923**.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

880 APARTMENT HOUSE or Condominium Complex Operation.

Applicable to an employer operating an apartment house or a condominium complex or for cooperative buildings used for residential occupancy.

881 Employment Contractor – Temporary HARDWARE STORE – Wholesale Staff.

Applicable only to temporary staff provided to customers whose business classification is **Code 926**.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

882 HOUSE CLEANING by Contractor.

Applicable to businesses principally engaged in providing interior cleaning services to residential customers. The cleaning services may include but are not necessarily limited to: dusting, mopping floors, vacuuming rugs or carpets, cleaning or sanitizing bathrooms or wiping or cleaning kitchen or bathroom fixtures

The term "principally engaged" means more than 50% of the employer's gross receipts.

Payroll developed in the cleaning of exterior walls at residential or commercial sites shall be assigned to Code 653.

883 Employment Contractor – Temporary RETAIL STORE, N.O.C. Staff.

Applicable only to temporary staff provided to customers whose business classification is **Code 928**.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

884 HEALTH OR EXERCISE CLUB – all employees including office.

Organized athletics are excluded from this classification and are assigned to **Code 970**.

885 PLUMBING SUPPLIES DEALER OR PIPE MERCHANT – Wholesale.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

886 ELECTRICAL SUPPLIES DEALER – Wholesale.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

887 MUSEUM – all employees including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

889 EMPLOYMENT CONTRACTOR – Temporary CLERICAL Staff.

Applicable to temporary clerical or technical service staff whose payroll shall be assigned to **Code 889** regardless of the customer's business classification. Such employees include but are not necessarily limited to: draftsmen, designers, writers, illustrators, computer or data processing operators, programmers or clerical office.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

890 LIBRARY - PUBLIC – all employees including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

891 PRE-SCHOOL (CHILD CARE OR EARLY EDUCATION) SERVICES – all employees including office.

Includes but is not necessarily limited to nursery schools, Head Start, kindergarten or child day care services. Providers of early intervention services for infants or toddlers shall be assigned to **Code 892**.

Please see the Rulings and Interpretations, Section 5, for further information on the scope of this class.

892 EARLY INTERVENTION For Infants Or Toddlers (No Residential Affiliation) – all employees including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

893 INTERMEDIATE UNIT (Special Education) – all employees including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

894 SCHOOL FOR DISTURBED (Or Delinquent) CHILDREN – all employees including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

895 EMPLOYMENT CONTRACTOR – Temporary COLLEGE or SCHOOL Staff.

Applicable only to temporary staff provided to customers whose business classification is **Code 965**.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

896 CLUB, N.O.C – All employees except office.

Please see the Rulings and Interpretations, Section 5, for further information on the scope of this class.

897 FAST-FOOD RESTAURANT – All employees except office.

Please see the Rulings and Interpretations, Section 5, for further information on the scope of this class.

898 CATERER – All employees except office.

Please see the Rulings and Interpretations, Section 5, for further information on the scope of this class.

899 BAR, Tavern, Cocktail Lounge, NIGHTCLUB or Discotheque – All employees except office.

Please see the Rulings and Interpretations, Section 5, for further information on the scope of this class.

903 LABOR UNION – all employees including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

907 FRUIT OR VEGETABLE DEALER – Wholesale.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

910 MEAT DEALER – Wholesale.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

911 GROCERY – Wholesale.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

914 DEPARTMENT STORE – all employees including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class

915 MEAT, FISH and/or POULTRY STORE – Retail, all employees except office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class

916 CLOTHING OR DRY GOODS STORE – Wholesale or Retail.

917 GROCERY STORE – Retail, including meat, poultry, fish, bakery, pharmacy and produce departments.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

918 BAKERY SHOP – Retail, including on-site preparation, all employees except office.

Applies to risks producing bakery products and risks who buy finished bakery products from unrelated producers. Sales are over-the-counter for personal or household consumption, either on premises or through satellite outlets.

919 FLORIST STORE – Retail or Wholesale.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

920 JEWELRY STORE – Wholesale or Retail.

922 FURNITURE STORE – Retail or Wholesale – no woodworking.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

923 PACKAGING – CONTRACT – NON-CRATING.

Applies to businesses principally engaged in packaging or repacking cosmetics, toiletries, pharmaceuticals, soaps, cleaning agents, hardware and/or similar merchandise owned by unrelated customers as a contract service. Payroll developed by a separate staff in a physically separate work area in the preparation and crating of any type of merchandise for shipment (in shop as a contract service) shall be assigned to Code 305. Crating or packaging of any type at customer locations or the repackaging of explosives shall be classified as provided in this Manual.

924 WHOLESALE STORE, N.O.C.

925 HARDWARE STORE – Retail.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

926 HARDWARE STORE – Wholesale.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

927 PHARMACY – Retail – all employees including office.

928 RETAIL STORE, N.O.C.

929 EMPLOYMENT CONTRACTOR – Temporary Staff – MERCANTILE OPERATIONS.

Applies to temporary employees provided to retail or wholesale store businesses except for businesses assignable to wholesale fruit, grocery or wholesale store, N.O.C.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on which store businesses are assignable to Code 929 and on classifying temporary staff.

932 COPYING OR DUPLICATING SERVICE – All employees including office.

Applicable to the "quick printing" industry wherein risks provide reproduction by means of offset duplicators on paper sizes 17 x 22 inches or less or electrostatic copiers on paper of any size. Any risk principally engaged in producing reproductions by other means shall be assigned to the appropriate printing class as provided for in this Manual. Code 932 and a printing class shall not be assigned to a risk unless that risk fulfills the multiple enterprise criteria specified in Rule IV, Paragraph C. 3. a. 2.

933 VENDING OR COIN-OPERATED MACHINE – Installation, Service or Repair, all employees except office.

934 AUTOMOBILE PARTS AND ACCESSORY STORE – Retail and/or Wholesale.

An auto parts store that also provides automobile repair services shall have payroll divided with Code 815 provided the following conditions are fulfilled: the auto parts sales and the automobile repair services are conducted in physically separate work areas by separate employee crews and the majority of the parts/accessories sold by the auto parts store must be sold to others and are neither installed nor used by the insured for repair services. If both operations are conducted and these conditions are not met, then payroll developed in both the auto parts sales and the auto repair services shall be assigned to Code 815.

The machining of brake drums and other auto parts conducted in a physically separate work area and staffed by a separate employee crew shall be assigned to Code 461.

935 LUMBER AND/OR BUILDING MATERIAL DEALER – Store Employees – For use in conjunction with Code 855 only.

936 BROADCASTING STATION – Radio or Television, all employees including office.

937 EMPLOYMENT CONTRACTOR – Temporary Staff – **HEAVY SERVICE.**

Applies to temporary employees provided to businesses including but not limited to tree pruning, logging, surface or underground mining or mineral recovery (all types except coal), transportation (of persons or any type of commodity), lumber and/or building material or metal service centers, scrap metal yards, commodity recycling, rubbish and/or garbage collection or warehousing (all types except where the customer's business classification is Code 813 which is subject to Code 867).

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on which customer business classifications are assignable to Code 937 and on classifying temporary staff.

939 CARNIVAL, Circus or Amusement Device Operator – **TRAVELING.**

940 RESIDENTIAL CARE FACILITY for the **Developmentally Disabled** – all employees except office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

Separately staffed certified sheltered workshops shall be assigned to Code 964.

941 SOCIAL REHABILITATION FACILITY – For adults or children – all employees including office.

Please see the Social Rehabilitation Facility Ruling and Interpretation in Section 5 for information on the scope of this class.

HOME HEALTH CARE SERVICES

Applicable to any establishment providing health care services to individuals and families in their residence. The services provided include skilled services under a physician's written direction and these components include but are not limited to nursing care, home infusion therapy, physical, speech and/or occupational therapy and/or nonprofessional services including but not limited to home health aide, attendant care, companions and live-ins and/or home support services such as homemakers or chore workers. Payroll so developed shall be classified in the manner indicated below.

942 HOME HEALTH CARE – Professional Staff.

Includes registered or licensed practical nurses, pharmacists, physical, speech and/or occupational therapists, medical social workers and outside salespersons.

943 HOME HEALTH CARE – Nonprofessional Staff.

Includes home health aides and certified home health aides, attendant care aides and home support personnel such as homemakers and chore workers. Also included are companions and live-ins.

Payroll developed in the sale or rental of durable hospital equipment or supplies such as hospital beds, wheelchairs, commodes and walkers to the individual home health care patient shall be assigned to Code 928 provided this operation is separately staffed.

944 CLUB – Country, Golf or Yachting – all employees except office.

Includes restaurant or tavern employees and all operations performed by club employees including but not limited to: those conducted by desk and room clerks, instructors, pro shop sales clerks, club attendants and golf starters.

Marina or yacht basin operations shall be separately classified.

CLERICAL AND PROFESSIONAL EMPLOYMENTS

945 HOTEL RESTAURANT employees, all employees except office. For use in conjunction with Code 973 only.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

946 EMPLOYMENT CONTRACTOR – Temporary MEDICAL Staffing.

Applicable to employers providing professional and/or nonprofessional medical personnel to staff unrelated health care facilities or to physicians/ dentists' practices on a temporary basis. Such employees include but are not necessarily limited to: registered nurses or licensed practical nurses, aides, orderlies, attendants medical technicians or doctors.

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided in this Manual.

Payroll developed by temporary janitorial, laundry, kitchen or other non-medical staff (except clerical) provided to health care facilities shall be assigned to Code 947.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

947 EMPLOYMENT CONTRACTOR – Temporary Staff – MAINTENANCE OR SERVICE.

Applies to temporary employees provided to businesses such as flower growing, landscaping or lawn care, laundry or dry cleaning, utilities (except meter readers), cable television, hotels, restaurants, automobile service or repair (including auto dealers), security, theaters, amusements (either indoor or outdoor) or building maintenance.

Also applies to non-medical temporary staff provided to health care facilities (except clerical), and to airport/airline temporary ground personnel.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on which customer business classifications are assignable to Code 947 and on classifying temporary staff.

948 MAILING or ADDRESSING COMPANY – all employees including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class

949 EMPLOYMENT CONTRACTOR – Temporary MARKETING.

Applicable to temporary marketing help such as sales or demonstration personnel including conventions, shows or exhibits.

Also includes temporary help engaged as appraisers, inspectors, meter readers or personnel notifying utility customers of service cutoffs.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

951 SALESPERSON – OUTSIDE.

Excluding salespersons or collectors who deliver goods, door-to-door salespersons

952 OFFICE MACHINE SERVICE or Repair.

Includes shop. Manufacturing to be separately rated.

Specialist contractors performing delivery and/or set-up of office machines or equipment shall be assigned to Code 811.

953 Clerical OFFICE Employees.

954 SECURITY OR INVESTIGATIVE AGENCY.

Agencies which also install or repair burglar alarm systems with a separate crew of employees shall be authorized the use of Code 660 for such work.

955 ENGINEERING CONSULTING FIRM, mechanical, civil, electrical or mining engineering consulting firms, or architectural firms.

Businesses principally engaged in providing computer and/or software consulting services are assignable to Code 951 and to Code 953 as classes may apply.

Engineers or architects employed by concerns whose field of business is actual construction, manufacturing, mining or installation operations shall be assigned in accordance with the class or classes appropriate to the business of the employer, unless the operations subject to Code 955 are conducted as a separate and distinct enterprise.

Clerical or drafting employees of consulting architects or engineers are properly assigned to Code 953 provided they meet the conditions described in Section 1, Rule IV, B. 2. a. and b.

Separate staff performing test boring for soil samples shall be assigned to Code 607.

956 LAW FIRM, all employees including office.

This classification is for law firms. Attorneys employed by other establishments whose field of business includes but is not necessarily limited to manufacturing or construction shall be assigned to the classification consistent with the employer's business.

957 PHYSICIAN or **DENTIST**, all employees including clerical office except home health care service employees.

This classification is for the physician's or dentist's office. Includes licensed practitioners engaged in the practice of general or specialized dentistry, medicine, surgery or therapy (physical or mental). Does not apply where inpatient overnight care is provided. Those practicing veterinary medicine shall be assigned to Code 959.

Physicians or Dentists employed by a health care facility shall be assigned in accordance with the class appropriate to the medical business at the location. Physicians or Dentists employed by a temporary medical staffing contractor, and who are provided on a temporary basis to unrelated health care facilities, shall be assigned to Code 946.

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided in this Manual.

958 REHABILITATION HOSPITAL, all employees including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

959 VETERINARIANS, including employers raising and caring for non-farm domestic animals.

960 NURSING and **CONVALESCENT HOME** – Long Term Care Facility with 50% or more beds Licensed as Intermediate Care or Higher – all employees except office and home health care services.

There shall be no payroll division between Code 960 and Codes 974 and 979 at a single location/campus.

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided in this Manual.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

961 HOSPITAL – all employees, including office but excluding employees performing home health care services.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

962 ACCOUNTING or **AUDITING FIRM** – all employees including clerical office.

This classification is for accounting or auditing firms. Accountants or auditors employed by other establishments whose field of business includes but is not necessarily limited to manufacturing or construction shall be assigned to the classification consistent with the employers' business.

An insurance company traveling auditor shall be assigned to Code 984. An independent insurance traveling auditor shall be assigned to Code 951.

Businesses principally engaged in providing computer and/or software consulting services are assignable to Code 951 and to Code 953 as these classes may apply.

963 CHURCH – all employees including office, except cemetery employees.

Payroll division must be provided for schools and hospitals at separate locations.

Payroll division shall also be provided to Code 891 for a day nursery school, kindergarten or daycare center or to Code 965 for an elementary and/or secondary school for children operated on the church premises from Monday through Friday, when such is separately staffed.

If two or more churches are served by one or more common employees, insurance must be provided by a single policy, issued in the names of all such churches or missions as "joint employers." Such a policy must insure only the liability for injury to employees who are employed jointly by the several churches. If one or more of the individual churches also has employees employed by it alone, separate policies must be issued in the name of each such individual church to insure the liability to such employees. Such policies must contain the "Church Endorsement – Pennsylvania," as shown in Section 3.

964 SHELTERED WORK SHOPS – all employees including office.

This classification is for establishments certified as sheltered work shops (exempted from the Federal Minimum Wage Law) by the United States Department of Labor, Employment Standards Administration, Wage and Hour Division.

965 COLLEGE OR SCHOOL, N.O.C – all employees including office, except Workfare Program Employees and separately located and staffed public libraries

Workfare Program Employees shall be assigned to Code 982

Separately located and staffed public libraries shall be assigned to Code 890.

966 TELEVISION, VIDEO, AUDIO or RADIO EQUIPMENT SERVICE OR REPAIR – Shop or Outside.

Separately staffed store operations shall be assigned to the appropriate store class.

967 THEATERS – all employees including office.

968 AMUSEMENT, INDOOR

Health or exercise clubs shall be assigned to Code 884.

Organized athletics are excluded from this classification and are assigned to Code 970.

969 AMUSEMENT, OUTDOOR: fairs, exhibitions, amusement parks or any outdoor amusement that is permanently sited. This classification includes ticket sellers or collectors and box office employees.

Payroll developed in the operation of a restaurant, when conducted in a physically separate department and by a separate crew of employees, shall be assigned to the applicable restaurant classification. Please see the Rulings and Interpretations, Section 5 of the Manual, for further information.

Code 928 shall be assigned to payroll developed in the sale of gifts/souvenirs when conducted in a physically separate department and by a separate crew of employees.

Employees engaged in the sale of food or drink or gifts/souvenirs from vending carts or by carrying the merchandise on their person shall remain assigned to Code 969.

Race track pari-mutuel employees shall be separately rated by Code 953.

Organized athletics are excluded from this classification and separately rated by Code 970.

970 ATHLETIC TEAM - professional and semi-professional, all employees except clerical and sales. This classification includes but is not limited to all players, coaches, managers, or umpires and includes all players on salary list of insured, whether regularly played or not. Scouting staff is assignable to Code 951 and clerical office staff to Code 953.

The entire remuneration of each employee should be included in computing premium, subject to a maximum of \$60,000 per season. Season includes pre-season and post-season exposure. When an employee works for two or more teams in the same sport during the season, the maximum shall be pro-rated.

The remuneration of an individual employee is subject to a minimum of \$500.00 per season or year, including board and lodging.

971 COMMERCIAL BUILDINGS – operation by owner, lessee, or management firms including care, custody and/or maintenance of premises. Also includes janitorial or window cleaning services by a specialist contractor.

Also includes generalist and specialist commercial building cleaning (including window cleaning) and building maintenance contractors.

973 HOTEL - all other employees except office.

Separate staff exclusively engaged in the hotel's food service or beverage operations shall be classified Code 945.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

974 RETIREMENT OR LIFE CARE COMMUNITY – with less than 50% of beds Licensed as Intermediate Care or Higher – all employees except office and home health care services.

There shall be no payroll division between Code 974 and Codes 960 and 979 at a single location/campus.

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided in this Manual.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

975 RESTAURANT, N.O.C. – all employees except office.

Please see the Rulings and Interpretations, Section 5, for information on the scope of this class.

Assign country or yacht clubs or golf courses to Code 944.

976 Y.M.C.A., Y.W.C.A., and Community Center, including summer camps and day care centers – all employees including office, except home health care services employees.

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided in this Manual.

977 BARBER SHOP, BEAUTY PARLOR OR HAIR STYLING SALON.

978 CAMPS, SUMMER OR WINTER, N.O.C. – all employees including office at camp locations.

Separate staff at other than camp locations shall be classified in accordance with the class appropriate to the business at the camp location.

Executive Secretaries of Boy or Girl Scout Councils shall be assigned to Code 951.

979 RESIDENTIAL FACILITY FOR THE ELDERLY – NON-MEDICAL – all employees except office and home health care services.

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided in this Manual.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

CITIES AND TOWNS

980 CITY, TOWNSHIP, Borough or County – all employees, excluding only the following which must be separately classified as provided in this Manual: Auxiliary Police, Golf Courses, Health Clubs, Housing Authorities, Municipal Authorities, Nursing Homes, Salaried Police Officers or Firefighters, Volunteer Ambulance Corps, Volunteer Fire Cos., Volunteer Hazardous Materials Response Teams, Workfare Program Employees, Museums, Public Libraries or Clerical Office. Inspectors shall be assigned to Code 951.

982 WORKFARE PROGRAM EMPLOYEES.

The Public Welfare Code as amended establishes the Workfare Program which applies (and this classification) to employable recipients of public assistance who have been delegated by the Department of Public Welfare to perform work for public or non-profit private agencies or for-profit temporary help firms for temporary placement with private, nonprofit or for-profit employers under Workfare projects.

983 HOUSING AUTHORITY – including resident or on-site managers.

New construction, alterations or demolition work shall be separately rated.

Workfare Program Employees shall be separately classified as provided in this Manual.

984 INSURANCE COMPANY – all employees including office.

An establishment chartered under state law that undertakes to indemnify for losses pursuant to a written contract of insurance and to perform other insurance related operations.

Any contractor providing a service(s) to an insurance company including but not necessarily limited to independent insurance agents, consulting actuarial firms, advisory rating organizations or establishments engaged in premium auditing or performing the adjusting or administration of insurance claims shall be separately classified as provided for in this Manual.

985 POLICE OR FIREFIGHTERS, SALARIED Employees of Cities, Townships, Boroughs or Counties.

Also includes auxiliary police or special school police appointed by municipalities or townships. For such personnel, premium shall be based upon the actual remuneration subject to a minimum payroll of **\$3,300** per year for each employee performing services at any time during the year.

Further included are private contractors hired to operate a correction facility or who operate a private correction facility or who provide security services and security personnel serving in the capacity of correction officers in a correction facility.

Employees engaged exclusively as school crossing guards are construed as non-uniformed personnel and shall be assigned to Code 980.

986 SHELTER OR HALFWAY HOUSE – RESIDENTIAL – NON-MEDICAL – all employees including office.

Please see the Shelter or Halfway House Ruling and Interpretation in Section 5 for information on the scope of this class.

987 CHECK CASHING SERVICES – all employees including office.

Applicable to establishments principally engaged in check cashing for a fee. Such risks may also provide money orders, wire transfers, lottery tickets, transit passes/tokens or postage stamps to their customers, each for a separate fee.

988 BANK – all employees including office.

Applicable to businesses whose operations must include the deposit and holding of money in the form of checking/savings accounts or certificates of deposit. In addition these risks may also provide credit extensions, commercial/consumer loans or mortgages.

Operations Not Covered:

1. The operation of trusts, repossessed or other business properties away from the bank premises.
2. Financial agencies engaged solely in providing home equity loans, debt consolidation, or mortgage services who do not receive money deposits and/or provide interest bearing accounts to their borrowers.

992 SANITATION COMPANY.

For establishments engaged in the cleaning of septic tanks, cesspools or chemical portable toilets.

Rubbish or garbage removal performed by a separate staff shall be assigned to Code 995.

993 VOLUNTEER AMBULANCE CORPS.

The per Corps (Company) charge shall be applied on a per location basis, regardless of the number of ambulances garaged at each location.



994 Firefighter – VOLUNTEER FIRE COMPANY.



995 RUBBISH OR GARBAGE REMOVAL.

Also includes but is not necessarily limited to environmental cleanup services, sewer or water main cleaning by hydraulic method, street sweeping or tank cleaning – including bulk storage type.

Collection and sorting of recyclables (e.g., newspapers, beverage cans, glass or plastic bottles) by a separate staff (with sorting in a physically separate work area) shall be assigned to Code 862 .

996 VOLUNTEER HAZardous MATerials Response TEAM.

CEMETERIES AND UNDERTAKERS

997 UNDERTAKERS.

999 CEMETERY.

FARMS

0006 FIELD CROP or VEGETABLE FARM – the raising of all field crops or vegetables or the general farms which carry on a variety of operations.

Separately staffed food processing operations shall be assigned to Code 113.

Inservants shall be separately classified.

0008 MUSHROOM RAISING.

Applies to businesses engaged in raising mushrooms, including the incident production of hay or other materials for compost.

Separately staffed mushroom canning operations shall be assigned to Code 113.

0011 FLOWER RAISING.

Applicable only to businesses raising flowers in fields or under glass to be marketed on a commercial basis as cut flowers or living plants.

A store or outlet at the same or contiguous location may be separately classified by Code 919 provided the store or outlet is separately staffed and is located in a physically separate area or department.

0013 NURSERY.

Applicable to businesses principally engaged in raising trees (including Christmas trees), shrubs, plants or sod farms.

0016 ORCHARD – the raising of fruit or nut trees or of berries or grapes.

Payroll developed in making of wine, apple juice, or similar products shall be assigned to Code 113 if conducted by a separate employee crew.

Inservants shall be separately classified.

0034 ANIMAL RAISING – egg production, fish hatcheries, hogs, poultry or calf raising for veal.

Farms raising fur bearing animals shall be classified by Code 0170. Separately staffed poultry dressing operations shall be assigned to Code 865. Separately staffed hog or calf dressing operations shall be assigned to Code 111.

Inservants shall be separately classified.

0036 DAIRY FARM – Farms engaged in the production of milk and other dairy products

Separately staffed milk processing plant operations shall be assigned to Code 109.

Inservants shall be separately classified.

0083 LIVESTOCK (excluding dairy or horse) **FARM** – includes but is not necessarily limited to the raising of cattle, sheep or goats in fields/pastures.

Inservants shall be separately classified.

0170 FUR BEARING ANIMAL FARMS – includes grading, sorting and packing.

MEMBERS OF RELIGIOUS ORDERS

"Members of Religious Orders" as used in this Manual shall mean those individuals who are members of a religious denomination and who have taken the vow of poverty. Such individuals may be assigned to perform duties in churches, hospitals, schools or other institutions. The term "Members of Religious Orders – Occasional," as used in the Manual shall mean those individuals, as defined above, who perform services for a period of less than six months during the policy period.

0901 MEMBERS OF RELIGIOUS ORDERS.

0902 MEMBERS OF RELIGIOUS ORDERS – OCCASIONAL.

DOMESTIC WORKERS

0908 INSERVANTS – OCCASIONAL.

0909 OUTSERVANT – OCCASIONAL – including occasional private chauffeurs.

(Codes 0912 and 0909 are not available for use in connection with the operation of a farm.)

0912 OUTSERVANT – including private chauffeurs.

0913 INSERVANTS, excluding office employees.

EXPLOSIVES AND AMMUNITION MFG.

4771 EXPLOSIVES Or Ammunition **MFG.**, N.O.C.

Includes but is not necessarily limited to: bag loading – propellant charges, black powder mfg., cap, primer, fuse, booster or detonator assembly, cartridge charging or loading, fireworks mfg., high explosives mfg., projectile, bomb, mine or grenade loading, projectile or shell mfg., shell case loading or smokeless powder mfg. – single base.

Employees exclusively engaged in product delivery shall be classified by Code 811.

Code 0771 must be applied to Code 4771 payroll to determine the mandatory catastrophe reserve which is not subject to experience or retrospective rating.

Businesses or separately located and staffed facilities engaged in the preparation and/or distribution of blasting agents and/or the distribution of high explosives shall be classified by Code 4777.

4775 CARTRIDGE LOADING OR CHARGING.

Includes all operations involving the handling of explosives or mixing of fulminate. Explosives or fulminate manufacturing shall be separately rated.

Also applies to shell case loading, propelling charge and bag loading, to 20 m.m. and over and assembling with loaded projectile. Projectile or primer loading shall be separately rated.

Code 0775 must be applied to Code 4775 payroll to determine the mandatory catastrophe reserve which is not subject to experience or retrospective rating.

4777 EXPLOSIVES DISTRIBUTOR.

Includes the preparation and/or distribution of blasting agents and/or the distribution of high explosives. Blasting operations conducted by a separate crew shall be assigned to Code 609. No high explosives manufacturing.

MARITIME or FEDERAL EMPLOYMENTS

(1) Liability under the U.S. Longshore and Harbor Workers' Compensation Act.

- (a) *To provide insurance against liability under the U.S. Longshore and Harbor Workers' Compensation Act, the Standard Workmen's Compensation and Employers' Liability Policy shall be used with endorsement providing for coverage under such Act (See Section 3).*
- (b) *The rates for the following classifications have been calculated to provide coverage under the U.S. Longshore and Harbor Workers' Compensation Act:*

STEVEDORING:

Any or all of the following operations conducted by employees not members of the crews of vessels shall be classified as "Stevedoring":

- 1. Loading or unloading, stowing, shifting or trimming of cargo, supplies and materials on board vessel.*
- 2. Transfer of cargo, supplies and materials between vessels and pier, irrespective of the necessity of work on board vessels by employees of the insured.*
- 3. Transfer between stringpiece and point of deposit on dock or adjacent warehouses – including tiering, sorting and breaking down.*
- 4. Operation of all mechanical equipment, including dock tractors, in connection with the above.*

Any or all operations as defined above shall be assigned to Code 7309F if the operations described by Item 2 above, whether conducted by one or more concerns, require the use of hoisting equipment except as provided under Code 7327F. All other operations shall be assigned to Code 7317F. Drivers not conducting Stevedoring operations as defined above shall be assigned to Code 811.

6824F BOAT BUILDING OR REPAIR.

This classification is applicable to the construction or repair of wood, metal, fiberglass or plastic yachts, motor boats, sailboats or rowboats not exceeding 150' in length overall where the coverage is under the U.S. Act.

6826F MARINA.

Applicable to all waterfront operations, including but not necessarily limited to: the operation of boat docks, storage facilities, repair shops or marine railways, the sale or repair of boats or engines, the sale of parts or accessories, dockside snack bars and all dockside employees. The operation of separately-staffed inland boat showrooms or the operation of separately-staffed motels, restaurants, swimming pools, bowling lanes or other recreational facilities shall be separately classified as provided for in this Manual.

Separate staff engaged in boat building are assignable to Code 6824F.

6843F SHIP BUILDING, IRON OR STEEL.

Includes fabrication or assembling of ship plates or frames, all yard operations and shops directly connected with the construction of hull.

6872F SHIP REPAIR OR CONVERSION – ALL OPERATIONS.

Includes shop or yard operations as well as the operation of dry docks and marine railways. Applicable only to concerns engaged in general ship repair or conversion. Work performed on ships by other concerns shall be assigned to the Manual classes describing the work. See special rules for application of U.S.L. factor to State classification. (See Rule XII).

7309F STEVEDORING, N.O.C.

When policies are issued covering both Codes 7317F and 7309F, no division of payroll shall be permitted in connection with the loading or unloading of any one vessel.

7313F COAL DOCK OPERATION AND STEVEDORING.

Applies to coal docks using mechanical apparatus. Not applicable to contract stevedores or coal merchants operating yards.

7317F STEVEDORING – BY HAND OR HAND TRUCK EXCLUSIVELY.

Includes incidental use of power-driven escalators or conveyors or operation of tractors or trailers through side ports. No use of hoisting equipment. No payroll division in connection with a single vessel.

7327F STEVEDORING – CONTAINERIZED FREIGHT.

Applies to ships designed for freight carrying containers. No work in holds. Separately staffed over-the-road trucking operations shall be assigned to Code 811. No payroll division with a single vessel.

7366F FREIGHT HANDLERS – On piers or in terminals in areas adjoining piers.

Applies to handling cargo on piers or adjoining areas or terminals, incident to loading or unloading vessels. Such cargo handling includes but is not necessarily limited to: freight checks, stuffing and/or stripping containers, loading and/or unloading trucks and/or railroad cars.

Freight handling not on piers or in terminals in areas adjoining piers (Stevedoring) conducted by a separate staff shall be assigned in accordance with the class or classes appropriate to the business of the employer.

8709F STEVEDORING – TALLYMEN AND CHECKING CLERKS.

Engaged in connection with stevedoring work. Coverage under U.S. Act.

8726F STEAMSHIP LINE OR AGENCY – PORT EMPLOYEES.

This classification includes superintendents, captains, engineers, stewards or their assistants and pay clerks.

- (2) Other Maritime or Federal Employments. Maritime or Federal employments other than the U.S. Longshore and Harbor Workers' Compensation Act (and Federal Coal Mine Health and Safety Act), do not come under the provisions of Sections 651-655, Act 283, Laws of 1921. Accordingly, the Pennsylvania Insurance Commissioner states he does not have jurisdiction over the coverage, rules and rates for these other Maritime and Federal employments. In compliance with Federal Anti-Trust laws the Pennsylvania Compensation Rating Bureau cannot promulgate rates for these coverages.
- (3) Dredging Operations. The rating value published in the Pennsylvania Workers Compensation Manual for Code 055 (for dredging of materials on non-navigable waterways), Dredging, contemplates coverage under the State Act only. If coverage is desired under the U.S.L. Act, the Federal increase factor shown in Section 2 shall be applied. A single policy may be issued including Pennsylvania Act coverage, U.S.L. coverage and Admiralty coverage providing the classification of operations in the policy declarations is subdivided to clearly indicate the classes and rating values for Dredging operations subject to:

- (a) The Pennsylvania Act alone or including U.S.L. Act coverage and
- (b) Admiralty jurisdiction.

In lieu of a single policy, two separate policies may be issued as follows:

- (a) A standard Pennsylvania policy using rates approved by the Pennsylvania Insurance Commissioner, applicable to Pennsylvania coverage only, or to Pennsylvania and U.S.L. coverage. Such policy shall be endorsed to exclude Admiralty coverage.
- (b) An Admiralty policy.

AIRCRAFT OPERATION

The classifications described under this class group apply to fixed wing and other aircraft. The phrase "members of the flying crew" is defined to mean all flying personnel engaged in the operation of aircraft or the care of passengers or cargo in flight. It includes, but is not limited to employees designated as airplane commanders, pilots, check pilots, co-pilots, flight engineers, navigators, technical or other observers, flight technicians, radio or radar operators, hosts, hostesses, stewards, stewardesses and pursers.

Ticket sellers and information clerks away from airport locations shall be separately classified by Code 953. Ticket sellers, information clerks and personnel engaged in performing the checking-in of passengers and baggage at airport locations shall be assigned to Code 7428.

When noted, an aircraft operations classification allows use of an associated classification for designation of a mandatory nonratable catastrophe reserve.

7405 AIRCRAFT OPERATION – scheduled and supplemental air carriers - all members of the flying crew.

This classification shall apply to scheduled or commercial air carriers, including cargo carriers, operating under Part 121 of the Federal Aviation Regulations.

Code 7445 must be applied to Code 7405 payroll to determine the catastrophe reserve that is not subject to experience or retrospective rating.

7413 AIRCRAFT OPERATION – commuter air carriers – all members of flying crew.

This classification shall apply to commuter air carriers who operate under Part 135 of the Federal Aviation Regulations, conduct at least five round trips per week between two or more points, and publish flight schedules that specify the times and places between which flights are performed.

Code 7453 must be applied to Code 7413 payroll to determine the catastrophe reserve that is not subject to experience or retrospective rating.

7421 AIRCRAFT OPERATION – transportation of personnel in the business of an employer not otherwise engaged in aircraft operations – all members of the flying crew.

This classification applies to the payroll of the pilot and all members of the flying crew. In the case of aircraft owned or operated by an employer in the conduct of his business, this classification shall apply to the payroll of executive officers or other employees acting as pilots or members of the flying crew. If the records of the employer clearly indicate the weeks in which flying is performed by such employees, (1) only the payroll for each week during any part of which the employee has engaged in flight duties shall be assigned to this classification unless the classification applicable to the employee's non-flying operations carries a higher rate in which event such classification shall apply and (2) the payroll for each week in which no flying has been done shall be assigned to those classifications which would otherwise apply. If the records of the employer do not clearly indicate the weeks in which flying is performed by such employees, the entire payroll for such employees shall be assigned to this classification unless the classification applicable to the employee's non-flying operations carries a higher rate in which event such classification shall apply.

Commercial aircraft operation to be separately rated.

A per passenger seat surcharge, subject to a maximum surcharge per aircraft, shall be charged in addition to the premium otherwise determined under this classification. These surcharges shall not be cumulative in the event of substitution of aircraft during the policy period; but these surcharges shall be cumulative in the event more than one aircraft is owned or operated during the same policy period. These surcharges shall not be subject to pro rate or short rate adjustment except in the event of cancellation of the policy. These surcharges and losses to employees, other than members of flying crew, arising out of the operation of an aircraft, are to be reported under **Code 9108**. Attach Endorsement **WC 00 04 01A**.

7424 AIRCRAFT OPERATION, N.O.C – including but not necessarily limited to air taxi, patrol, photography, mapping, skywriting advertising, survey work, sightseeing, student instruction, crop dusting or spraying or flight testing – all members of the flying crew.

7428 AIRPORT OPERATION – ground employees.

Ticket sellers or information clerks away from airport locations shall be separately classified by **Code 953**. Ticket sellers, information clerks or personnel engaged in performing the checking-in of passengers or baggage at airport locations shall be assigned to **Code 7428**.

9108 AIRCRAFT Passenger Seat Surcharge.

For details see **Class 7421**, Aircraft Operations, Transportation of Personnel for Business. Premium developed under **Code 9108** is not subject to experience or retrospective rating.

9740 Terrorism Premium Charge.

Statistical **Code 9740** relates to premium charged for losses covered under the Terrorism Risk Insurance Act of 2002 (TRIA 2002). Premium developed under **Code 9740** is not subject to experience, merit or retrospective rating.

COAL MINES

The application of Coal Mine classifications, loss costs, underwriting rules and experience rating is under the jurisdiction of the Coal Mine Compensation Rating Bureau of Pennsylvania, 300 North Second Street, Harrisburg, Pennsylvania 17101.

The following Coal Mine classifications are shown as a matter of convenience:

Coal Mine Classifications

- 1010** Anthracite Mining.
- 1001** Bituminous Mining.
- 1012** Surface and Culm – Anthracite.
- 1014** Surface and Culm – Bituminous.
- 1469** Coke.
- 1015** Auger Mining – Surface.
- 1018** Truck Delivery of Coal by Mine Operators.

These classifications available only on assignment by the Coal Mine Compensation Rating Bureau.

- 1025** Anthracite Prep Plant.
- 1027** Bituminous Prep Plant.

Occupational Disease Classifications

- 1011** Anthracite Deep Mining.
- 0160** Anthracite Deep Mining (FEDERAL).
- 1002** Bituminous Deep Mining.
- 0158** Bituminous Deep Mining (FEDERAL).
- 1016** Surface and Culm – Anthracite.
- 0153** Surface and Culm – Anthracite (FEDERAL).
- 1013** Surface and Culm – Bituminous
- 0156** Surface and Culm – Bituminous (FEDERAL).
- 1017** Coke.
- 0154** Coke. (FEDERAL).
- 1019** Auger Mining – Surface.
- 0157** Auger Mining – Surface (FEDERAL).
- 1011** Truck Delivery of Coal – Anthracite Mining.
- 1002** Truck Delivery of Coal – Bituminous Mining.
- 1016** Truck Delivery of Coal – Anthracite Surface.

1013 Truck Delivery of Coal – Bituminous Surface.

0164 For Reporting Disease Experience in connection with any classification other than coal mining for insureds having liability under the Federal Coal Mine Health and Safety Act.

0159 Former Coal Mine Operators.

1026 Anthracite Prep Plant.

0183 Anthracite Prep Plant (FEDERAL).

1028 Bituminous Prep Plant.

0184 Bituminous Prep Plant (FEDERAL).

Co-Generation Fuel Recovery Anthracite

1021 Traumatic

1022 State O.D.

0181 Federal O.D.

Co-Generation Fuel Recovery Bituminous

1023 Traumatic

1024 State O.D.

0182 Federal O.D.

ENDORSEMENTS

General Information

(Regarding standard policy, information page and endorsements)

GENERAL ENDORSEMENT NOTES

1. Insurance carriers may use their own attachment clause and method of execution on each endorsement. The execution clause of endorsements issued subsequent to the policy must include at a minimum the following information: policy number, endorsement, effective date, name of the insurer and insured, and premium (if applicable). Multi-company groups must show the name or the five digit NCCI carrier code of the member of the group providing the insurance.
2. The endorsement forms shown on the subsequent pages are for use with policies effective 4/1/84 and thereafter, in conjunction with the adoption of the revised standard policy form and information page.

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The standard policy and endorsements have been filed on behalf of the members of the Bureau and approved by the Insurance Commissioner. Accordingly, individual filings with the Insurance Department or the Industrial Accident Board are not required if a member carrier uses the standard form. However, a specimen copy of each approved form prepared by the carrier shall be filed with the Bureau. Any company which makes other than authorized changes in or additions to such approved Bureau forms must file the forms directly with the Insurance Department in accordance with Chapter 133 of the Pennsylvania Insurance Regulations, providing a copy of such filing to the Bureau. See Section 5, Filing and Approval of Policy and Endorsements Procedure, for specific instructions.

The information page and its notes were also filed and approved as a standard form. The specific form filed was the form copyrighted by the National Council on Compensation Insurance. It will be seen that some of the notes require modifications to this form for use in Pennsylvania, while other notes give the carrier many options as to items to be included. Use of an information page which includes the Pennsylvania requirements and the exercise of any of the other specified options will be considered an approved form, subject only to filing with the Bureau. Any omission(s) of required items from an information page will require filing of such information page with the Insurance Department, with a copy of such filing to be forwarded to the Bureau.

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ENDORSEMENTS**

Standard Workers Compensation and Employers Liability Policy Form

Policy Format

The policy consists of a General Section and six Parts.

Part One is statutory workers compensation coverage.

Part Two is employers liability coverage.

Part Three provides Other States insurance. This was previously provided by the Other States Endorsement.

Part Four shows the insured's duties in event of loss.

Part Five consists of all premium provisions, including premium calculation on cancellation.

Part Six shows the five Conditions of the policy.

Standard Policy: See National Council on Compensation Insurance Forms Manual

WC 00 00 00A

Information Page: See National Council on Compensation Insurance Forms Manual

WC 00 00 01A

Information Page Notes

The information page notes found in the National Council on Compensation Insurance Forms Manual apply in **Pennsylvania**. Non-NCCI member can contact the Bureau for details.

Workers Compensation and Employers Liability Insurance Policy

WC 00 01 01A

DEFENSE BASE ACT COVERAGE ENDORSEMENT

This endorsement applies only to the work described in the Schedule or described on the Information Page as subject to the Defense Base Act. The policy applies to that work as though the location included in the description of the work were a state named in item 3.A. of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

C. Workers' Compensation Law

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Defense Base Act (42 USC Sections 1651-1654). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Defense Base Act.

Schedule

Description of Work:

Note 1: The Defense Base Act makes the Longshore and Harbor Workers' Compensation Act apply to contractors performing work at overseas military bases, whether in a territory or possession of the United States or in a foreign country, and to various public works contracts performed outside the continental United States.

Note 2: Use this endorsement to provide workers compensation insurance and employers liability insurance for work subject to the Defense Base Act extension of the Longshore and Harbor Workers' Compensation Act.

Note 3: The description of the work include the location where the work is to be performed.

Workers Compensation and Employers Liability Insurance Policy

WC 00 01 02

FEDERAL COAL MINE HEALTH AND SAFETY ACT COVERAGE ENDORSEMENT

This endorsement applies only to work in a state shown in the Schedule and subject to the Federal Coal Mine Health and Safety Act of 1969 (30 USC Sections 931-942). Part One (Workers Compensation Insurance) applies to that work as though that state were shown in item 3.A. of the Information Page.

The definition of workers compensation law includes the Federal Coal Mine Health and Safety Act of 1969 (30 USC Sections 931-942) and any amendment to that law that is in effect during the policy period.

Part One (Workers Compensation Insurance), section A.2., How This Insurance Applies, is replaced by the following:

Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period or, when the last exposure occurred prior to July 1, 1973, a claim based on that disease must be first filed against you during the policy period shown in item 2 of the Information Page.

Schedule

State

Note 1: Use this endorsement when the policy is to cover exposures subject to the Federal Coal Mine Health and Safety Act.

Note 2: Federal Black Lung workers compensation insurance is provided in a state (including monopolistic state fund states) by naming the state in the Schedule.

Note 3: If this endorsement is used with a policy that does not provide any state workers insurance, the insurer may enter the words "no coverage", or "none", or the equivalent, in item 3.A. of the Information Page.

Workers Compensation and Employers Liability Insurance Policy

WC 00 01 04

FEDERAL EMPLOYERS LIABILITY ACT COVERAGE ENDORSEMENT

This endorsement applies only to work subject to the Federal Employers Liability Act (45 USC Sections 51-60) and any amendment to that Act that is in effect during the policy period.

G. **Limits of Liability** of Part Two (Employers Liability Insurance) is replaced by the following:

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in the Schedule. They apply as explained below.

1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident – each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease – aggregate" is the most we will pay for all damages covered by this insurance because of bodily injury by disease to one or more employees. The limit applies separately to bodily injury by disease arising out of work in each state shown in item 3.A. of the Information Page or in the Schedule.

Bodily injury by disease does not include disease that results directly from bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

If any state is named in item 2 of the Schedule, Part Two (Employers Liability Insurance) applies in that state to work subject to the Federal Employers Liability Act as though that state were listed in item 3.A. of the Information Page. Part One (Workers Compensation Insurance) does not apply in a state shown in the Schedule.

Schedule

1. **Limits of Liability**

Bodily Injury by Accident	\$ _____ each accident
Bodily Injury by Disease	\$ _____ aggregate
2. **State**

Note 1: The Federal Employers Liability Act makes an interstate railroad liable for bodily injuries sustained by an employee. That liability of the railroad is insured by Part Two (Employers Liability Insurance) unless specifically excluded by Federal Employers Liability Act Exclusion Endorsement.

Note 2: Use this endorsement when providing Federal Employers Liability Act coverage under Program I or II of Rule XIII of the Basic Manual.

Note 3: Item 2 of the Schedule may be used to extend FELA coverage to a state not listed in item 3.A. of the Information Page.

Workers Compensation and Employers Liability Insurance Policy

WC 00 01 06A

**LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT
COVERAGE ENDORSEMENT**

This endorsement applies only to work subject to the Longshore and Harbor Workers' Compensation Act in a state shown in the Schedule. The policy applies to that work as though that state were listed in item 3.A. of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

C. Workers' Compensation Law

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Longshore and Harbor Workers' Compensation Act.

This endorsement does not apply to work subject to the Defense Base Act, the Outer Continental Shelf Lands Act, or the Nonappropriated Fund Instrumentalities Act.

Schedule

State

Longshore and Harbor Workers'
Compensation Act Coverage Percentage

The rates for classifications with code numbers not followed by the letter "F" are rates for work not ordinarily subject to the Longshore and Harbor Workers' Compensation Act. If this policy covers work under such classifications, and if the work is subject to the Longshore and Harbor Workers' Compensation Act, those non-F classification rates will be increased by the Longshore and Harbor Workers' Compensation Act Coverage Percentage shown in the Schedule.

Workers Compensation and Employers Liability Insurance Policy

WC 00 01 08A

**NONAPPROPRIATED FUND INSTRUMENTALITIES ACT COVERAGE
ENDORSEMENT**

This endorsement applies only to the work described in the Schedule or described on the Information Page as subject to the Nonappropriated Fund Instrumentalities Act. The policy applies to that work as though the location shown in the Schedule were a state named in item 3.A. of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

C. Workers Compensation Law

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Nonappropriated Fund Instrumentalities Act (5 USC Sections 8171-8173). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions, exclusion 8, does not apply to work subject to the Nonappropriated Fund Instrumentalities Act.

Schedule

Description and Location of Work:

Workers Compensation and Employers Liability Insurance Policy

WC 00 02 01A

MARITIME COVERAGE ENDORSEMENT

This endorsement changes how insurance provided by Part Two (Employers Liability Insurance) applies to bodily injury to a master or member of the crew of any vessel.

A. **How This Insurance Applies** is replaced by the following:

A. **How This Insurance Applies**

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to work described in item 1 of the Schedule of the Maritime Coverage Endorsement.
3. The bodily injury must occur in the territorial limits of, or in the operation of a vessel sailing directly between the ports of the continental United States of America, Alaska, Hawaii or Canada.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
6. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

C. **Exclusions** is changed by removing exclusion 10 and by adding exclusions 13 and 14.

This insurance does not cover:

13. bodily injury covered by a Protection and Indemnity Policy or similar policy issued to you or for your benefit. This exclusion applies even if the other policy does not apply because of another insurance clause, deductible or limitation of liability clause, or any similar clause.
14. your duty to provide transportation, wages, maintenance and cure. This exclusion does not apply if a premium entry is shown in item 2 of the Schedule.

D. **We Will Defend** is changed by adding the following statement:

We will treat a suit or other action in rem against a vessel owned or chartered by you as a suit against you.

G. **Limits of Liability**

Our liability to pay for damages is limited. Our limits of liability are shown in the Schedule. They apply as explained below.

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident - each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.
2. Bodily Injury by Disease. The limit shown for "bodily injury by disease - aggregate" is the most we will pay for all damages covered by this insurance because of bodily injury by disease to one or more employees. The limit applies separately to bodily injury by disease arising out of work in each state shown in Item 3.A. of the Information Page. Bodily injury by disease will be deemed to occur in the state of the vessel's home port.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

Schedule

1. Description of work:
2. Transportation, Wages, Maintenance and Cure Premium \$
3. Limits of Liability
 Bodily Injury by Accident \$ _____ each accident
 Bodily Injury by Disease \$ _____ aggregate

Workers Compensation and Employers Liability Insurance Policy

WC 00 02 03

VOLUNTARY COMPENSATION MARITIME COVERAGE ENDORSEMENT

This endorsement adds Voluntary Compensation Maritime Insurance to the policy.

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by an employee who is a master or member of the crew of a vessel described in the Schedule.
2. The bodily injury must occur in employment that is necessary or incidental to work described in item 2 of the Schedule.
3. The bodily injury must occur in the territorial limits of, or in the operation of a vessel sailing directly between the ports of, the continental United States of America, Alaska, Hawaii or Canada.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employees' last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you if you and your employees described in the Schedule were subject to the workers compensation law shown in the Schedule. We will pay those amounts to the persons who would be entitled to them under that law.

C. Exclusions

This insurance does not cover:

1. any obligation imposed by a workers compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

Schedule

1. Employees

Master and members of the crews of these vessels:

Workers Compensation Law

2. Description of Work:

Note 1: Use this endorsement to provide Voluntary Compensation Insurance under Program II of Manual Rule XIII for masters and members of the crews of vessels.

Note 2: This endorsement provides voluntary compensation to the employees described in the Schedule. Employees are described by naming or describing the vessel to which they are attached.

Note 3: When this endorsement is used, the Maritime Coverage Endorsement must also be attached to the policy.

Workers Compensation and Employers Liability Insurance Policy

WC 00 03 04

INSURANCE COMPANY AS INSURED ENDORSEMENT

The policy does not cover your obligations as a workers compensation reinsurer or insurer of other employers.

Note1: Use this endorsement if the insured is licensed to write workers compensation insurance or reinsurance.

Workers Compensation and Employers Liability Insurance Policy

WC 00 03 09

RURAL ELECTRIFICATION ADMINISTRATION ENDORSEMENT

1. We will submit our policy and endorsement forms to the Rural Electrification Agency prior to using them.
2. We will mail to the Rural Electrification Agency at least ten days advance notice of the termination of the policy.
3. If you are immune from tort liability, we will not use that immunity as a defense unless you so request us. You agree that waiving the defense of immunity will not make us liable for any payment in excess of the limits of liability stated in the policy.

Note 1: Use this endorsement if the insured is a rural electrification cooperative and this endorsement is required by the R.E.A.

Workers Compensation and Employers Liability Insurance Policy

WC 00 03 11A

**VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY
COVERAGE ENDORSEMENT**

This endorsement adds Voluntary Compensation Insurance to the policy.

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by an employee included in the group of employees described in the Schedule.
2. The bodily injury must arise out of and in the course of employment necessary or incidental to work in a state listed in the Schedule.
3. The bodily injury must occur in the United States of America, its territories or possessions or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen temporarily away from those places.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you if you and your employees described in the Schedule were subject to the workers compensation law shown in the Schedule. We will pay those amounts to the persons who would be entitled to them under the law.

C. Exclusions

This Insurance does not cover:

1. any obligation imposed by a workers compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

WC 00 03 11A
(Continued)

F. Employers Liability Insurance

Part Two (Employers Liability Insurance) applies to bodily injury covered by this endorsement as though the State of employment shown in the Schedule were shown in item 3.A. of the Information Page.

Schedule

Employees

State of Employment

Designated Workers
Compensation Law

Workers Compensation and Employers Liability Insurance Policy

WC 00 03 13

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

Schedule

Note 1: Use this endorsement to waive the company's right of subrogation against named third parties who may be responsible for an injury.

Note 2: The sentence in () is optional with the company. It limits the endorsement to apply only to specific jobs of the insured, and only to the extent that the insured is required to obtain this waiver.

Workers Compensation and Employers Liability Insurance Policy

WC 00 04 02

ANNIVERSARY RATING DATE ENDORSEMENT

The premium and rates for this policy, and the experience rating modification factor, if any, may change on your anniversary rating date shown in the Schedule.

Schedule

Anniversary Rating Date _____ (Month) _____ (Day)

Note 1: The anniversary rating date is explained in Rule 1 of the Basic Manual.

Note 2: Use this endorsement to show the insured's normal anniversary rating date if different from the policy effective date.

Note 3: The insurer may show the anniversary rating date in item 2 or item 4 of the Information Page.

Workers Compensation and Employers Liability Insurance Policy

WC 00 04 03

EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT

The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor, if any, shown on the Information Page is an estimate. We will issue an endorsement to show the proper factor, if different from the factor shown, when it is calculated.

Note 1: This endorsement may be used if the insured's experience rating modification factor is not available when the policy is issued.

Note 2: An appropriate typewritten entry may be made in the Information Page instead of using this endorsement.

Workers Compensation and Employers Liability Insurance Policy

WC 00 04 04

PENDING RATE CHANGE ENDORSEMENT

A rate change filing is being considered by the proper regulatory authority. The filing may result in rates different from the rates shown on the policy. If it does, we will issue an endorsement to show the new rates and their effective date.

If only one state is shown in Item 3.A. of the Information Page, this endorsement applies to that state. If more than one state is shown there, this endorsement applies only in the state shown in the Schedule.

Schedule

State

Note 1: Use this endorsement if the rates shown in the policy may change because of a rate filing pending when the policy is issued.

Note 2: An appropriate typewritten entry may be made on the Information Page instead of using this endorsement.

Workers Compensation and Employers Liability Insurance Policy

WC 00 04 05

POLICY PERIOD ENDORSEMENT

The policy period shown in item 2 of the Information Page consists of the consecutive periods shown in the Schedule. Our Manuals and all provisions of the policy apply separately to each period.

Schedule

From _____ to _____ 12:01 A.M.

From _____ to _____ 12:01 A.M.

From _____ to _____ 12:01 A.M.

Note 1: Use this endorsement if the policy period is longer than one year and sixteen days and does not consist of complete twelve month periods.

Note 2: Rule III-C of the Basic Manual requires this endorsement to show which period, the first or the last, is to be less than twelve months.

Workers Compensation and Employers Liability Insurance Policy

WC 00 04 06

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in item 1 or 2 of the Schedule. The Final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

- | | | | | |
|------------------------|--|------------------|-------------------|---------|
| 1. <u>State</u> | <u>Estimated Eligible Premium</u> | | | |
| | First
\$5,000 | Next
\$95,000 | Next
\$400,000 | Balance |
2. Average percent discount: _____ %
 3. Other policies:
 4. If there are no entries in items 1, 2 and 3 of the Schedule see the Premium Discount Endorsement attached to your policy number:

- Note 1:** Use this endorsement to show the application of Manual Rule VII, Premium Discount, or to identify the insured's policy which shows the application of the Discount Rule.
- Note 2:** Do not make entries in items 1, 2 or 3 if a policy number is to be shown in item 4.
- Note 3:** The company has the option of replacing item 1 with the appropriate Table in use by the company.
- Note 4:** Item 2 may be used if all eligible premium is developed in one or more states using the same discount.
- Note 5:** Item 3 is available to list all policies that are combined under the Discount Rule.
- Note 6:** Use item 4 if premium discount is shown on another policy issued to the insured.

Workers Compensation and Employers Liability Insurance Policy

WC 00 04 07

Rate Change Endorsement

Rate changes that apply to the policy have been approved by the proper regulatory authority. The changes are shown in the Schedule.

Schedule

State	Date of Change	State Coverage % Change	Longshore and Harbor Workers Act Coverage %
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Note 1: Use this endorsement to show a change in rates for state coverage.

Note 2: Use the first and second columns to show the state and effective date of the change.

Note 3: Use the third column if the change is a flat percentage applicable to all classifications.

Note 4: Use the fourth Column to show the new percentage, if any, applicable to non-F classifications for work subject to the Longshore and Harbor Workers Compensation Act.

Note 5: The company may show a fifth column (Classification Code Number and Rate) in order to show the change on a Schedule of Rate basis.

Workers Compensation and Employers Liability Insurance Policy**WC 00 05 03****RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V – ONE YEAR PLAN**

This endorsement is added to Part Five (Premium) because you chose to have the cost of the insurance rated retrospectively by Rating

g Option V. This endorsement explains the rating plan and how the retrospective premium will be determined.

This endorsement applies in the states listed in the Schedule. It determines the retrospective premium for the insurance provided during the rating plan period by this policy and any policy listed in the Schedule. The rating plan period is the one year period beginning with the effective date of this endorsement.

The amount of retrospective premium depends on five standard elements and two elective elements.

A. Retrospective Premium Standard Elements

The five standard elements are explained here.

1. Standard premium is the premium we would charge during the rating plan period if you had not chosen retrospective premium rating, but with two exceptions. Standard premium does not include the expense constant charge or the premium discount credit.
2. Basic premium is less than standard premium. It is standard premium multiplied by a percentage called the basic premium factor. The basic premium factor varies depending on the total amount of standard premium. The Schedule shows a range of basic premium factors for differing amounts of estimated standard premium. The actual basic premium factor will be determined after the standard premium is determined. If earned standard premium is not within the range of the estimated standard premiums shown in the Schedule, the basic premium will be recalculated.
3. Incurred losses are all amounts we pay or estimate we will pay for losses, interest on judgments, expenses to recover against third parties, and employers liability loss adjustment expenses.
4. A converted loss is an incurred loss multiplied by a percentage called the loss conversion factor. The loss conversion factor is shown in the Schedule.
5. Taxes are a part of the premium we collect. Taxes are determined as a percentage of basic premium and converted losses. The percentage is called the tax multiplier. It varies by state and by Federal and non-Federal classifications. The tax multipliers are shown in the Schedule.

B. Retrospective Premium Elective Elements

Two other elements are included in retrospective premium if you elected to include them. They are the excess loss premium for the loss limitation, and the retrospective development premium. They are explained here.

1. The election of a loss limitation means that the amount of incurred loss to be included in the retrospective premium is limited to an amount called the loss limitation. The loss limitation applies separately to each person who sustains bodily injury by disease and separately to all bodily injury arising out of any one accident.

The charge for this loss limitation is called the excess loss premium. Excess loss premium is a percentage of standard premium multiplied by the loss conversion factor. The percentage is called the excess loss premium factor. Taxes are added to excess loss premium just as they are for other elements of retrospective premium.

Excess loss premium factors vary by state, by classification, and by the amount of the loss limitation. If you chose this elective element, the loss conversion factor, the loss limitation, the excess loss premium factors, and the states where they apply are shown in the Schedule.

2. The retrospective development element is used to help stabilize premium adjustments. The premium for this element is charged with the first three calculations of retrospective premium, and is called the retrospective development premium. It is a percentage of standard premium multiplied by the loss conversion factor. The percentage of standard premium is called the retrospective development factor. Taxes are added to retrospective development premium just as they are for other elements of retrospective premium.

WC 00 05 03
(Continued)

Retrospective development factors vary by state, by electing a loss limitation, and by first, second, and third calculations of retrospective premium. If you chose this elective element, the retrospective development factors are shown in the Schedule.

C. Retrospective Premium Formula

Insurance policies listed in the Schedule will be combined with this policy to calculate the retrospective premium. If the policies provide insurance for more than one insured, the retrospective premium will be determined for all insureds combined, not separately for each insured.

1. Retrospective premium is the sum of basic premium, converted losses, and taxes, plus the excess loss premium and retrospective development premium elective elements if you chose them.
2. The retrospective premium will not be less than the minimum nor more than the maximum retrospective premium. The minimum and maximum retrospective premiums are determined by applying the minimum and maximum factors shown in the Schedule to the standard premium.
3. If this endorsement applies to more than one policy or state, the standard premium will be the sum of the standard premiums for each policy and state.

D. Premium Calculations and Payments

1. We will calculate the retrospective premium using all loss information we have as of a date six months after the rating plan period ends and annually thereafter. We will have the calculation verified by the appropriate rate service organization at your request.

We may make a special valuation of the retrospective premium as of any date that you are declared bankrupt or insolvent, make an assignment for the benefit of creditors, are involved in reorganization, receivership, or liquidation, or dispose of all your interest in work covered by the insurance. You will pay the amount due us if the retrospective premium is more than the total standard premium as of the special valuation date.

2. After a calculation of retrospective premium, you and we may agree that it is the final calculation. No other calculation will be made unless there is clerical error in the final calculation.
3. After each calculation of retrospective premium, you will pay promptly the amount due us, or we will refund the amount due you. Each insured is responsible for the payment of all standard premium and retrospective premium calculated under this endorsement.

E. Work In Other States

If any of the policies provide insurance in a state not listed in the Table of States, and if you begin work in that state during the rating plan period, this endorsement will apply to that insurance if this rating plan applies in that state on an interstate basis. The retrospective premium standard elements, and the elective elements you chose, will be determined by our manuals for that state, and added to the Schedule by endorsement.

F. Cancellation

1. If any insurance subject to this endorsement is canceled, the effective date of cancellation will become the end of the rating plan period for all insurance subject to this endorsement unless we agree with you, by endorsement, to continue the rating plan period.
2. If we cancel for nonpayment of premium, the maximum retrospective premium will be based on the standard premium for the rating plan period, increased pro rata to 365 days.
3. If you cancel, the standard premium for the rating plan period will be increased by our short rate table and procedure. This short rate premium will be the minimum retrospective premium and will be used to determine the basic premium.

The short rate premium will be used to determine the excess loss premium and retrospective development premium if you chose these elective elements.

The maximum retrospective premium will be based on the standard premium for the rating plan period, increased pro rata to 365 days.

- 4. Section F.3. will not apply if you cancel because:
 - a. all work covered by the insurance is completed;
 - b. all interest in the business covered by the insurance is sold; or,
 - c. you retire from all business covered by the insurance.

Schedule

1. Other policies subject to this Retrospective Premium Endorsement: _____

2. Loss limitation: \$ _____

3. Loss conversion factor: _____

Minimum Retrospective Premium Factor _____

Maximum Retrospective Premium Factor _____

- 4. The basic premium factors shown here are based on estimates of standard premium. If the actual standard premium is within the range of estimated standard premiums shown here, the basic premium factor will be obtained by linear interpolation to the nearest one-tenth of 1%. If the actual standard premium is not within the range of estimated standard premiums, the basic premium factor will be recalculated.

Estimated standard premium:	\$ <u>50%</u>	\$ <u>100%</u>	\$ <u>150%</u>
Basic premium factor:	_____	_____	_____

- 5. The tax multipliers, excess loss premium factors, and retrospective development factors, and the states where they apply, are shown in the Table of States.

NOTES TO RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V - ONE YEAR PLAN

- 1. This endorsement is to be used for Rating Option V of the Retrospective Rating Plan. It is designed for a one year rating plan period.
- 2. Identify by policy number any other policy to be combined with this policy for retrospective rating. Other policies should be endorsed with Retrospective Premium Endorsement (Short Form) to show that they are subject to this endorsement.
- 3. Show the amount of the loss limitation, if applicable, in item 2 of the Schedule. If a loss limitation was not elected, enter "none," "does not apply," or other appropriate text. If the limitation applies in some but not all states, name the states where it applies.
- 4. Use item 3 of the Schedule to show the loss conversion factor, minimum retrospective premium factor, and the maximum retrospective premium factor.
- 5. Use item 4 to show basic premium factors for 50%, 100%, and 150% of estimated standard premium. Additional columns may be added to show the basic premium factor for other percentages of estimated standard premium.
- 6. The Table of States may be printed at the beginning or end of the Schedule or printed separately. If printed separately, an appropriate attachment clause should be included on the Schedule, such as "This Schedule includes the attached Table of States." The display of information on the Table of States may be rearranged by the company.

Workers Compensation and Employers Liability Insurance Policy**WC 00 05 04****RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V –
THREE YEAR PLAN**

This endorsement is added to Part Five (Premium) because you chose to have the cost of the insurance rated retrospectively by Rating Option V. This endorsement explains the rating plan and how the retrospective premium will be determined.

This endorsement applies in the states listed in the Schedule. It determines the retrospective premium for the insurance provided during the rating plan period by this policy, any policy listed in the Schedule, and the renewals of each. The rating plan period is the three year period beginning with the effective date of this endorsement.

The amount of retrospective premium depends on five standard elements and two elective elements.

A. Retrospective Premium Standard Elements

The five standard elements are explained here.

1. Standard premium is the premium we would charge during the rating plan period if you had not chosen retrospective premium rating, but with two exceptions. Standard premium does not include the expense constant charge or the premium discount credit.
2. Basic premium is less than standard premium. It is standard premium multiplied by a percentage called the basic premium factor. The basic premium factor varies depending on the total amount of standard premium. The Schedule shows a range of basic premium factors for differing amounts of estimated standard premium. The actual basic premium factor will be determined after the standard premium is determined. If earned standard premium is not within the range of the estimated standard premiums shown in the Schedule, the basic premium will be recalculated.
3. Incurred losses are all amounts we pay or estimate we will pay for losses, interest on judgments, expenses to recover against third parties, and employers liability loss adjustment expenses.
4. A converted loss is an incurred loss multiplied by a percentage called the loss conversion factor. The loss conversion factor is shown in the Schedule.
5. Taxes are a part of the premium we collect. Taxes are determined as a percentage of basic premium and converted losses. The percentage is called the tax multiplier. It varies by state and by Federal and non-Federal classifications. The tax multipliers or an average tax multiplier are shown in the Schedule. Tax multipliers may change during the rating plan period. Changes will be shown by endorsement.

B. Retrospective Premium Elective Elements

Two other elements are included in retrospective premium if you elected to include them. They are the excess loss premium for the loss limitation, and the retrospective development premium. They are explained here.

1. The election of a loss limitation means that the amount of incurred loss to be included in the retrospective premium is limited to an amount called the loss limitation. The loss limitation applies separately to each person who sustains bodily injury by disease and separately to all bodily injury arising out of any one accident.

The charge for this loss limitation is called the excess loss premium. Excess loss premium is a percentage of standard premium multiplied by the loss conversion factor. The percentage is called the excess loss premium factor. Taxes are added to excess loss premium just as they are for other elements of retrospective premium.

Excess loss premium factors vary by state, by classification, and by the amount of the loss limitation. If you chose this elective element, the loss conversion factor, the loss limitation, the excess loss premium factors, and the states where they apply are shown in the Schedule. Excess loss premium factors may change during the policy period. Changes will be shown by endorsement.

2. The retrospective development element is used to help stabilize premium adjustments. The premium for this element is charged with the first three calculations of retrospective premium, and is called the retrospective development premium. It is a percentage of standard premium multiplied by the loss conversion factor. The percentage of standard premium is called the retrospective development factor. Taxes are added to retrospective development premium just as they are for other elements of retrospective premium.

WC 00 05 04
(Continued)

Retrospective development factors vary by state, by electing a loss limitation, and by first, second, and third calculations of retrospective premium. If you chose this elective element, the retrospective development factors are shown in the Schedule.

C. Retrospective Premium Formula

Insurance policies listed in the Schedule will be combined with this policy to calculate the retrospective premium. If the policies provide insurance for more than one insured, the retrospective premium will be determined for all insureds combined, not separately for each insured.

1. Retrospective premium is the sum of basic premium, converted losses, and taxes, plus the excess loss premium and retrospective development premium elective elements if you chose them.
2. The retrospective premium will not be less than the minimum nor more than the maximum retrospective premium. The minimum and maximum retrospective premiums are determined by applying the minimum and maximum factors shown in the Schedule to the standard premium.
3. If this endorsement applies to more than one policy or state, the standard premium will be the sum of the standard premiums for each policy and state.

D. Premium Calculations and Payments

1. We will calculate the retrospective premium using all loss information we have as of a date six months after the rating plan period ends and annually thereafter. We will have the calculation verified by the appropriate rate service organization at your request.

We may make a special valuation of the retrospective premium as of any date that you are declared bankrupt or insolvent, make an assignment for the benefit of creditors, are involved in reorganization, receivership, or liquidation, or dispose of all your interest in work covered by the insurance. You will pay the amount due us if the retrospective premium is more than the total standard premium as of the special valuation date.

We may make interim calculations of retrospective premium for the first year and the first two years of the rating plan period. We will use all loss information we have as of a date six months after the end of each of these periods.

2. After a calculation of retrospective premium, you and we may agree that it is the final calculation. No other calculation will be made unless there is clerical error in the final calculation.
3. After each calculation of retrospective premium, you will pay promptly the amount due us, or we will refund the amount due you. Each insured is responsible for the payment of all standard premium and retrospective premium calculated under this endorsement.

E. Work In Other States

If any of the policies provide insurance in a state not listed in the Table of States, and if you begin work in that state during the rating plan period, this endorsement will apply to that insurance if this rating plan applies in that state on an interstate basis. The retrospective premium standard elements, and the elective elements you chose, will be determined by our manuals for that state, and added to the Schedule by endorsement.

F. Cancellation and Nonrenewal

1. If any insurance subject to this endorsement is canceled or is not renewed, the effective date of cancellation or nonrenewal will become the end of the rating plan period for all insurance subject to this endorsement unless we agree with you, by endorsement, to continue the rating plan period.
2. If we cancel or do not renew for nonpayment of premium, the maximum retrospective premium will be based on the standard premium for the rating plan period, increased pro rata to three years (1095 days).
3. If you cancel or do not renew, the standard premium for the rating plan period will be increased by our short rate table and procedure. This short rate premium will be the minimum retrospective premium and will be used to determine the basic premium.

The short rate premium will be used to determine the excess loss premium and retrospective development premium if you chose these elective elements.

The maximum retrospective premium will be based on the standard premium for the rating plan period, increased pro rata to three years (1095 days).

- 4. Section F.3. will not apply if you cancel or do not renew because:
 - a. all work covered by the insurance is completed;
 - b. all interest in the business covered by the insurance is sold; or,
 - c. you retire from all business covered by the insurance.

Schedule

1. Other policies subject to this Retrospective Premium Endorsement: _____

2. Loss limitation: \$ _____

3. Loss conversion factor: _____

Minimum Retrospective Premium Factor _____

Maximum Retrospective Premium Factor _____

- 4. The basic premium factors shown here are based on estimates of standard premium. If the actual standard premium is within the range of estimated standard premiums shown here, the basic premium factor will be obtained by linear interpolation to the nearest one-tenth of 1%. If the actual standard premium is not within the range of estimated standard premiums, the basic premium factor will be recalculated.

Estimated standard premium:	\$ <u>50%</u>	\$ <u>100%</u>	\$ <u>150%</u>
	_____	_____	_____

Basic premium factor:	_____	_____	_____
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- 5. The tax multipliers, excess loss premium factors, and retrospective development factors, and the states where they apply, are shown in the Table of States.

**NOTES TO RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V -
THREE YEAR PLAN**

- 1. This endorsement is to be used for Rating Option V of the Retrospective Rating Plan. It is designed for a three year rating plan period.
- 2. Identify by policy number any other policy to be combined with this policy for retrospective rating. Other policies should be endorsed with Retrospective Premium Endorsement (Short form) to show that they are subject to this endorsement.
- 3. Show the amount of the loss limitation, if applicable, in item 2 of the Schedule. If a loss limitation was not elected, enter "none," "does not apply," or other appropriate text. If the limitation applies in some but not all states, name the states where it applies.
- 4. Use Item 3 of the Schedule to show the loss conversion factor, minimum retrospective premium factor, and the maximum retrospective premium factor.
- 5. Use Item 4 to show basic premium factors of 50%, 100%, and 150% of estimated standard premium. Additional columns may be added to show the basic premium factor for other percentages of estimated standard premium.
- 6. The Table of States may be printed at the beginning or end of the Schedule or printed separately. If printed separately, an appropriate attachment clause should be included on the Schedule, such as: "This Schedule includes the attached Table of States." The display of information on the Table of States may be rearranged by the company.

Workers Compensation and Employers Liability Insurance Policy**WC 00 05 05****RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V –
LONG TERM CONSTRUCTION PROJECT**

This endorsement is added to Part Five (Premium) because you chose to have the cost of the insurance rated retrospectively by Rating Option V. This endorsement explains the rating plan and how the retrospective premium will be determined.

This endorsement applies in the states listed in the Schedule. It determines the retrospective premium for the insurance provided during the rating plan period by this policy, any policy listed in the Schedule, and the renewals of each. The rating plan period is the duration of the construction project described on the information Page, beginning with the effective date of this endorsement.

The amount of retrospective premium depends on five standard elements and two elective elements.

A. Retrospective Premium Standard Elements

The five standard elements are explained here.

1. Standard premium is the premium we would charge during the rating plan period if you had not chosen retrospective premium rating, but with two exceptions. Standard premium does not include the expense constant charge or the premium discount credit.
2. Basic premium is less than standard premium. It is standard premium multiplied by a percentage called the basic premium factor. The basic premium factor varies depending on the total amount of standard premium. The Schedule shows a range of basic premium factors for differing amounts of estimated standard premium. The actual basic premium factor will be determined after the standard premium is determined. If earned standard premium is not within the range of the estimated standard premiums shown in the Schedule, the basic premium will be recalculated.
3. Incurred losses are all amounts we pay or estimate we will pay for losses, interest on judgments, expenses to recover against third parties, and employers liability loss adjustment expenses.
4. A converted loss is an incurred loss multiplied by a percentage called the loss conversion factor. The loss conversion factor is shown in the Schedule.
5. Taxes are a part of the premium we collect. Taxes are determined as a percentage of basic premium and converted losses. The percentage is called the tax multiplier. It varies by state and by Federal and non-Federal classifications. The tax multipliers or an average tax multiplier are shown in the Schedule. Tax multipliers may change during the rating plan period. Changes will be shown by endorsement.

B. Retrospective Premium Elective Elements

Two other elements are included in retrospective premium if you elected to include them. They are the excess loss premium for the loss limitation, and the retrospective development premium. They are explained here.

1. The election of a loss limitation means that the amount of incurred loss to be included in the retrospective premium is limited to an amount called the loss limitation. The loss limitation applies separately to each person who sustains bodily injury by disease and separately to all bodily injury arising out of any one accident.

The charge for this loss limitation is called the excess loss premium. Excess loss premium is a percentage of standard premium multiplied by the loss conversion factor. The percentage is called the excess loss premium factor. Taxes are added to excess loss premium just as they are for other elements of retrospective premium.

Excess loss premium factors vary by state, by classification, and by the amount of the loss limitation. If you chose this elective element, the loss conversion factor, the loss limitation, the excess loss premium factors, and the states where they apply are shown in the Schedule. Excess loss premium factors may change during the policy period. Changes will be shown by endorsement.

2. The retrospective development element is used to help stabilize premium adjustments. The premium for this element is charged with the first three calculations of retrospective premium, and is called the retrospective development premium. It is a percentage of standard premium multiplied by the loss conversion factor. The percentage of standard premium is called the retrospective development factor. Taxes are added to retrospective development premium just as they are for other elements of retrospective premium.

WC 00 05 05
(Continued)

Retrospective development factors vary by state, by electing a loss limitation, and by first, second, and third calculations of retrospective premium. If you chose this elective element, the retrospective development factors are shown in the Schedule.

C. Retrospective Premium Formula

Insurance policies listed in the Schedule will be combined with this policy to calculate the retrospective premium. If the policies provide insurance for more than one insured, the retrospective premium will be determined for all insureds combined, not separately for each insured.

1. Retrospective premium is the sum of basic premium, converted losses, and taxes, plus the excess loss premium and retrospective development premium elective elements if you chose them.
2. The retrospective premium will not be less than the minimum nor more than the maximum retrospective premium. The minimum and maximum retrospective premiums are determined by applying the minimum and maximum factors shown in the Schedule to the standard premium.
3. If this endorsement applies to more than one policy or state, the standard premium will be the sum of the standard premiums for each policy and state.

D. Premium Calculations and Payments

1. We will calculate the retrospective premium using all loss information we have as of a date six months after the rating plan period ends and annually thereafter. We will have the calculation verified by the appropriate rate service organization at your request.

We may make a special valuation of the retrospective premium as of any date that you are declared bankrupt or insolvent, make an assignment for the benefit of creditors, are involved in reorganization, receivership, or liquidation, or dispose of all your interest in work covered by the insurance. You will pay the amount due us if the retrospective premium is more than the total standard premium as of the special valuation date.

We may make interim calculations of retrospective premium for the first year and the first two years of the rating plan period. We will use all loss information we have as of a date six months after the end of each of these periods.

2. After a calculation of retrospective premium, you and we may agree that it is the final calculation. No other calculation will be made unless there is clerical error in the final calculation.
3. After each calculation of retrospective premium, you will pay promptly the amount due us, or we will refund the amount due you. Each insured is responsible for the payment of all standard premium and retrospective premium calculated under this endorsement.

E. Work In Other States

If any of the policies provide insurance in a state not listed in the Table of States, and if you begin work in that state during the rating plan period, this endorsement will apply to that insurance if this rating plan applies in that state on an interstate basis. The retrospective premium standard elements, and the elective elements you chose, will be determined by our manuals for that state, and added to the Schedule by endorsement.

F. Cancellation and Nonrenewal

1. If any insurance subject to this endorsement is canceled or is not renewed, the effective date of cancellation or nonrenewal will become the end of the rating plan period for all insurance subject to this endorsement unless we agree with you, by endorsement, to continue the rating plan period.
2. If we cancel or do not renew because of nonpayment of premium, the maximum retrospective premium will be based on the standard premium for the rating plan period plus the estimated standard premium from the end of the rating plan period to the estimated project completion date.
3. If you cancel or do not renew, the standard premium for the rating plan period will be increased by our short rate table and procedure. This short rate premium will be the minimum retrospective premium and will be used to determine the basic premium.

The short rate premium will be used to determine the excess loss premium and retrospective development premium if you chose these elective elements.

The maximum retrospective premium will be based on the standard premium for the rating plan period plus the estimated standard premium from the end of the rating plan period to the estimated project completion date.

Section F.3. will not apply if you cancel or do not renew because:

- a. all work covered by the insurance is completed;
- b. all interest in the business covered by the insurance is sold; or,
- c. you retire from all business covered by the insurance.

Schedule

1. Other policies subject to this Retrospective Premium Endorsement: _____

2. Loss limitation: \$ _____

3. Loss conversion factor: _____

Minimum Retrospective Premium Factor _____

Maximum Retrospective Premium Factor _____

4. The basic premium factors shown here are based on estimates of standard premium. If the actual standard premium is within the range of estimated standard premiums shown here, the basic premium factor will be obtained by linear interpolation to the nearest one-tenth of 1%. If the actual standard premium is not within the range of estimated standard premiums, the basic premium factor will be recalculated.

	<u>50%</u>	<u>100%</u>	<u>150%</u>
Estimated standard premium:	\$ _____	\$ _____	\$ _____
Basic premium factor:	_____	_____	_____

5. The tax multipliers, excess loss premium factors, and retrospective development factors, and the states where they apply, are shown in the Table of States.

**NOTES TO RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V –
LONG TERM CONSTRUCTION PROJECT**

- 1. This endorsement is to be used for Rating Option V of the Retrospective Rating Plan. It is designed for a rating plan period equal to the duration of the long term construction project described on the Information Page.
- 2. Identify by policy number any other policy to be combined with this policy for retrospective rating. Other policies should be endorsed with Retrospective Premium Endorsement (Short Form) to show that they are subject to this endorsement.
- 3. Show the amount of the loss limitation, if applicable, in item 2 of the Schedule. If a loss limitation was not elected, enter "none," "does not apply," or other appropriate text. If the limitation applies in some but not all states, name the states where it applies.
- 4. Use item 3 of the Schedule to show the loss conversion factor, minimum retrospective premium factor, and the maximum retrospective premium factor.
- 5. Use item 4 to show basic premium factors for 50%, 100%, and 150% of estimated standard premium. Additional columns may be added to show the basic premium factor for other percentages for estimated standard premium.
- 6. The Table of States may be printed at the beginning or end of the Schedule or printed separately. If printed separately, an appropriate attachment clause should be included on the Schedule, such as: "This Schedule includes the attached Table of States." The display of information on the Table of States may be rearranged by the company.

Workers Compensation and Employers Liability Insurance Policy

WC 00 05 08

RETROSPECTIVE PREMIUM ENDORSEMENT – AVIATION EXCLUSION

Premium and incurred losses arising out of an aviation classification listed in the Schedule are excluded from retrospective rating.

Schedule

Note 1: Use this endorsement if aviation exposures are not subject to retrospective rating.

Note 2: List the applicable classifications in the Schedule.

Workers Compensation and Employers Liability Insurance Policy

WC 00 05 09A

RETROSPECTIVE PREMIUM ENDORSEMENT CHANGES

The Retrospective Premium Endorsement attached to the policy is changed by the information shown in the Schedule.

Schedule

- 1. The excess loss premium factor is changed as follows:

<u>State</u>	<u>Excess Loss Premium Factor</u>	<u>Effective Date</u>
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- 2. Retrospective Development Premium does not apply in these states:

- 3. The Retrospective Development Factors are changed as follows:

<u>State</u>	<u>Retrospective Development Factors</u>			<u>Effective Date</u>
	<u>1st</u>	<u>2nd</u>	<u>3rd</u>	

- 4. The tax multiplier is changed as follows:

<u>State</u>	<u>State (Other Than "F" Classes)</u>	<u>Federal ("F" Classes Only)</u>	<u>Effective Date</u>
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Note 1: Use item 1 of the Schedule to show a change in the excess loss premium factor on an outstanding basis.

Note 2: Use item 2 of the Schedule to show that retrospective development factors do not apply in a particular state.

Note 3: Use item 3 of the Schedule to show retrospective development factors approved after the effective date of the policy.

Note 4: Use item 4 of the Schedule to show a change in the tax multiplier on an outstanding basis.

Workers Compensation and Employers Liability Insurance Policy

WC 00 05 10

**RETROSPECTIVE PREMIUM ENDORSEMENT NON-RATABLE CATASTROPHE
ELEMENT OR SURCHARGE**

This endorsement changes the Retrospective Premium Endorsement attached to the policy.

1. Standard premium excludes the portion of the premium that is determined by the application of a non-ratable catastrophe element in a rate or a non-ratable catastrophe surcharge required by our manuals. The classifications involving such premiums are listed in the Schedule.
2. Incurred losses do not include:
 - a. the cost in excess of the two most costly claims arising out of an accident involving two or more persons under a classification for which our manuals contain a non-ratable catastrophe element.
 - b. losses involving passenger employees, other than members of the flying crew, if the losses result from the crash of an aircraft described on the Aircraft Premium Endorsement.

Schedule

Note 1: Use this endorsement if the policy is retrospectively rated and covers operations or classifications that involve a non-ratable catastrophe element or surcharge. Examples include aircraft operations and explosives and ammunition manufacturing classifications. See the applicable experience rating plan manual.

Note 2: Use the Schedule to list the classifications that affect this endorsement.

Workers Compensation and Employers Liability Insurance Policy

WC 00 05 11

RETROSPECTIVE PREMIUM ENDORSEMENT SHORT FORM

The premium for this policy will be determined by the retrospective premium endorsement forming a part of policy number.

Note 1: If the insured has more than one policy subject to the same retrospective rating Option, use this endorsement to identify the policy that carries the retrospective premium endorsement.

Show that policy number in the space provided in this endorsement. Any other information necessary to identify that policy may be shown on this endorsement at the carrier's option.

Note 2: If one year policies are issued with a rating plan period longer than one year, this Short Form Endorsement should identify the first policy issued during the rating plan period, because that policy is the only one to be endorsed with the three year or long term retrospective premium endorsement.

Workers Compensation and Employers Liability Insurance Policy

WC 00 03 05

JOINT VENTURE AS INSURED ENDORSEMENT

If the employer named in Item 1 of the Information Page is a joint venture, and if you are one of its members, you are insured, but only in your capacity as an employer of the joint venture's employees.

Note: 1 Use this endorsement to insure the members of a joint venture named in Item 1 of the Information Page.

Workers Compensation and Employers Liability Insurance Policy

WC 00 04 01A

AIRCRAFT PREMIUM ENDORSEMENT

Additional premium is charged for each aircraft shown in the Schedule. The additional premium is not subject to adjustment unless this policy is cancelled. You may substitute one aircraft for another without additional charge if the substitute aircraft has no more seats than the aircraft shown in the Schedule.

		Schedule		
<u>State</u>	<u>Aircraft</u>	Passenger <u>Seat Charge</u>	Maximum <u>Charge</u>	Estimated <u>Premium</u>

Notes:

1. Use this endorsement to show the additional premium required for passenger seat surcharge when classification code 7421 is assigned.
2. Report passenger seat surcharge under Code 9108.
3. Show the state(s) to which the payroll of classification Code 7421 is assigned.

Workers Compensation and Employers Liability Insurance Policy

WC 37 03 01

CHURCH ENDORSEMENT - PENNSYLVANIA

This endorsement limits your policy's coverage. Your policy will not provide workers compensation coverage for any of your employees who are also employed by any other mission, church or parish if you are also insured under a separate policy affording coverage to these employees.

Note 1: To be attached to a standard provisions policy affording coverage to a mission, church or parish which has employees who are solely employed by such mission, church or parish and who has in addition one or more employees who are jointly employed by the insured and any other mission, church or parish; provided this endorsement shall be attached to such policy only if such insured has Pennsylvania Workers Compensation and Occupational Disease Act coverage under a separate policy with respect to such jointly employed employees.

Note 2: The company may use its own attachment clause and method of execution.

Workers Compensation and Employers Liability Insurance Policy

WC 37 06 01

SPECIAL PENNSYLVANIA ENDORSEMENT – INSPECTION OF MANUALS

The manuals of rules, rating plans, and classifications are approved pursuant to the provisions of Section 654 of the Insurance Company Law of May 17, 1921, P.L. 682, as amended and Act 44 of 1993 and are on file with the Insurance Commissioner of the Commonwealth of Pennsylvania.

Note 1: Use this endorsement to put the insured on notice as to place that manual rules are available for inspection. In addition, use of this endorsement makes such manual rules binding upon the insured.

Workers Compensation and Employers Liability Insurance Policy

WC 37 03 02

**POLICEMEN/FIREMEN – COUNTIES, CITIES, TOWNS AND
BOROUGH ENDORSEMENT – PENNSYLVANIA**

Act 193 P.L. 477 as amended provides the payment of full wages and medical attention for policemen and firemen injured in the performance of their duty. This endorsement to your policy limits our liability to the payment of Pennsylvania Workers Compensation Act benefits only (two thirds of total wages subject to a minimum or maximum and full medical attention).

Note 1: To be attached to a standard provisions policy when coverage is afforded to a political subdivision of the Commonwealth of Pennsylvania.

Note 2: The company may use its own attachment clause and method of execution.

Workers Compensation and Employers Liability Insurance Policy

WC 37 03 03

**EXCLUSION OF EMPLOYEES ENDORSEMENT
PENNSYLVANIA**

This endorsement excludes workers compensation coverage for your employees engaged in specific operations described in this endorsement when your employees are covered by the Statutory Employer's policy. The Statutory Employer named below must notify you (and us) that he has in accordance with the provisions of Section 302(a) and (b) of Article III of the Pennsylvania workers' Compensation Act and of the Pennsylvania Occupational Disease Act assumed the positions of statutory employer with respect to your employees engaged in the operations listed below and agree to continue this position for the entire policy period.

Statutory Employer:

Description of Operations:

Note 1: To be attached to a standard provisions policy when the coverage is afforded under the Pennsylvania Workers' Compensation or Occupational Disease Act to a subcontractor when the principal contractor as statutory employer is covering work performed in Pennsylvania by employees of the insured.

Note 2: The company may use its own attachment clause and method of execution.

Workers Compensation and Employers Liability Insurance Policy

WC 37 03 04

PRINCIPAL AS ADDITIONAL INSURED – PENNSYLVANIA

We agree, in consideration of premium computed in accordance with terms of the policy on the whole payroll of your employees who are or may be admitted to premises owned or controlled by "Principal" pursuant to a certain contract for (name of project/construction of building), we will provide Pennsylvania Workers' Compensation Act and Pennsylvania Occupational Disease Act coverage whether claims are brought against you or against the "Principal".

Principal:

Operations:

Note 1: To be attached to a standard provisions policy to afford coverage to the insured's principal under the Pennsylvania Workers' Compensation or Occupational Disease Act on account of injuries to the insured's employees.

Note 2: The company may use its own attachment clause and method of execution.

Workers Compensation and Employers Liability Insurance Policy

WC 37 03 05

**PROFESSIONAL ASSOCIATION ACT ENDORSEMENT
PENNSYLVANIA**

The policy does not cover the Associates as employees of a Partnership, Joint Venture, or Professional Association as organized under Act No. 416 approved August 7, 1961.

A partner, member or associate is not and can never be an employee within the meaning of the Pennsylvania Workers' Compensation and Occupational Disease Acts.

Note 1: To be attached to a standard provisions policy affording coverages under the Pennsylvania Workers' Compensation or Occupational Disease Act to a Professional Association organized under Act No. 416, approved August 7, 1961.

Note 2: The company may use its own attachment clause and method of execution.

Workers Compensation and Employers Liability Insurance Policy

WC 37 03 06

**REAL ESTATE MANAGEMENT ENDORSEMENT
PENNSYLVANIA**

Your managing agent named below may, under and pursuant to its agency contract, hire employees on your behalf to perform building operations and/or maintenance work at the described premises.

By agreement between you, your management agent, their carrier, (if not Self-Insured), and us, these are your employees and not the managing agent's responsibility for Workers Compensation. These employees shall be carried on your payroll records or reported by you for federal income taxes and all payroll (remuneration) must be reported to us for premium determination.

Managing Agent:

Described Premises:

Note 1: To be attached to a standard provisions policy issued to a building owner, when such owner has entered into a contract with a managing agent for the operation and maintenance of the premises described in the endorsement, and when such contract provides that employees engaged in said operation and maintenance may be and are hired by the managing agent on behalf of the insured, with the employees being carrier on the insured's payroll.

Note 2: The company may use its own attachment clause and method of execution.

Workers Compensation and Employers Liability Insurance Policy

WC 37 03 07

RELIGIOUS INSTITUTION ENDORSEMENT

PENNSYLVANIA

It is agreed that:

1. (Your policy's coverage is extended to include any persons employed by you in domestic service. We shall use all of their remuneration in determining the additional premium charge, subject to a minimum payroll of \$1,000 annually for each worker.)
2. (Your policy unless specifically so provided does not extend coverage to any member of any religious order who has taken the vow of poverty. No charge will be made for these members.)

Note 1: To be attached to a standard provisions policy affording coverage under the Pennsylvania Workers' Compensation or Occupational Disease Act to a religious institution which has domestics in its employ or has members who have taken the vow of poverty.

Note 2: This paragraph may be omitted if the insured institution has no domestics in its employ. In such event paragraph 2 becomes paragraph 1.

Note 3: This paragraph may be omitted if the insured has no members who have taken the vow of poverty or wishes to provide compensation benefits for such members.

Note 4: The company may use its own attachment clause and method of execution.

Workers Compensation and Employers Liability Insurance Policy

WC 37 03 08

**SPOUSE OF INSURED ENDORSEMENT
PENNSYLVANIA**

With respect to injury, including death resulting therefrom, sustained by a person engaged in domestic service or agriculture it is agreed that the word "insured" wherever it appears in the policy, except in condition D, shall include the spouse of the insured named in Item 1 of the Information Page.

Note 1: To be attached to a standard provisions policy issued to an individual, to include the spouse of the insured as an additional insured in accordance with the various manual rules relating to private residences, estates and farms.

Note 2: Insert appropriate reference to special condition, if any, for mutuals, reciprocals and stock companies.

Note 3: The company may use its own attachment clause and method of execution.

Workers Compensation and Employers Liability Insurance Policy

WC 37 03 09A

**STATUTORY EMPLOYER ENDORSEMENT
PENNSYLVANIA**

This endorsement extends your workers' compensation coverage to all of your subcontractors at a specific operation (listed below), when you, (in accordance with the provisions of Section 302(a) and (b) of Article III of the Pennsylvania Workers' Compensation Act and of the Pennsylvania Occupational Disease Act), assume the position of Statutory Employer. Listed below are all subcontractors participating in the operations. We shall include for premium determination all remuneration of employees of the listed subcontractors earned for work done at the specific site.

Note 1: To be attached to a standard provisions policy when coverage is afforded under the Pennsylvania Workers' Compensation or Occupational Disease Act to an insured contractor who has assumed the position of statutory employer with respect to employees of named subcontractors.

Note 2: Creates a "Wrap Up" situation for all subcontractors at a specific operation. Each subcontractor must have their own Workers' Compensation policy if he has employees and that policy must be endorsed with a hold harmless agreement and the Exclusion of Employee endorsement.

Note 3: The company may use its own attachment clause and method of execution.

Workers Compensation and Employers Liability Insurance Policy

WC 37 06 02

PENNSYLVANIA NOTICE

An Insurance Company, its agents, employees, or service contractors acting on its behalf, may provide services to reduce the likelihood of injury, death or loss. These services may include any of the following or related services incident to the application for,

issuance, renewal or continuation of, a policy of insurance:

1. surveys;
2. consultation or advice; or
3. inspections.

The "Insurance Consultation Services Exemption Act" of Pennsylvania provides that the Insurance Company, its agents, employees or service contractors acting on its behalf, is not liable for damages from injury, death or loss occurring as a result of any act or omission by any person in the furnishing of or the failure to furnish these services.

The Act does not apply:

1. if the injury, death or loss occurred during the actual performance of the services and was caused by the negligence of the Insurance Company, its agents, employees or service contractors;
2. to consultation services required to be performed under a written service contract not related to a policy of insurance; or
3. if any acts or omissions of the insurance company, its agents, employees or service contractors are judicially determined to constitute a crime, actual malice, or gross negligence.

Note 1: To be attached to all standard provisions policies. Attach Pennsylvania Notice to all renewal policies including renewal certificates insuring risks located in Pennsylvania to notify insureds of the provisions of the Pennsylvania Insurance Consultation Services Exemption Act.

Note 2: Carriers must attach Pennsylvania Notice to all policies or forfeit the exemptions provided by the Pennsylvania Insurance Consultation Services Exemption Act.

Note 3: The company may use its own attachment clause and method of execution.

Workers Compensation and Employers Liability Insurance Policy

WC 89 06 00A

POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

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

is changed to read:

*Item 4. Change To:

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Total Estimated Annual Premium \$				
Minimum Premium \$		<u>Deposit Premium \$</u>		

All other terms and conditions of this policy remain unchanged.

Notes:

1. This endorsement may be used in its present form by placing an X in the applicable block(s), or only the one or more applicable items may be shown.
2. If this endorsement is used as a company endorsement, the company form number should be used in place of WC 89 06 00 A endorsement number.
3. The Bureau copy must show the exact title and "WC 89 --" number for each applicable transaction, e.g., Insured's Name WC 89 06 01.
4. Modification factor changes (WC 89 04 06) or rate changes (WC 89 04 15) do not require premium entries in the Item 4. change section.
5. Make appropriate entries to reflect applicable changes in item 4.
6. This endorsement must not be used for item 4. changes where standard endorsements are available to accomplish the intended purpose, e.g., WC 00 04 07.
7. This endorsement must contain an attachment clause which identifies the company, insured, policy number and effective date of the endorsement.
8. Any premium item changes not specifically identified in the endorsement, e.g., premium for increased limits - Item 3.B., should be inserted and identified in the item 4. section.

Workers Compensation and Employers Liability Insurance Policy

WC 00 03 01 A

ALTERNATE EMPLOYER ENDORSEMENT

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

Schedule

- 1. Alternate Employer Address
- 2. State of Special or Temporary Employment
- 3. Contract or Project

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequently to preparation of the policy.)

Endorsement Effective Insured

Policy No.

Endorsement No. Premium \$

Insurance Company

Countersigned By _____

Workers Compensation and Employers Liability Insurance Policy

WC 00 03 15

DOMESTIC AND AGRICULTURAL WORKERS EXCLUSION ENDORSEMENT

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we are required to make because of bodily injury to such persons.

Schedule

Farm or Agricultural Workers:

Domestic or Household Workers:

Notes:

1. Use this endorsement in a state where the insured has elected pursuant to the workers compensation law not to be responsible for providing benefits for farm or agricultural workers and employees and to exclude employers liability coverage where the insured is statutorily exempt from workers compensation coverage.
2. Use this endorsement in a state where the insured has elected pursuant to the workers compensation law not to be responsible for providing benefits for domestic or household workers and to exclude employers liability coverage where the insured is statutorily exempt from workers compensation coverage.
3. Use this endorsement in Connecticut only when the insured is not responsible for providing benefits for domestic or household workers and does not elect pursuant to the workers compensation law to provide such benefits. (Sections 31-275(5) (D), (6) (A) of the Connecticut Workers Compensation Law.)
4. Individuals may be designated by naming them or by describing them, for example:
 - a) all farm or agricultural workers.
 - b) all domestic or household workers.

Workers Compensation and Employers Liability Insurance Policy

WC 00 03 03B

EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

This endorsement applies only to work in the states shown in the Schedule.

- A. Part One (Workers Compensation Insurance) does not apply to work in a state shown in the Schedule.
- B. Part Two (Employers Liability Insurance) applies to work in states shown in the Schedule as though they were shown in Item 3.A. of the Information Page.
- C. Part Two (Employers Liability Insurance, C. Exclusions is changed by adding these exclusions.

This insurance does not cover:

- 13. bodily injury to any member of the flying crew of any aircraft;
- 14. bodily injury to an employee when you are deprived of common law defenses or are subject to penalty because of your failure to secure your obligations under the workers compensation law of any state shown in the Schedule or otherwise fail to comply with that law.

Schedule

States

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequently to preparation of the policy.)

Endorsement Effective Insured

Policy No.

Endorsement No. Premium \$

Insurance Company

Countersigned By _____

Workers Compensation and Employers Liability Insurance Policy

WC 37 06 03A

PENNSYLVANIA ACT 86-1986 ENDORSEMENT

NONRENEWAL, NOTICE OF INCREASE OF PREMIUM, AND RETURN OF UNEARNED PREMIUM

This endorsement applies only to the insurance provided by the policy because Pennsylvania is shown in Item 3.A. of the Information Page.

The policy conditions are amended by adding the following regarding nonrenewal, notice of increase in premium, and return of unearned premium.

Nonrenewal

1. We may elect not to renew the policy. We will mail to each named insured, by first class mail, not less than 60 days advance notice stating when the nonrenewal will take effect. Mailing that notice to you at your mailing address last known to us will be sufficient to prove notice.
2. Our notice of nonrenewal will state our specific reasons for not renewing.
3. If we have indicated our willingness to renew, we will not send you a notice of nonrenewal. However, the policy will still terminate on its expiration date if:
 - a. you notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
 - b. you fail to pay all premiums when due; or
 - c. you obtain other insurance as a replacement of the policy.

Notice of Increase in Premium

- * 1. We will provide you with not less than 30 days advance notice of an increase in renewal premium of this policy, if it is our intent to offer such renewal.
- * 2. The above notification requirement will be satisfied if we have issued a renewal policy more than 30 days prior to its effective date.
- * 3. If a policy has been written or is to be written on a retrospective rating plan basis, the notice of increase in premium provision of this endorsement does not apply.

Return of Unearned Premium

1. If this policy is cancelled and there is unearned premium due you:
 - d. If the Company cancels, the unearned premium will be returned to you within 10 business days after the effective date of cancellation.
 - e. If you cancel, the unearned premium will be returned within 30 days after the effective date of cancellation.
2. Because this policy was written on the basis of an estimated premium and is subject to a premium audit, the unearned premium specified in 1a. and 1b. above, if any, shall be returned on an estimated basis. Upon our completion of computation of the exact premium, an additional return premium or charge will be made to you within 15 days of the final computation.
3. These return of unearned premium provisions shall not apply if this policy is written on a retrospective rating plan basis.

NOTES

1. Nonrenewal of, notice of increase in premium for, and return of unearned premium for workers' compensation and employers' liability insurance policy is governed by Act 86-1986.
2. This endorsement must be attached to a policy showing Pennsylvania in Item 3.A. of the Information Page.

Workers Compensation and Employers Liability Insurance Policy

WC 37 04 02

**PENNSYLVANIA CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT
ENDORSEMENT**

The premium for the policy may be adjusted by a Pennsylvania Construction Classification Premium Adjustment Factor. The factor was not available when the policy was issued. If you qualify, we will issue an endorsement to show the Premium Adjustment Factor after it is calculated.

Notes:

1. This endorsement may be used when an insured's Premium Adjustment Factor is not available when the policy is issued.
2. An appropriate typewritten entry may be made on the policy instead of using this endorsement.

Workers Compensation and Employers Liability Insurance Policy

WC 00 01 10

***MIGRANT AND SEASONAL AGRICULTURAL WORKER PROTECTION ACT
EXCLUSION ENDORSEMENT**

This policy does not cover damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC § 1801 – 1872) or any amendment to that law.

NOTE:

1. The Migrant and Seasonal Agricultural Worker Protection Act makes agricultural employers, agricultural contractors and agricultural associations liable for bodily injuries sustained by an employee due to intentional violation of the Act or regulations under the Act.
2. Use this endorsement if the insured has an exposure, under the MSAWPA that is to be excluded.
3. To exclude coverage in some but not all states, the insurer may add the following statement:

This endorsement applies only to work in these states:

Or

This endorsement does not apply in these states:

IMPORTANT NOTE: Endorsement WC 00 01 10 withdrawn effective April 1, 1992

Workers Compensation and Employers Liability Insurance Policy

WC 00 01 09A

OUTER CONTINENTAL SHELF LANDS ACT COVERAGE ENDORSEMENT

This endorsement applies only to the work described in Item 4 of the Information Page or in the Schedule as subject to the Outer Continental Shelf Lands Act. The policy will apply to that work as though the location shown in the Schedule were a state named in Item 3.A. of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

C. Workers Compensation Law

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Outer Continental Shelf Lands Act (43 USC Sections 1331-1356). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide non-occupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Outer Continental Shelf Lands Act.

Schedule

Description and Location of Work

Workers Compensation and Employers Liability Insurance Policy

WC 00 03 18

AMENDATORY ENDORSEMENT

General Section C. **Workers Compensation Law** is replaced by the following:

C. Workers Compensation Law

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

The insurance afforded by Part Two (Employers Liability Insurance) is subject to the following additional provisions:

C. Exclusions

This insurance does not cover:

7. damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions.
8. bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950), the Nonappropriated Fund Instrumentalities Act (5 USC Sections 8171-8173), the Outer Continental Shelf Lands Act (43 USC Sections 1331-1356), the Defense Base Act (42 USC Sections 1651-1654), the Federal Coal Mine Health and Safety Act of 1969 (30 USC Sections 901-942), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws.
9. bodily injury to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51-60), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws.
10. bodily injury to a master or member of the crew of any vessel.
11. fines or penalties imposed for violation of federal or state law.
12. damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801-1872) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

I. Actions Against Us is subject to the following additional provision:

The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

Part Three (Other States Insurance) is changed as follows:

A. How This Insurance Applies

2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

Schedule

This endorsement applies in the states listed below:

Workers Compensation and Employers Liability Insurance Policy

WC 37 04 04B

CERTIFIED SAFETY COMMITTEE ENDORSEMENT – PENNSYLVANIA

The employer has received a certificate from the Pennsylvania Department of Labor and Industry specifying that the employer has established a safety committee in conformance with the Department's criteria.

This policy is subject to a 5% rate credit to recognize the certification of the safety committee. An employer must submit certification renewal affidavits annually to the Department of Labor and Industry in order to qualify for continuation of the 5% annual premium credit.

Note: This credit shall not apply to the policy period in effect when the certification is issued. The credit must be applied to the policy period beginning with the next normal anniversary rating date.

Workers Compensation and Employers Liability Insurance Policy

WC 37 04 03

DEDUCTIBLE ENDORSEMENT — PENNSYLVANIA

In consideration of the reduced premium charged for this policy, the insurance afforded by the policy for workers compensation benefits under Pennsylvania Workers' Compensation Law is provided subject to the deductible amount shown below. The deductible shall apply separately to each compensable claim.

The company shall pay the deductible amount to the persons entitled thereto. Upon notice of payments by the company, the insured will promptly reimburse the company for any amounts so paid. Failure of the insured to reimburse the deductible amount with 30 days of statement mailing date on each compensable claim shall be treated as non-payment of premium under the terms of the contract.

The deductible amount is \$_____ for each compensable claim.

The premium is reduced _____ % in consideration of this deductible.

Workers Compensation and Employers Liability Insurance Policy

WC 37 03 10B

EXCLUSION OF EXECUTIVE OFFICERS ENDORSEMENT – PENNSYLVANIA

The executive officers named in the schedule have exercised their right to waive workers compensation and employers liability benefits payable under this policy. The premium basis for this policy does not include the remuneration of such persons. The insurance carrier is entitled to reimbursement from the employer for any benefits paid under this policy for any of the persons listed in the schedule.

Only officers with an ownership interest in a Subchapter S corporation or officers individually having at least a 5 percent ownership interest in a Subchapter C corporation or serve voluntarily and without remuneration in a non-profit corporation are eligible.

Schedule

<u>Name of Officer</u>	<u>Social Security #</u>	<u>Office Held</u>	<u>Optional Signature</u>	<u>*Type of Corporation ("S" or "C") or V Interest</u>	<u>% Ownership Interest</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Policy Number _____

Policy Effective Date _____

Carrier _____

Insured's Name _____

Workers Compensation and Employers Liability Insurance Policy

WC 37 04 08

PENNSYLVANIA MERIT RATING PLAN ENDORSEMENT

This endorsement applies to the insurance provided by this policy because Pennsylvania is shown in Item 3.A of the Information page.

The premium for this insurance may be subject to merit rating plan adjustment because your premium may be less than the amount necessary to be eligible for the Uniform Experience Rating Plan.

The following premium discount or surcharge will be applied to your manual premium based on your claims during the most recent three year period for which statistics are available.

1. A 5% credit (discount) will be applied if you had no compensable employee lost-time injuries - **Statistical Code 9885.**
2. No credit or debit will be applied if you had one (1) compensable employee lost-time injury - **Statistical Code 9884.**
3. A 5% debit (surcharge) will be applied if you had two (2) or more compensable employee lost-time injuries - **Statistical Code 9886.**

Notes:

1. This endorsement must be attached to a policy showing Pennsylvania in Item 3.A of the Information Page.
1. Show any merit rating discount or surcharges in Item 4 of the Information Page.

Workers Compensation and Employers Liability Insurance Policy

WC 37 06 04

PENNSYLVANIA EMPLOYER ASSESSMENT ENDORSEMENT

Act 57 of 1997 requires that "... the assessments for the maintenance of the Subsequent Injury Fund, the Workmen's Compensation Supersedeas Fund and the Workmen's Compensation Administration Fund under sections 306.2, 443 and 446 of the act of June 2, 1915 (P.L. 736, No. 338), known as the "Workers' Compensation Act, shall be imposed, collected and remitted through insurers in accordance with regulations promulgated by the Department of Labor and Industry."

EMPLOYER ASSESSMENT FORMULA:

$$\text{Employer Assessment} = \text{Act 57 of 1997 Employer Assessment Factor} \times \text{Employer Assessment Premium Base}$$

Act 57 of 1997 Employer Assessment Factor

A factor expressed to four decimal places proposed by the Pennsylvania Compensation Rating Bureau and approved by the Pennsylvania Insurance Commissioner.

Employer Assessment Premium Base

Calculation of Employer Assessment Premium Base proceeds by adding back to the total policy premium the amount of any Small Deductible Premium Credit or Large Deductible Premium Credit.

Code 0938

EMPLOYER ASSESSMENT FACTOR _____ EMPLOYER ASSESSMENT \$ _____

Workers Compensation and Employers Liability Insurance Policy

WC 00 04 19

PREMIUM DUE DATE ENDORSEMENT

Section D of Part Five of the policy is replaced by this provision:

**PART FIVE
PREMIUM**

D. Premium is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.
The due date for audit and retrospective premiums is the date of the billing.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**TERRORISM RISK INSURANCE ACT ENDORSEMENT****WC 00 04 20**

This endorsement addresses requirements of the Terrorism Risk Insurance Act of 2002.

Definitions

The definitions provided in this endorsement are based on the definitions in the Act and are intended to have the same meaning. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

“Act” means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments.

“Act of terrorism” means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

“Insured terrorism or war loss” means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at United States missions or to certain air carriers or vessels.

“Insurer deductible” means:

- a. For the period beginning on November 26, 2002 and ending on December 31, 2002, an amount equal to 1% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding November 26, 2002.
- b. For the period beginning on January 1, 2003 and ending on December 31, 2003, an amount equal to 7% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2003.
- c. For the period beginning on January 1, 2004 and ending on December 31, 2004, an amount equal to 10% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2004.
- d. For the period beginning on January 1, 2005 and ending on December 31, 2005, an amount equal to 15% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2005.

Limitation of Liability

The Act may limit our liability to you under this policy. If annual aggregate insured terrorism or war losses of all insurers exceed \$100,000,000,000 during the applicable period provided in the Act, and if we have met our insurer deductible, the amount we will pay for insured terrorism or war losses under this policy will be limited by the Act, as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured terrorism or war losses would be partially reimbursed by the United States Government under a formula established by the Act. Under this formula, the United States Government would pay 90% of our insured terrorism or war losses exceeding our insurer deductible.
2. The additional premium charged for the coverage this policy provides for insured terrorism or war losses is shown in Item 4 of the Information Page or the Schedule below.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

TERRORISM RISK INSURANCE ACT ENDORSEMENT

WC 00 04 20
(Continued)

Schedule

State

Rate per \$100 of Remuneration

Note:

1. This endorsement addresses requirements of the Terrorism Risk Insurance Act of 2002.
2. This endorsement is effective 12:01 a.m. on December 20, 2002 applicable to new and renewal voluntary policies only.
3. This endorsement is effective 12:01 a.m. on January 1, 2003 applicable to new and renewal assigned risk policies only.

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APPLICATION FOR EXECUTIVE OFFICER EXCEPTION

Commonwealth of Pennsylvania
 Department of Labor and Industry
 Bureau of Workers' Compensation
 COMPLIANCE SECTION
 1171 S. Cameron Street, Room 103
 Harrisburg PA 17104-2501
 (717) 787-3567

INSTRUCTIONS: Submit one original Application for the corporation along with an Executive Officer's Declaration for every officer having an ownership interest. The total ownership interest of all Declarations combined must equal 100%. If the corporation has workers' compensation insurance, all forms must be submitted directly to the insurance carrier. If not, submit all original forms to the address on left. See Form Completion Hints on reverse side.

CORPORATION INFORMATION

Federal Employer Identification Number

Telephone

Corporation's Full Legal Name

Corporation Address (line 1)

Corporation Address (line 2)

City

State

Zip

Does the corporation have PA employees other than those listed on the attached declaration(s)? Yes No

If Yes, employer's current workers' compensation coverage:

Insurance Company Name

Policy Number

Month Day Year

Month Day Year

Policy Effective Start Date

Policy Effective End Date

Corporation Type: (Check only one box)

Subchapter S
 Subchapter C
 Nonprofit

I, the undersigned, verify that I am signing in my capacity as an Executive Officer for the above named corporation and that I am authorized to do so. I further verify that the facts set forth in this Executive Officer's Exception Application are true and correct to the best of my knowledge, information, and belief. This verification is made subject to the penalties of 18 Pa.C.S.§4904, relating to unsworn falsification to authorities.

Signature of Executive Officer _____ Date

First Name

Last Name

Title

FORM COMPLETION HINTS

In General:

This form will be machine-read by the Bureau of Workers Compensation. The red lines and boxes will “drop out” during processing so that the information typed or written (typed is preferable) on the form can be automatically “read” and used by the Bureau’s computer system. Forms that do not meet Bureau requirements will be rejected. Do not staple forms together.

Where to Type:

When typing a form, begin in the left most box of each set of red boxes. Use normal spacing (do not put one letter per box) staying within the range of boxes. Avoid typing in the margins. Use black ink only. For example:

First Name
JOHNATHAN

Last Name
JONES

Where to Handwrite:

When completing a form by hand, print clearly, using uppercase letters, in black ink only, placing one letter or numeral within each box. For example:

First Name
JOHNATHAN

Last Name
JONES

Dates:

Enter all dates as MMDDYYYY. For example:

Month Day Year
04 27 1999

OR

Month Day Year
04 27 1999

Telephone Numbers:

The first three digits are the area code. No need for parenthesis. For example:

Telephone
717 555 3894

OR

Telephone
717 555 3894

FORM COMPLETION HINTS

In General:

This form will be machine-read by the Bureau of Workers Compensation. The red lines and boxes will "drop out" during processing so that the information typed or written (typed is preferable) on the form can be automatically "read" and used by the Bureau's computer system. Forms that do not meet Bureau requirements will be rejected. Do not staple forms together.

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First Name
JOHNATHAN

Last Name
JONES

Where to Handwrite:

When completing a form by hand, print clearly, using uppercase letters, in black ink only, placing one letter or numeral within each box. For example:

First Name
J O H N A T H A N

Last Name
J O N E S

Dates:

Enter all dates as MMDDYYYY. For example:

Month Day Year
0 4 2 7 1 9 9 9

OR

Month Day Year
0 4 2 7 1 9 9 9

Telephone Numbers:

The first three digits are the area code. No need for parenthesis. For example:

Telephone
7 1 7 5 5 3 8 9 4

OR

Telephone
7 1 7 5 5 5 3 8 9 4

SECTION 4

RETROSPECTIVE RATING PLANS – PENNSYLVANIA

I. INTRODUCTION

Retrospective rating is an insurance pricing system which adjusts the premium for the insurance to which it applies on the basis of losses incurred during the period covered by that insurance. In Pennsylvania a carrier must file with the Pennsylvania Insurance Department such plan rules and rating values as necessary to implement retrospective rating plans for use in writing workers compensation insurance.*

Act 44 of 1993 requires Bureau filings other than USL&HW filings to exclude all expense and profit considerations as well as loss adjustment expenses. Effective December 1, 1993 the Bureau has filed, and this Manual includes only selected rating values which are exclusive of expense and profit considerations for coverages other than USL&HW and which are inclusive of such provisions for USL&HW coverage. The Bureau rating values are printed in the State Special Rating Values pages herein.

For sake of consistency with standard language in retrospective rating plans in use in other jurisdictions, the Pennsylvania State Special Rating Values are identified using terminology common to such other retrospective rating plans. The use of such terminology in this section of the Manual does not change the meaning of words or terms used elsewhere in the Manual nor are differences in precise wording used to describe specific items indicative of any substantive difference between sections. For example, the term "pure premium" used in this section and the term "loss cost" used elsewhere in this Manual are synonymous.

A carrier may file retrospective rating plans which use different and/or additional rating values from those shown in the State Special Rating Values pages herein. In such cases the individual carrier values supercede application of the Bureau values. Information regarding such individual carrier retrospective rating plans must be obtained from those carriers or their authorized representatives.

IMPORTANT NOTE

* See attached bureau circular No. 1299 for information regarding implementation of Act 44 with respect to retrospective rating plan.

SECTION 4

**RULES AND PROCEDURE GOVERNING
THE APPLICATION OF THE RETROSPECTIVE
RATING PLANS - PENNSYLVANIA**

**PART ONE
DESCRIPTION OF THE PLAN**

I. INTRODUCTION

The rules contained in this manual apply only to Workers Compensation and Employers Liability Insurance when written either alone or in combination with other commercial casualty insurance. Refer to the Retrospective Rating Plan issued by the Insurance Services Office for rules that govern the other commercial casualty insurance.

A. GENERAL EXPLANATIONS

1. Plan is Optional

Except as otherwise stated herein, the application of this Plan is optional and may be used only upon election by the insured and acceptance by the insurance carrier. In the event that any risk is to be insured under a policy issued by the State Worker's Insurance Fund ("SWIF"), SWIF shall have the authority to require that the policy be issued subject to the provisions of this Plan and to specify which of the rating options described herein shall apply to the policy and the factors to be used in such Rating Option, and, in that event, the provisions of this Section 4 requiring the insured's consent to the application of this Plan and selection of Rating Options and factors thereunder shall not apply.

2. Object of the Plan

This plan adjusts the premium for the insurance to which it applies on the basis of losses incurred during the period covered by that insurance. The intent is to charge a premium which reflects those losses. Within the principle of insurance, retrospective rating establishes the reasonable cost of insurance by using losses incurred during the term of that insurance and adding the insurance carrier's expenses and the taxes on premiums.

3. Loss Control Incentive in Use of the Plan

The Plan provides an incentive to the insured to control and reduce losses because the retrospective premium will be the result of losses during the rating period. To the extent that the insured controls losses, there is a reward through lower premiums. The Plan also dispels any concerns the insured may have that its premium depends mostly upon losses incurred by other risks because the greatest part of the retrospective premium is used to pay for the insured's own losses.

4. Cost-Plus Feature of the Plan

The cost-plus characteristics of this plan exist because the retrospective premium for a rating period is based on the incurred losses during that period, so that it is in the nature of a dollar for dollar cost method. Premium under the Plan is the direct result of such incurred losses because the Plan reflects the cost of losses plus the insurance carrier's expenses in providing the insurance.

5. Experience Rating Plan Manual

Retrospective rating is an independent option and it is not a substitute for experience rating. Retrospective rating is superimposed upon the premium resulting from experience rating.

6. Risks Not Subject to Experience Rating

For risks not subject to experience rating, retrospective rating premium is based on the premium determined by application of Manual or other authorized rates.

7. Risks Operating In More Than One State

This Plan may be applied on an intrastate or interstate basis.

8. Premium Discount

Any standard premium under this Plan is not subject to the premium discount provided in Rule VII of the Basic Manual for Workers Compensation and Employers Liability Insurance. The reason is that premium discount recognizes variations in issuing and servicing expenses whereas retrospective rating incorporates those elements by means of the factors used to compute premium under this Plan.

9. Schedule (Y) and Schedule (X) Expense Ratio Tables

The Plan includes tables of expense ratio to be used by each company in accordance with the expense table adopted by the company. They are in Part Four. Such tables are required only for Rating Option V described in Part Two-II-"Retrospective Rating Options". For Rating Options I through IV, these expense ratios are included in the values in the Tables of Rating Values in Part Four. The purpose of the Schedule (Y) and Schedule (X) expense tables is to indicate the amount of premium for company expenses, profit or contingencies, but not taxes. The total amount for such expense is determined by multiplying the standard premium of the risk by the factor for that size premium in the Table of Expense Ratios.

NOTE: Schedule (Y) and Schedule (X) expense ratio tables are often referred to as representing the stock and non-stock systems of company expenses respectively.

10. Increased Limits for Employers Liability

If the policy provides increased limits for Part Two, such premium and incurred losses may be subject to the Plan.

II. DEFINITIONS

A. EMPLOYER

Employer may be an individual, partnership, joint venture, corporation, association, a fiduciary such as a trustee, receiver or executor, or other legal entity.

B. INSURED

Insured means the employer designated in Item I of the Information Page of the policy or policies to which this Plan is applied by the carrier which issued such insurance. Insured may be two or more legal entities if the same person, or group of persons, owns the majority interest in such entities. The Experience Rating Plan Manual defines majority interest. It usually means:

1. Majority of voting stock, or
2. Majority of members or directors if there is no voting stock, or
3. Majority participation of general partners in profits of a partnership.

C. RISK

Risk means the insured to which this Plan is applied.

D. RATES

1. Manual rate means either:
 - a. the manual rate that has been established by the Bureau if no deviation or schedule rating exists.
 - b. the manual rate that has been established by the Bureau modified by an approved schedule rating adjustment.
 - c. Carrier Manual Rate if an insurance company has had a deviation from Bureau Manual Rate stamped "Filed" by the Insurance Commissioner.
2. Bureau Manual Rate means the rate shown after the classification code number on the rate pages in Section 2 of the Basic Manual for Workers Compensation and Employers Liability Insurance.

E. STANDARD PREMIUM

For the purpose of this Plan, standard premium means the premium for the risk determined on the basis of manual rates, any experience rating modification, loss constant where applicable, and minimum premiums. Determination of standard premium shall exclude:

1. Premium Discount.
2. The Expense Constant.
3. Premium resulting from non-ratable elements in the manual rates and non-ratable supplemental loads.
4. Premium developed by the passenger seat surcharge under Code **9108** Private Aircraft - passenger capacity.
5. Premium developed by the occupational disease rates for risks subject to the Federal Coal Mine Health and Safety Act.

F. INCURRED LOSSES

Incurred losses used in the rating formula for determining premium under this Plan are those reported under the rules of the Unit Statistical Plan Manual adopted by the rating organization. Generally, incurred losses are the actual losses paid and outstanding, interest on judgments, expenses incurred in obtaining third party recoveries, and allocated loss adjustment expenses for employers liability losses.

Incurred losses resulting from an accident or exposure provided for via a non-ratable element or a non-ratable supplemental load shall be excluded.

The rating formula shall not include losses involving passenger employees resulting from the crash of an aircraft under classification code **9108**.

For complete details on instructions which shall be followed regarding incurred losses, refer to the Unit Statistical Plan Manual.

G. RATING ORGANIZATION

Rating organization means the Pennsylvania Compensation Rating Bureau.

H. ANNIVERSARY RATING DATE

1. Single Policy Risk

The anniversary rating date for application of this Plan is the effective month and day of the policy in effect.

2. Multiple Policy Risk

If the risk subject to the Plan includes more than one policy with different effective dates, the anniversary rating date shall be determined by the rating organization.

NOTE: The Plan applies for the period of the policy or policies subject to the Plan. If the period for the application of the Plan is changed, refer to Part Three.

I. LONG TERM CONSTRUCTION PROJECT

A long term construction project means a construction or erection project expected to require more than 1 year for completion and let under one contract or more than one concurrent or consecutive contracts. Such a project may be insured under 1 year policies or policies issued for any period not longer than 3 years.

J. WRAP-UP CONSTRUCTION PROJECT

A wrap-up construction project is a construction, erection or demolition project for which policies have been issued by one or more insurance carriers under the same management to insure two or more legal entities engaged in such a project. The entities insured shall be limited to the general contractor (including any owner or principal acting as a general contractor) and subcontractors performing work under contracts let on an ex-insurance basis. If the contract between the owner or principal and such general contractor is on an ex-insurance basis, the owner or principal is an eligible entity for the combination.

The project must be confined to operations at a single location. In connection with building roadways, tunnels, waterways or surface or underground conduits, the entire job is considered a single location if the construction is performed by a single general contractor for a single owner or principal. The project must be of definite duration involving work to be performed continuously to completion.

III. ELIGIBILITY FOR THE PLAN

A risk is eligible for this Plan if it satisfies the following Standard Premium requirements:

A. ONE YEAR PLAN

A risk is eligible for a one year plan if the estimated Standard Premium is at least \$25,000.

B. THREE YEAR PLAN

1. For Rating Options I, II, III, and IV, a risk is eligible for a three-year plan if the estimated Standard Premium for 3 years is at least \$50,000.
2. For Rating Option V, a risk is eligible for a three-year plan if the estimated Standard Premium for 3 years is at least 75,000.

NOTE: In A and B above, estimated Standard Premium for Rating Option V may include other casualty insurance. Refer to the Retrospective Rating Plan issued by the Insurance Services Office.

- C. A Long-Term Construction Project is eligible for Rating Option V if the estimated Standard Premium is an average of \$75,000 or more per year. It is not eligible for any other Rating Option. For such a project, the retrospective rating premium shall be based on the entire period required for completion of the project.
- D. Two or more policies on a Wrap-Up Construction Project may be combined for the purpose of retrospective rating if the estimated total Standard Premium for the project to be done by such combined entities is \$500,000 or more. Such a combination is eligible for Rating Option V. A Wrap-Up Construction Project may be treated as a Long Term Construction Project.

**PART TWO
OPERATION OF THE PLAN**

I. HOW PREMIUM IS DETERMINED UNDER THE PLAN

For all Retrospective Rating Options, the retrospective premium is computed on the basis of the formulas in IA and D of this Section of the Plan.

A. THE RETROSPECTIVE PREMIUM FORMULA

The premium for a risk subject to this Plan is determined by the following retrospective premium formula:

Retrospective Premium=

1. Basic Premium
plus
2. Converted Losses
3. The sum of 1+ 2 is multiplied by the tax multiplier.

This formula produces a retrospective premium which shall be subject to the Minimum Retrospective Premium and the Maximum Retrospective Premium. If the risk to which the Plan is applied includes more than one legal entity, a single retrospective premium is computed on the basis of the combined entities, not individually for each legal entity.

NOTE: For Rating Options I-IV, the Non-Stock Adjustment Factor in the Premium Computation Tables in Part Four shall be applied to the Retrospective Premium, including the Minimum and Maximum Premiums if the company has adopted the non-stock system of expenses. Refer to Part Four of the Plan.

B. DEFINITIONS OF TERMS USED FOR THE FORMULA

1. Standard Premium.

Standard Premium is defined in Part One of this Plan. Refer to Part One-II-E.

2. Basic Premium.

The Basic Premium is a percentage of the Standard Premium. It is determined by multiplying the Standard Premium by a Basic Premium Factor. For Retrospective Rating Options I, II, III and IV, Basic Premium Factors are in tables. For Retrospective Rating Option V, such factors are based on the Table of Expense Ratios and the Table of Insurance Charges. Refer to Part Four-Premium Computation Tables.

The Basic Premium provides: insurance carrier expenses such as for acquiring and servicing the insured's account; loss control services, premium audit and general administration of the insurance; an adjustment for limiting the retrospective premium between the minimum retrospective premium and the maximum retrospective premium; and an allowance for the insurance carrier's possible profit or contingencies.

The Basic Premium does not cover premium taxes nor claim adjustment expenses. The latter elements are usually provided by the Tax Multiplier and the Loss Conversion Factor.

3. Converted Losses

Converted Losses are based on the Incurred Losses of the risk during the period of the policy or policies to which this Plan is applied. A Loss Conversion Factor is applied to such losses to produce the Converted Losses. Refer to No. 4 below. Incurred losses are defined in Part One-II-F.

4. Loss Conversion Factor

The Loss Conversion Factor usually covers claim adjustment expenses and the cost of the insurance carrier's claim services such as investigation of claims and filing claim reports.

5. Tax Multiplier

The Tax Multiplier covers licenses, fees, assessments and taxes which the insurance carrier must pay on the premium which it collects.

6. Minimum Retrospective Premium

The Minimum Retrospective Premium is a percentage of the Standard Premium. It is the least amount of premium to be paid by the risk subject to this Plan. For Retrospective Rating Options I, II, III and IV, Minimum Retrospective Premium Factors are in tables. Refer to Part Four-Premium Computation Tables.

For Retrospective Rating Option V, the Minimum Retrospective Premium Factor is established by agreement between the risk and the insurance carrier. Refer to II-B-2.

7. Maximum Retrospective Premium

The Maximum Retrospective Premium is a percentage of the Standard Premium. It is the greatest amount of premium to be paid by the risk subject to this Plan. It has the effect of placing a limit on the impact of incurred losses on the retrospective premium. For Retrospective Rating Options I, II, III and IV, Maximum Retrospective Premium Factors are in tables. Refer to part Four – Premium Computation Tables.

For Rating Option V, the Maximum Retrospective Premium Factor is established by agreement between the risk and the insurance carrier. Refer to II-B-2.

C. ADDITIONAL ELECTIVE ELEMENTS FOR THE RETROSPECTIVE PREMIUM FORMULA

The insured and the insurance carrier may agree that either or both of the following additional elective premium elements will be included in the Retrospective Premium Formula:

- 1. Excess Loss Premium**
- 2. Retrospective Development Premium**

NOTE: These elective elements are subject to the Tax Multiplier as shown in the Retrospective Premium Formula in D.

EXPLANATION OF ELECTIVE PREMIUM ELEMENTS

a. Excess Loss Premium

This elective premium element is permitted only if the total Standard Premium subject to the Plan is at least \$100,000. The use of this elective element is intended to avoid the possibility that high cost losses will have too great an impact on the retrospective premium. Election of a loss limitation places a limit on the amount of incurred loss arising out of any one accident, which will be included in the retrospective premium formula. Excess Loss Premium is the premium charge for such limitation on losses used in computing the retrospective premium. The loss limitations arising out of any one accident which may be used by agreement follow:

- i. \$25,000 per accident for a risk with total Standard Premium of at least \$100,000.
- ii. Higher than \$25,000 for a risk with total Standard Premium over \$100,000 provided such higher accident loss limitation does not exceed 50% of the Standard Premium.

For all risks, the insurance carrier pays all incurred losses regardless of any retrospective rating loss limitation.

Excess Loss Premium is computed as shown below:

Standard Premium x Excess Loss Premium Factor (Excess Loss Factor minus Excess Loss Adjustment Amount) x Loss Conversion Factor.

The Excess Loss Premium Factor shall not be less than 10% of the Excess Loss Factor.

The Excess Loss Factors and the Tables of Excess Loss Adjustment Amounts are shown in Part Four of this Manual. Use the Table of Classifications by Hazard Group in Part Four of this Manual to determine proper excess loss factor.

A loss limitation may be changed, or included, or excluded after this plan has been applied to a risk provided the new agreement is not retroactive.

b. Retrospective Development Premium

The purpose of this elective premium element is to stabilize premium adjustments for risks subject to this Plan. Refer to Part Three – Administration of Plan – Rule III-3 for premium adjustment rules. Retrospective development premium anticipates future increases in loss costs. The Retrospective Development Premium is included only in the first three adjustments of the retrospective premium and is not included in any later premium computations.

Retrospective Development Premium is computed as shown below:

Standard Premium x Retrospective Development Factor x Loss Conversion Factor

The Retrospective Development Factors are shown in the State Special Rating Values – Pennsylvania.

D. THE RETROSPECTIVE PREMIUM FORMULA WHEN ADDITIONAL ELECTIVE PREMIUM ELEMENTS ARE INCLUDED

The retrospective premium for a risk which has elected either or both of the additional elective premium elements is determined by the following formula:

Retrospective Premium =

- 1. Basic Premium
plus
- 2. Converted Losses
plus
- 3. Excess Loss Premium
plus
- 4. Retrospective Development Premium
- 5. Multiply the sum of 1 + 2 + 3 + 4 by the Tax Multiplier

NOTE: Include item 3 or 4 or both in the formula depending on whether such elective premium elements are in the retrospective agreement.

The result of this calculation is the retrospective premium when the risk has elected one or both of the elective premium elements. The retrospective premium shall not be less than the Minimum Retrospective Premium nor more than the Maximum Retrospective Premium.

II. RETROSPECTIVE RATING OPTIONS TO BE ELECTED BY THE RISK

A. EXPLANATION

This Plan includes five Retrospective Rating Options which control the premium which results from the Retrospective Premium Formula. When the insured and the Insurance carrier agree that this Plan shall apply to a risk, one of the Retrospective Rating Options shall be designated in the agreement as the basis on which the retrospective premium will be determined. The selection of a Retrospective Rating Option depends upon how the insured and the carrier evaluate the suitability of the specific option.

B. TYPES OF RETROSPECTIVE RATING OPTIONS

There are two types of Retrospective Rating Options:

1. The first type of Retrospective Rating Option is based upon factors in standard tables which are included in this Plan. Refer to Part Four – Premium Computation Tables. Such Retrospective Rating Options may be applied to the risk in a single state or, if the risk operates in more than one state, the designated option may apply on an interstate basis. Rating Options I, II, III and IV are of this type and are described below:

Retrospective Rating Option I: The Minimum Retrospective Premium will be less than the Standard Premium but the Maximum Retrospective Premium for the risk will be equal to the Standard Premium.

Retrospective Rating Option II: The Minimum Retrospective Premium will be less than the Standard Premium and the Maximum Retrospective Premium will be more than the Standard Premium. By using this option, the insured ventures paying more than Standard Premium for the opportunity to obtain greater savings for controlled losses.

Retrospective Rating Option III: The Minimum Retrospective Premium is not specified in the table for this option. It depends only on the result of the retrospective premium formulas in I-A and D of this Section of the Plan. The Maximum Premium will be more than the Standard Premium and will be the same as for Retrospective Rating Option II. Although the basic premium is higher than in Option II, there is a reward in Option III for unusually good loss results.

Retrospective Rating Option IV: The Minimum Retrospective Premium will be less than the Standard Premium and the Maximum Retrospective Premium will be more than the Standard Premium. The difference between this option and options II and III is that option IV provides a narrower range of minimum and maximum retrospective premiums. Favorable losses result in savings and there is protection against poor experience producing higher maximum premiums provided by the other options.

2. The second type of Retrospective Rating Option is not based upon standard tables to determine the premium factors. Factors for this option are determined for each risk by agreement between the insured and the insurance carrier, subject to the procedures described below:

Retrospective Rating Option V: The Basic Premium is determined by using the Table of Expense Ratios to determine the insurance carrier expenses and the Tables of Insurance Charges for the remainder of the Basic Premium. The Loss Conversion Factor and Minimum and Maximum Retrospective Premium are subject to agreement between the insured and the insurance carrier. The Tax Multiplier, Excess Loss Premium and Retrospective Development Premium are determined on the basis of the state or states included in this option.

- (a) Retrospective Rating Option V may be applied to any of the following types of insurance alone or to any combination of such insurance:

Workers Compensation and Employers Liability

Third Party Liability Insurance for Commercial Lines

Commercial Automobile Physical Damage

Other Types of Insurance specified in the Retrospective Rating Plan issued by the Insurance Services Office.

For illustrations and examples of combinations, refer to the Retrospective Rating Plan issued by the Insurance Services Office.

NOTE: When Rating Option V includes Workers Compensation and other commercial casualty insurance, the total retrospective plan premium, including the minimum and maximum retrospective premium, is determined on the basis of all insurance in the plan.

- (b) For an interstate risk, an average of the specified state tax multipliers weighted by the state standard premiums shall be used. For computing the Basic Premium Factor, the standard average tax multiplier may be applied.

Refer to Appendix for explanations and examples of the use of Retrospective Rating Option V.

C. THREE YEAR PLAN — OPTIONAL

- 1. Retrospective Rating Options I, II, III and IV may also be applied to a risk for a period of three years. Refer to Part One-III-B for eligibility requirements. The factors for determining the retrospective premium for this option are in Part Four – Premium Computation Tables – which includes tables designed for 3 year plans.
- 2. Retrospective Rating Option V may also be applied to a risk for a period of three years. Follow the procedure and examples cited in B-2 above, but determine the insurance carrier expenses on the basis of the annual Standard Premium and the remainder of the Basic Premium by use of the Standard Premium for the 3 year period of the Plan.

D. LONG TERM OR WRAP UP CONSTRUCTION PROJECTS

- 1. Retrospective Rating Option V may be applied to such projects in the following manner:
 - a. The project may be insured under a series of 1 year policies. Use Rule II-B above.
 - b. The project may be insured under a series of 3 year policies. Use Rule II-C above.
 - c. The Plan shall apply to such projects so that the Retrospective Premium is computed on the basis of the Standard Premium for the entire duration of the project.

NOTE: For determining retrospective premium for plans applied on a three year basis, or Long Term or Wrap Up Construction Projects, any revision in Tax Multipliers and Excess Loss Premium Factors shall be applied to policies as of the first normal anniversary date of the risk, which is on or after the date of such revision, unless the revision is authorized for application to outstanding policies.

III. CANCELLATION OF POLICY

A.. EXPLANATION

While the Cancellation Condition of the Standard Policy permits cancellation by the insured or insurance carrier, the premium determination for a cancelled policy is controlled by Rule X-Cancellation in the Basic Manual for Workers Compensation and Employers Liability Insurance.

B. RETROSPECTIVE PREMIUM DETERMINATION UPON CANCELLATION

- 1. Cancellation By the Insurance Carrier, except for non-payment of premium.
- 2. Cancellation By the Insured When Retiring From Business provided:
 - a. All work covered by the policy has been completed, or
 - b. All interest in any business covered by the policy has been sold, or
 - c. The insured has retired from all business covered by the policy.
- 3. If the reason for the cancellation is No. 1 or 2 above, Retrospective Premium for the cancelled policy shall be computed as follows:
 - a. Standard Premium: Determine the premium for the cancelled policy on a pro-rata basis in accordance with Basic Manual Rule X-C. The resulting premium shall be the Standard Premium.
 - b. Retrospective Premium: The retrospective premium for the cancelled policy shall be determined by using the Retrospective Premium Formula in this Section of the Plan. Use the Standard Premium in a. above to establish the Basic Premium, and if applicable, Excess Loss Premium and Retrospective Development Premium for the formula.

EXCEPTION FOR NON-PAYMENT OF PREMIUM:

If the cancellation by the insurance carrier is because of non-payment of premium by the insured, the Maximum Retrospective Premium shall be based on a Standard Premium which shall be the premium for the cancelled policy (under Basic Manual Rule X-C) extended pro-rata to an annual basis.

4. Cancellation By the Insured, Except When Retiring From Business For the Reasons Stated in IV-B-2 Above.

Determine the Retrospective Premium as follows:

- a. The premium for the cancelled policy is to be calculated on a short rate basis under Basic Manual Rule X-E.
- b. Use the Retrospective Premium Formula in this Section of the Plan to establish the Retrospective Premium as shown below:
 - i. Basic Premium and if applicable, Excess Loss Premium and Retrospective Development Premium shall be computed by using the short rate premium in 4a above as the Standard Premium.
 - ii. Minimum Retrospective Premium shall be the short rate premium in 4a above.
 - iii. Maximum Retrospective Premium shall be based on a Standard Premium which shall be calculated by using the actual payroll for the period the policy was in effect, extending that payroll pro-rata to an annual basis and then multiplying such extended payroll by the authorized rates and experience rating modification.

EXAMPLE: CALCULATION OF MAXIMUM RETROSPECTIVE PREMIUM UNDER RULE 4b:

Assume:

Policy in effect		185 days
Manual Rate (per \$100 payroll)	\$	5.00
Actual payroll for 185 days	\$	555,000
Experience Rating modification		1.00
Maximum Retrospective Premium		1.60

(a) Payroll extended to an annual basis:

$$\$555,000 \times \frac{365 \text{ days}}{185 \text{ days}} = \dots\dots\dots \$ 1,095,000$$

(b) Annual Standard Premium = \$1,095,000 x 5.00
 (per \$100) x 1.00 = \$54,750

(c) Maximum Retrospective Premium: \$54,750 x 1.60 = \$87,600

5. Cancellation of Three Year Plan

If a policy for a Three Year Retrospective Rating Option is cancelled, the Retrospective Premium shall be computed as follows:

- a. Determine premium for the cancelled policy in accordance with Manual rules X-C or X-E depending on the reason for the cancellation. If the Plan was applied to a 3 year policy, each 12 month unit within such a policy is treated as a separate policy. Refer to Basic Manual rule III-C-3.
- b. A short rate factor does not apply to any premium for completed 12 month policy units. Apply the short rate factor under Basic Manual rule X-E only to the premium for the 12 month unit cancelled by the insured when not retiring from the business.
- c. If the reason for the cancellation of the Three year Plan is No. 1 or 2 in Rule B of this Section, the Total Standard Premium is the sum of the pro-rata premium under Rule B and the Standard Premium for each completed 12 month unit. Use this total Standard Premium to establish the Basic Premium, and if applicable, Excess Loss Premium and Retrospective Development Premium.
- d. If the cancellation by the carrier is caused by non-payment of premium by the insured, the Maximum Retrospective Premium shall be based on a Total Standard Premium which shall be the sum of the premium, extended pro rata to an

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RETROSPECTIVE RATING PLANS

EFFECTIVE: APRIL 1, 2003

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annual basis, for the cancelled 12 month unit of the policy (under Manual Rule X-C) and the standard premium for each completed 12 month unit, such sum then extended pro rata to a 3 year basis.

- e. If the reason for the cancellation of the Three Year Plan is No. 4 in Rule B of this Section, the Total Standard Premium shall be the sum of the short rate premium for the incomplete 12 month unit (under Manual Rule X-E) and the standard premium for each completed 12 month unit. This total Standard Premium is the Minimum Retrospective Premium and also shall be used to determine the Basic Premium, and if applicable, Excess Loss Premium and Retrospective Development Premium. The Maximum Retrospective Premium shall be based on a Total Standard Premium which is the sum of the premium, extended pro-rata to an annual basis, for the cancelled 12 month unit of the policy (under Manual Rule X-C) and the Standard Premium for each completed 12 month unit, such sum then extended pro-rata to a 3 year basis.

EXAMPLE I: RETROSPECTIVE PREMIUM CALCULATION ON THREE YEAR POLICY CANCELLED BY THE INSURED AFTER 185 DAYS

Actual Payroll for 185 days	\$ 555,000
Manual Rate (per \$100 of payroll)	\$ 5.00
Experience Modification	1.00
Maximum Retrospective Premium Factor	1.60

(a) Payroll extended to annual basis =

$$\$555,000 \times \frac{365 \text{ days}}{185 \text{ days}} = \dots\dots\dots \$ 1,095,000$$

(b) Annual Premium = \$1,095,000 x 5.00 (per \$100) x 1.00 = \$ 54,750

(c) Short rate percentage for 185 days — Refer to Basic Manual Rule X-F.....61%

(d) Short Rate Premium for cancelled policy = \$54,750 x .61 = \$ 33,398

(e) Standard Premium — Short Rate Basis = \$ 33,398

(f) Minimum Retrospective Premium \$ 33,398

Standard Premium is the Minimum Retrospective Premium and also is used to determine the Basic Premium, and if applicable, Excess Loss Premium and Retrospective Development Premium.

(g) Maximum Retrospective Premium Explanation: The Maximum Retrospective Premium is based on the Standard Premium without short rate factor, extended pro-rata to a 3 year basis.

Calculation

(i) Standard Premium for 185 days (not short rate) = \$555,000 x 5.00 (per \$100) x 1.00 = \$ 27,750

(ii) Standard Premium without short rate factor extended to a 3 year basis =

$$\$27,750 \times \frac{1095 \text{ days}}{185 \text{ days}} = \dots\dots\dots \$ 164,250$$

(iii) Maximum Retrospective Premium = \$164,250 x 1.60 = \$ 262,800

EXAMPLE II: RETROSPECTIVE PREMIUM CALCULATION ON THREE YEAR POLICY CANCELLED BY THE INSURED AFTER 1 YEAR AND 185 DAYS

Standard Premium for first 12 month unit.....	\$ 50,000
Actual Payroll for 185 days of second 12 month unit	\$ 555,000
Manual Rate (per \$100 of payroll)	\$ 5.00
Experience Modification — Use Experience Rating modification applicable to each 12 month unit	1.00
Maximum Retrospective Premium Factor	1.60

(a) Actual Payroll for 185 days Extended to annual basis =

$$\$555,000 \times \frac{365 \text{ days}}{185 \text{ days}} = \dots\dots\dots \$ 1,095,000$$

(b) Annual Premium for second 12 month unit = \$1,095,000 x 5.00 (per \$100) x 1.00 = \$ 54,750

(c) Short rate percentage for 185 days — Refer to Basic Manual Rule X-F61%

(d) Short Rate Premium for incomplete 12 month unit = \$54,750 x .61 = \$ 33,398

(e) Total Standard Premium = \$50,000 + 33,398 \$ 83,398

(f) Minimum Retrospective Premium \$ 83,398

Total Standard Premium is the Minimum Retrospective Premium and also is used to determine the Basic Premium, and if applicable, Excess Loss Premium and Retrospective Development Premium.

(g) Maximum Retrospective Premium Explanation: The Maximum Retrospective Premium is based on the Total Standard Premium without short rate factor, extended pro-rata to a 3 year basis. Calculation

(i) Standard Premium for completed 12 month unit\$ 50,000

(ii) Standard Premium for 185 days = \$555,000 x 5.00 (per \$100) x 1.00 =\$ 27,750

(iii) Standard Premium for 185 days extended pro-rata to annual basis =

$$\$27,750,000 \times \frac{365 \text{ days}}{185 \text{ days}} = \dots\dots\dots \$ 54,750$$

(iv) Total Standard Premium \$50,000 + 54,750 =\$ 104,750

(v) Total Standard Premium extended pro-rata to a 3 year basis =

$$\$104,750 \times \frac{3}{2} = \dots\dots\dots \$ 157,125$$

(vi) Maximum Retrospective Premium = \$157,125 x 1.60 =\$ 251,400

C. VALUATION OF LOSSES

If the policy is cancelled by the insured or insurance carrier, the first determination of retrospective premium shall be based upon incurred losses valued six months after the termination date.

**PART THREE
ADMINISTRATION OF THE PLAN**

I. ELECTION OF INSURED TO BE SUBJECT TO RETROSPECTIVE RATING

A. HOW THE INSURED ELECTS TO BE SUBJECT TO THE PLAN

1. The insured elects to be subject to this Plan by notifying the insurance carrier that it has agreed to application of the Plan. This notification shall be executed in writing.
2. Any form of election is acceptable provided it includes the information shown in C below.

B. HOW CARRIER ACCEPTS ELECTION OF THE INSURED

1. The carrier agrees to the election of the insured to be subject to the Plan by accepting the insured's written notification.
2. After the carrier accepts the insured's election to be subject to this Plan, notification of coverage shall be sent to the Bureau not later than 60 days after the effective date of the Plan indicated on that form.

NOTE: The Bureau must be notified by the carrier if they and the insured agree to shorten or lengthen the period of the Plan's application, up to a maximum of 60 days.

C. INFORMATION IN ELECTION OF THE INSURED

The following information is required in the election signed by the insured:

1. Name of Insured.
2. Effective date of plan.
1. Rating Option selected, and if applicable, loss limitation and retrospective development factor.
2. For Rating Option V:
 - a. Minimum retrospective premium factor.
 - b. Maximum retrospective premium factor.
 - c. Loss conversion factor.
5. One or Three Year application of the Plan.
6. Long Term Construction Project-Details, if applicable.
7. Wrap Up Construction Project-Details, if applicable.
8. Any special conditions affecting the Plan, such as the inclusion of other commercial casualty insurance.
9. Signature by the insured, for example, proprietor, partner or duly authorized officer of corporation.

The following and any other additional information may also be included:

1. Address of insured.
2. A statement that the insured understands the terms and obligations of this Plan, including the method of premium computation, payments and penalties for cancellations.

D. STATES IN WHICH SELECTED PLAN APPLIES

1. If the risk operates in only one state, designate this state on the notification of coverage.
2. If the risk operates in more than one state, list the states to which the selected rating option will apply.
3. One or more additional states may be included in the plan applicable to a risk after plan effective date.

II. REPORTS OF PREMIUMS AND LOSSES UNDER THE PLAN

1. Premiums

The standard premiums used as the basis of the Retrospective Premium are those reported in accordance with the Unit Statistical Plan Manual.

2. Incurred Losses

The incurred losses used for determining the Retrospective Premium are those reported under the Unit Statistical Plan Manual.

NOTE: For complete details on instructions which shall be followed for Nos. 1 and 2 above, refer to the Unit Statistical Plan Manual.

3. Verification of Data

All data reported to, and accepted by the Bureau under the Unit Statistical Plan Manual shall be accepted as verified data for computation of the Retrospective Premium.

III. FILING REQUIREMENTS

1. Notification of Coverage

Send one copy of Notification of Coverage to this Bureau for all plans, both intrastate and interstate, which apply in this jurisdiction.

2. Factors for Retrospective Rating Option V

- a. For Rating Option V, two copies of an "Application for Approval of Proposed Retrospective Rating Values" shall be filed for approval with the Bureau.

-
- b. Rating Option V requires a revised calculation of the Basic Premium Factor if any change results in an increase or decrease beyond the lowest or highest original estimated standard premium sizes selected. A new "Application for Approval of Proposed Retrospective Rating Values" shall be filed if the Basic Premium Factor changes.

IV. COMPUTATION OF RETROSPECTIVE PREMIUM

GENERAL EXPLANATION

Under this Plan, retrospective premiums always are computed initially by the carrier, using premium and loss data which have been reported under the Unit Statistical Plan Manual. On a specific request basis, the retrospective premium calculated by the carrier may then be reported to the rating organization for verification. This is achieved by the rating organization use of the duplicate copies of the Unit Statistical Plan reports which must be submitted with the retrospective premium calculation.

1. First Computation of Retrospective Premium

Under the Unit Statistical Plan Manual, the reports of losses and premiums are submitted to the rating organization. For complete details, refer to that Manual. As soon as practicable after data have been prepared in accordance with the Unit Statistical Plan, the first retrospective premium computation shall be made by the insurance carrier.

On a specific request basis, this computation may be sent to the rating organization for verification before transmittal to the insured. The carrier shall notify the insured and return premium if the retrospective premium is less than premium previously paid. The insured shall pay any premium greater than premium previously paid.

If the insured and carrier agree, the first computation of retrospective premium shall be the final adjustment of premium under this Plan. In the absence of such an agreement, additional retrospective premium computations shall be made by the carrier in accordance with rule 2 below.

For plans applied on a three year basis, or Long Term or Wrap Up Construction Projects, interim tentative adjustments of premium may be made.

NOTE: In certain cases, the carrier may make an early computation of retrospective premium. Such cases include bankruptcy, liquidation, reorganization, receivership, assignment for benefit of creditors, or other similar situations.

2. Retrospective Premium Adjustment After First Computation

- a. If the first or any other retrospective premium computation is not final, a subsequent computation and adjustment of premium subject to this Plan shall be made by the carrier 12 months after the previous computation. The procedure for such later computations shall be the same as in rule 1 above except that such premium calculations shall be based upon the latest Unit Statistical Reports required. If the insured and carrier agree, the latest computation shall be the final retrospective premium. Unless such an agreement has been made, the carrier shall continue to make such additional retrospective premium computations at intervals of 12 months.
- b. If a subsequent computation of retrospective premium results in no change from the previous computation, the insurance carrier shall notify the insured that there is no change in the premium payment and that subsequent computations of retrospective premium will be made in accordance with Rule 3a below.

3. Final Computation of Retrospective Premium

- a. Subsequent computations of retrospective premium shall be issued by the carrier in accordance with Rule 2 above until both the carrier and insured agree that the latest computation shall be the final retrospective premium under this Plan.
- b. When the carrier and insured have agreed to the final retrospective premium calculation, a revision of that premium adjustment is not permitted except for clerical error.

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SECTION 4

RETROSPECTIVE RATING PLANS

EFFECTIVE: APRIL 1, 2003

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TABLE OF RATING VALUES

Rating Options I-II-III-IV

Not published herein. (Refer to National Council on Compensation Insurance Retrospective Rating Plan Manual.)

	<u>One Year</u>	<u>Three Year</u>
Effective 10/1/87	XXV	XXVI
Effective 1/1/88	XXIX	XXX
Effective 9/1/89	XXXIII	XXXIV
Effective 7/1/90	XXXVII	XXXVIII
Effective 1/1/92	XLI	XLII

APPENDIX

**EXPLANATIONS AND ILLUSTRATIONS OF
RETROSPECTIVE RATING OPTION V AND HOW
TO USE THE TABLE OF INSURANCE CHARGES**

GENERAL EXPLANATION

The negotiating process between the insured and the insurance carrier is the basis on which Retrospective Rating Option V provides flexibility so that the Plan may be designed to meet the needs and characteristics of a risk. As a result of this negotiation, minimum and maximum retrospective premium factors are established, as well as the loss conversion factor. Such selections are necessary for the determination of the other factors essential to the operation of Rating Option V. After these elements have been settled, the basic premium factor may be calculated and applied to the Standard Premium to produce the Basic Premium. The Basic Premium is the sum of certain insurance carrier expenses and a premium charge which reflects the selected premium limitations, the carrier's loss potential and possible profit or contingency.

This procedure to determine factors for Rating Option V is different from that for Retrospective Rating Options I through IV, for which there are tables in Part Four. These tables indicate fixed factors for Basic Premiums, Minimum and Maximum Retrospective Premiums according to size of Standard Premium. The Basic Premium Factors in Retrospective Rating Options I through IV are based on the Table of Insurance Charges, and this table also is used for Rating Option V, explained below.

How to Determine Factors For Rating Option V:

The retrospective premium for Rating Option V is computed on the basis of the same formula used for the other Rating Options. Refer to Part Two-1A and D.

The key to establishing the Basic Premium Factor for Rating Option V is the Table of Insurance Charges in Part Four of this Plan. This table is used directly only for Rating Option V. It indicates, by expected loss groups, the factors to establish the premium charge which is vital to the determination of the basic premium factor.

The use of the Table of Insurance Charges is accounted for in the following explanations and illustrations of how to determine the factors and other elements which are needed for the operation of Rating Option V.

NOTE: The procedures described in this Appendix are designed exclusively for workers' compensation insurance. Rules for the application of retrospective rating to a combination of workers' compensation insurance and other lines of casualty insurance are in the Retrospective Rating Plan issued by the Insurance Services Office.

A. MINIMUM RETROSPECTIVE PREMIUM FACTOR

MAXIMUM RETROSPECTIVE PREMIUM FACTOR

These are established by negotiations between the insured and insurance carrier.

B. LOSS CONVERSION FACTOR

This is also established by negotiations.

C. STANDARD PREMIUM

The estimated Standard Premium is determined according to the definition of Standard Premium in Rule II-E of Part One of this Plan.

D. ADDITIONAL PREMIUM SIZES

1. Calculate factors for 50%, 100% and 150% of the estimated Standard Premium, and for any lower or higher premium sizes selected by agreement. The reason for determining such supplementary factors is the probability that the earned Standard Premium will be more or less than the estimated Standard Premium. If the earned Standard Premium is between the selected premium sizes, the Basic Premium Factor for the retrospective premium is based on straight line interpolation between the Basic Premium Factors calculated on the estimated Standard Premiums.
2. If the earned standard premium is beyond the lowest or highest selected premium sizes, the Basic Premium Factors shall be recalculated.

E. EXPECTED LOSSES

Determine expected losses by multiplying the estimated Standard Premium for this state by the expected loss factor shown in the State Special Rating Values - Pennsylvania. Total expected losses are the sum of the expected losses for the states where the Plan applies.

F. EXPENSE ALLOWANCE – EXCLUDING TAXES

The Expense Allowance varies on the basis of the annual Standard Premium. Use the Table of Expense Ratios in Part Four – Premium Computation Tables as follows:

1. One Year Plan

Multiply the Standard Premium by the corresponding expense ratio for that premium size.

2. Three Year Plan

Determine the estimated annual Standard Premium for each of the Three Years and multiply each annual Standard Premium by the expense ratio corresponding to that premium size. The sum of the three products is the total expenses.

3. Premium Sizes Other Than 100% of Standard Premium:

The expense allowance is based on the percentage of annual Standard Premium represented by the premium size other than 100% of Standard Premium.

G. TAX MULTIPLIER

Tax multipliers are shown in the State Special Rating Values – **Pennsylvania**. For an interstate risk, an average of the specified state tax multipliers weighted by the state standard premiums shall be used. For computing the Basic Premium Factor for Retrospective Rating Option V, the standard average tax multiplier of **1.079** may be applied.

Effective 10-01-92, tax multiplier = **1.065**.

H. THE TABLE OF INSURANCE CHARGES

The Table of Insurance Charges is a fundamental table in the computation of factors for Rating Option V. This table shows by expected loss group:

1. A percentage of Standard Premium representing the premium charge for providing insurance against the probability that the losses of the risk may produce a premium greater than the selected maximum retrospective premium.
2. A percentage of the Standard Premium representing a premium saving to recognize the probability that the losses of the risk may produce a premium less than the selected minimum retrospective premium.

Determination of the proper charge and saving for application of Rating Option V depends on a testing process which is explained in the example which follows in this Appendix.

I. TOTAL EXPECTED LOSS RATIO

Divide the total expected losses by the total Standard Premium to determine total expected loss ratio. Refer to C above.

J. BASIC PREMIUM FACTOR

The Basic Premium Factor is the sum of the following two elements:

1. The expense in basic factor. This is the Expense Ratio (Refer to F above) reduced by the provision for expense in the Loss Conversion Factor. This reduction is illustrated by No. 7 in the example below.
2. The net premium charge. Determine the difference between the premium charge for the limitation of the Plan premium to the maximum retrospective premium and the premium saving for limiting the Plan premium to the minimum retrospective premium. Then multiply this difference by the product of the expected loss ratio and the Loss Conversion Factor. This last calculation uses the probability of loss indicated in the Table of Insurance Charges to produce a factor applicable to standard premium as an element of the Basic Premium Factor.

Any other calculation may be used to determine the Basic Premium Factor provided the selected factor is not over .005 different from the factor produced by the sum of 1 and 2 above.

For risks on a One Year Plan, the insurance charges and savings used in obtaining the Basic Premium Factor are based on the annual estimated Standard Premium. For risks on a Three Year Plan, the charges and savings are based on the estimated Standard Premium for three years. To determine factors for premium sizes other than 100% of Standard Premium as provided in D above, use the percentage of annual Standard Premium represented by the premium size other than 100% of Standard Premium.

K. EXCESS LOSS PREMIUM

Excess Loss Premium is an additional elective element in the retrospective premium formula and is determined in accordance with Part Two-I-C of this Plan.

AN EXAMPLE OF BASIC PREMIUM FACTOR DETERMINATION

The following example illustrates a generally accepted method of determining the Basic Premium Factor. Note the statement, in J above, regarding different methods that may be used to determine the Basic Premium Factor.

ASSUME THE PLAN AGREEMENT PROVIDES

- A. Minimum Retrospective Premium Factor – 60%
- B. Maximum Retrospective Premium Factor – 135%
- C. Loss Conversion Factor – 1.115
- D. Tax Multiplier – 1.046

1. Estimated Standard Premium	\$100,000
2. Expected Losses	\$65,500
3. Expected Loss Ratio .....	.655
4. Expense and Profit or Contingency (Excluding Taxes)	\$21,900
5. Expected Loss & Expense Ratio $\frac{(2) + (4)}{(1)}$ .....	.874
6. Loss & Expense in Converted Losses $((3) \times C)$ above .....	.730
7. Expense & Contingency in Basic Premium Factor $(5) - (6)$ .....	.144
8. Minimum Retrospective Premium Factor (Excluding Taxes) $((A) \div (D))$ .....	.574
9. Maximum Retrospective Premium Factor (Excluding Taxes) $((B) \div (D))$	1.291
10. Table of Insurance Charges Value	
Difference $\frac{(5) - (8)}{(6)}$ .....	.411
11. Table of Insurance Charges Entry	
Difference $\frac{(9) - (8)}{(6)}$ .....	.98
12. Ratio of Losses for Min. Retro Premium to Expected Limited Losses .....	.48
13. Ratio of Losses for Max. Retro Premium to Expected Limited Losses	1.46
14. Table of Insurance Charges – Premium Charge for (13) .....	.155
15. Table of Insurance Charges – Premium Saving for (12) .....	.045
17. Net Premium Charge $((14) - (15)) \times (6)$ .....	.080
18. Basic Premium Factor $(7) + (16)$ .....	.224

NOTE: The above calculations are based on the 1977 Table of Insurance Charges in Part Four of the National Council on Compensation Insurance Retrospective Rating Plan Manual.

The procedure for establishing the values and factors in the above example follows:

1. Estimated Standard Premium:

This is the annual or three year standard premium. Refer to Rule II-E of Part One of this Plan.

2. Expected Losses:

The expected losses equal the estimated standard premium multiplied by the expected loss ratio which is found in the State Special Rating Values – Pennsylvania. Refer to Part Four for Table of Expected Loss Ranges. For an interstate risk, the expected losses equal the sum of the products of the estimated standard premium for each state and the corresponding expected loss ratio for each state. For the purposes of this example, it has been assumed that the risk is intrastate with an expected loss ratio of .655, which produces expected losses of \$65,500 (\$100,000 x .655).

3. Total Expected Loss Ratio:

This is the expected loss ratio for the risk obtained by dividing the total expected losses for all states covered by the Plan by the total standard premium.

4. Expense and Profit or Contingency – Excluding Taxes

The expense and profit or contingency (excluding taxes) is determined, for One Year Plans by multiplying the standard premium by the expense ratio found in either the Stock or Non-Stock "Tables of Compensation Expense Ratios – Excluding Taxes, including profit or contingencies." Refer to Part Four – Premium Computation Tables. For Three Year Plans, values are determined similarly for each of the years based on each annual estimated Standard Premium, and the sum of these values is the provision for expense and profit or contingency. The value for expenses shown in this example is equal to \$100,500 x .219 or .205. Note that the Tables of Expense Ratios, and other factors used in the calculations, are subject to revision in accordance with modifications adopted by this Bureau. Therefore, care should be taken to use current ratios and factors when preparing Retrospective Option V.

5. Expected Loss and Expense Ratio

This ratio is obtained by dividing the expected losses plus the expenses and profit or contingency (excluding taxes) by the Standard Premium.

6. Loss and Expense in Converted Losses

This factor, which expresses the ratio of expected losses and expense to estimated Standard Premium, is the product of the expected loss factor and the loss conversion factor.

7. Expense and Profit or Contingency in Basic Premium

The difference between the factor in Item 5, representing the total net premium provision for the risk under the Plan, and the factor in Item 6, representing expected losses and loss adjustment expense associated with insuring the risk, is the expense and contingency amount which must be included in the basic premium.

8. Minimum Retrospective Premium Factor – Excluding Taxes

9. Maximum Retrospective Premium Factor – Excluding Taxes

10. Table of Insurance Charges – Value Difference

11. Table of Insurance Charges – Entry Difference

These four items are determined in a way designed to facilitate the testing process by which the Basic Premium Factor is established. The factors entered for these items are obtained as indicated in the above example.

Item (10), Table of Insurance Charges Value Difference, equals the difference between the Table charge for the entry ratio from which the savings is taken and the Table charge for the entry ratio from which the charge is taken. Item (11), Table of Insurance Charges Entry Difference, equals the difference between the entry ratios that determine the savings and charge for the risk.

To use the Table of Insurance Charges, find the loss group in the Expected Loss Ranges in the Table containing the expected loss value from Item (2). For this example, the expected loss of \$65,500 falls within group 28 in these ranges. Then choose two "Entry Ratios" from the Expected Loss Group in the table with a difference equal to item (11). Make this

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SECTION 5

RULINGS AND INTERPRETATIONS

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Classification Underwriting Guide

Alphabetic
Numeric

Examples and Tables

RULINGS AND INTERPRETATIONS

The rulings and interpretations are based upon decisions made on individual risks, or they represent established practices. Rulings and interpretations should generally be followed for underwriting purposes in the case of risks which appear to come within their stated provisions. If risks involve conditions or operations which appear to be exceptions, such exceptions should be referred to the carrier and the Bureau.

SUBCLASSIFICATION – CARRIER OPTION

Act 44 of 1993 permits an insurer to develop subclassifications to the Bureau's classification system as approved by the Insurance Commissioner. Any such subclassification shall be filed by the developing insurer with the Bureau and the Insurance Commissioner thirty (30) days prior to its use. The insurer's filing shall demonstrate that payroll and loss data produced under such subclassification can be reported to the Bureau consistent with the Bureau's classification system and statistical plan. Otherwise, the Insurance Commissioner shall disapprove the subclassification filing.

AGRICULTURE

Agriculture, the art or science of cultivating the ground, includes not only farming but also horticulture – the cultivation of a garden or orchard, the art of growing fruits, vegetables or ornamental plants – and the breeding, raising and care of livestock for sale or for dairying purposes. Agriculture includes the marketing and transportation of these products by the farmer.

Code 917 may also be assigned when a retail store is operated by a separate crew of employees with no interchange of labor with the employer's other operations and when separate payroll records are kept.

ANNUAL RATING ENDORSEMENTS

An "Annual Rating Endorsement" shall be submitted annually for each continuing form policy or policy written for a period in excess of one year but not more than three years to be effective on the anniversary date set by such policy. It shall be submitted to the Bureau not later than thirty days subsequent to its inception.

Each annual rating endorsement shall be clearly identified by printing in large boldface type at the top of the endorsement the words "ANNUAL RATING ENDORSEMENT."

Annual rating endorsements shall also:

1. Show the name of the carrier providing the insurance. If the names of affiliated carriers are printed on endorsement forms, the particular carrier providing coverage shall be clearly indicated.
2. Show the policy number, including all printed and typed prefixes to facilitate the identification of the policy to which the Annual Rating Endorsement is related.
3. If the annual rating endorsement being filed replaces an annual rating endorsement covering the same period, indicate that it is a rewrite.
4. Show the date of its inception and expiration.
5. Show the code number(s) and carrier rate(s) applicable. If the carrier rate(s) or experience modification is not effective as of inception date of the endorsement, also show the effective date of such carrier rate(s) or modification.
6. Show the premium adjustment period, deposit premium and estimated annual premium for the period covered by the Annual Rating Endorsement.

Annual Rating Endorsements shall be used only for the purpose of showing the carrier rates, experience modifications, premium adjustment period, deposit premium and estimated annual premium for each one-year period. They cannot be used to make any other changes in the policy such as, but not restricted to, modifying the name of the insured, adding or eliminating classifications, adding or eliminating locations.

CABINET WORKS – WITH POWER-DRIVEN MACHINERY – 311

Applies to payroll developed in the manufacture of cabinets, cabinet parts or other similar wood products in which power-driven machinery is used. Many of the products contemplated by this classification are made to buyers' or customers' specifications and require installation. Separately rate installation work by either Code 646 or Code 648 as provided in the Underwriting Guide.

Typical products covered by this classification include but are not necessarily limited to:

- | | |
|------------------------|-----------------------|
| Architectural Vanities | Partitions |
| Bathroom Vanities | Picture Frames |
| Bookcases | Restaurant Booths |
| Bulletin Boards | Room Dividers |
| Counter Tops | Showcases |
| Display Cases | Store Counters |
| Kitchen Cabinets | Toys – Wood |
| Library Cabinets | Walk-In Refrigerators |
| Parquet Flooring | |

Also includes payroll developed in the finishing of the products cited above. The term finishing means shellacking, staining, painting, lacquering or varnishing or covering with formica, porcelain or similar materials. Upholstering operations conducted by a separate crew of employees in a physically separate department shall be assigned to Code 327.

EMPLOYMENT CONTRACTOR – TEMPORARY STAFFING

Employers engaged in supplying temporary staffing to unrelated concerns shall in all instances be classified in accordance with the temporary staffing classes shown in Section 2 of this Manual per the cross-reference chart below subject only to specified EXCEPTIONS for temporary staff engaged in the various occupations or tasks listed after the chart. The cross-reference chart shows which business classifications are assignable to each appropriate temporary staffing class. The customers' assigned business classification shall be a guide in selecting the temporary staffing class(es) utilized in classifying the different portions of a temporary staffing contractor's payroll.

Temporary staffing is a business that hires its own employees and assigns them to an unrelated business to support or supplement that unrelated business' permanent workforce in a special work situation including but not necessarily limited to employee absences (e.g., vacation or illness), temporary skill shortages, seasonal workloads or special assignments or projects. The temporary staffing business usually contracts to fill a job but not to supply a particular person to fill that job. The special work situation generally involves a work assignment that may be of varying time length from a single day to any period less than a year.

TEMPORARY STAFFING CLASSIFICATION

Assignable Customer
Business Classification(s)

For example, the table entry **185** indicates that temporary staff performing duties which would be subject to Bureau **104** classification

104 if performed by direct employees of the client are to be assigned to the temporary staffing **Code 185**. In total there are 23 temporary staffing classifications for which there is a single assignable customer business classification, seven temporary staffing classifications with multiple assignable customer business classifications and one temporary staffing classification, **Code 889**, which applies to all temporary clerical or technical service staff regardless of the customers' business classification(s).

**TEMPORARY STAFFING
CROSS-REFERENCE CHART**

185	187	189	191	275	276
104	107	113	161	221	222
291	297	491	493	495	497
255	281	403	445	451	472
499	587	691	693	695	867
475	563	609	651	661	813
877	879	881	883	889*	895
914	923	926	928	953	965
				956	
				962	

* **Code 889** also applies to temporary clerical or technical service staff provided to customers subject to any other business classification(s).

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101	115	166	265	402	427	457	483	509	571
103	119	201	282	404	429	458	485	511	573
105	130	204	301	406	431	459	486	512	581
106	132	205	305	407	433	461	487	513	718
108	134	225	306	411	435	463	488	514	744
109	135	227		413	441	465	489	535	4771
110	136		311	415	447	467	501	536	4775
111	139	257	319	416	449	471	502	551	4777
112	163	261	323	421	454	473	506	553	
114	165	263	327	425	456	474	507	555	
									476
									477

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601	617	655	666	677
602	645	656	667	679
603	646	657	668	681
605	647	658	669	
606	648	659	670	
607	649	660	673	
608	652	663	674	
611	653	664	675	
615	654	665	676	

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885	920
886	922
910	925
915	927
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917	933
918	934
919	935

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005	721	809	858	924
009	801	810	859	
025	803	811	860	980
028	804	812	861	992
050	805	817	862	995
051	806	821	865	
055	807	855	907	
059	808	857	911	

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0011	753	880	896	948	971	987
012	755	882	897	952	973	988
0013	757	884	898	954	975	997
141	759	887	899	963	976	999
142	814	890	936	964	977	7428
662	815	891	939	966	978	
716	816	892	941	967	983	
751	818	893	944	968	984	
752	825	894	945	969	986	

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1. **AVIATION** – any temporary personnel provided as flight crew in any capacity shall be assigned to the appropriate aircraft operation classification.
2. **LONGSHORING** – personnel provided to load or unload a vessel shall be assigned to the appropriate stevedoring classification.
3. **SHIP BUILDING** – temporary staff provided to perform work concerned with either ship building and/or ship repair shall be assigned to the appropriate Federal classification.
4. **FARM LABOR** – any temporary staff shall be assigned to the appropriate agricultural classification or if provided to perform mechanical harvesting, picking and related activities utilizing machinery shall be assigned to Code 007.
5. **COAL MINING** – any temporary staff engaged in mining coal or to staff a coal breaker and/or cleaning plant shall be assigned to the appropriate Coal Mine Compensation Rating Bureau classes.
6. **LEASED EMPLOYEES** – the leasing of personnel shall not be construed as temporary staffing.
7. **CLERICAL** – all temporary clerical staff shall be assigned to Code 889 regardless of the customer's business classification.
8. **HOME HEALTH CARE** – any personnel performing home health care services shall be assigned to the appropriate home health care class as provided in Section 2 of this Manual.
9. The following classifications are not available as a guide in classifying temporary staffing contractors: 985, 993, 994, 996, 0901, 0902, 0908, 0909, 0912 and 0913.
10. **WORKFARE PROGRAM EMPLOYEES** – assign Code 982 for employable recipients of public assistance delegated by the Department of Public Welfare for temporary placement by a temporary staffing contractor with private, nonprofit or for-profit employers under Workfare projects.
11. **EMPLOYMENT CONTRACTOR'S PERMANENT STAFF** – shall be assigned to Codes 951 and 953 as they may apply. Other permanent staff employees with duties falling beyond the scope of the standard exception classes shall be assigned to Code 971.

CERAMIC SHOPS

The operations contemplated by the term "ceramic shops" are manual with little or no mechanization. The major material is a liquid clay known as slip. After mixing, the clay is poured or pumped into plaster of paris or rubber molds. When dry, the clay is now called greenware (an unfired shape or figurine) which is manually trimmed, inventoried or shelved for further hardening and curing, then sold to customers. Retail customers often paint or finish the greenware and return it to the shop for firing. A ceramic shop will often hold classes for students who will perform all of the above functions except for the firing. The ceramic shop may also sell paints, artist-type brushes, decals and ceramic hand tools.

Payroll developed in operations as discussed above shall be assigned to Code 928 .

DEPARTMENT STORE – 914

For those establishments having twenty or more full-time employees or their equivalent and the merchandise handled must include: wearing apparel, linens, house furnishings (other than furniture) and two or more of the following: cosmetics, furniture, giftware, hardware, jewelry, luggage, stationery/greeting cards, sporting goods and toys.

The total annual sales of wearing apparel, linens, and house furnishings must exceed 50% of the total annual sales.

This classification will also include the installation of house furnishings.

The criteria cited above will be applied to each location of a risk.

EXECUTIVE OFFICERS**EXECUTIVE OFFICERS – EXCLUSION**

An executive officer of a corporation may elect not to be an “employee” of the corporation. For purposes of this exclusion, an executive officer is an individual who has either an ownership interest in a Subchapter S corporation as defined by the Act of March 4, 1971 (P.L. 6, No. 2), known as the “Tax Reform Code of 1971,” or an interest of at least five percent in a Subchapter C corporation as defined by the Tax Reform Code of 1971.

The remuneration of executive officers shall be treated in accordance with the following procedures:

EXECUTIVE OFFICERS – MULTIPLE CORPORATE ENTERPRISES

An executive officer may either receive a salary from only one or from several corporations insured under one policy. In other instances several policies may be issued to cover several corporations and an executive officer may receive a salary from each of these corporations. The following procedure shall apply in these instances:

Where it is permissible to include more than one corporation on a single policy and such corporations are insured by a single carrier whether under one or more policies, the several corporations shall be considered as a unit with respect to the application of the Executive Officers Rule. In all other cases the rule shall apply on a policy basis.

EXECUTIVE OFFICERS REMUNERATION – TREATMENT OF:

1. The remuneration of an executive officer shall not be included with the payroll of the risk for premium computation purposes, provided:
 - (a) That such officer is elected for the value of his or her name or because of stock holdings, has no duties and does not come on the premises, except perhaps to attend directors' meetings.
 - (b) That such officer because of age or for other reasons, ceases to perform any duties and does not come on the premises, except perhaps to attend directors' meetings.
2. The remuneration of an executive officer shall be included with the payroll of the risk for premium computation purposes, subject to the minimum and maximum provisions of the Basic Manual, provided:
 - (a) That such executive because of age or for other reasons, ceases to perform any duties, but nevertheless, frequently visits the premises of the risk.
 - (b) That such officer frequently visits the premises of the risk for business conferences, directors' meetings or similar duties, although also an officer or employee of another risk in the operations of which he takes an active interest.
3. Under the following conditions, the amount of remuneration of executive officers which shall be included with the payroll of the risk for premium computation purposes, subject to the minimum and maximum amounts of the Basic Manual, shall be as indicated below:
 - (a) Where the officer draws no salary in fact, but a regular salary is credited to him or her on the books, the amount so credited shall be included in the payroll of the risk as his or her remuneration.
 - (b) Where the officer draws no salary in fact, but a regular salary is credited to him or her on the books and subsequently charged back to such officer, the amount so credited shall be included in the payroll of the risk as his or her remuneration regardless of such charge off.
 - (c) Where the officer draws no regular salary but draws such various sums as his or her needs or the conditions of the business dictate, the actual amount drawn shall be included in the payroll of the risk as his or her remuneration.
 - (d) Where the officer receives no salary in fact, either drawn or credited, or where the records presented to the auditor fail to disclose the salary, the amount to be included in the payroll of the risk shall be the applicable manual minimum per week.

FOOD SUNDRIES MFG. – 104

This classification applies to risks engaged in the preparation or manufacture of food products whose operations are not more specifically described by any other Manual classification. If a risk otherwise subject to this classification includes minor operations which are described by another Manual classification, such operations should be included in this classification unless their inclusion is prohibited by the Manual or unless they constitute a distinctly separate enterprise.

All types of containers such as bottles, jars, cans, bags or cartons may be used for the finished product.

In general, the operations fall into a few broad groups.

Dry Processing:

- (a) Grinding, mixing or otherwise blending dry ingredients to produce numerous kinds of prepared flours, gelatins, desserts and beverage preparations such as hot chocolate or malted milk powder.
- (b) Cleaning, roasting, grinding coffee, blending, mixing teas, grinding, milling, sifting spices, cleaning, shelling, roasting and otherwise preparing nuts by salting, sugaring, shredding, etc., as well as making nut pastes by grinding, milling or pressing.

Wet Processing:

- (a) Manufacturing sauces, dressings, desserts and similar products by grinding and mixing the ingredients.
- (b) Preparing olives, capers, cherries or pickles by washing, sorting, pitting or stuffing, filling in jars with a brine solution or coloring.
- (c) Compounding flavoring extracts or syrups by cold mixing essential oils, syrups, fruit juices or other liquids or ingredients with alcohol, water or other solvents or diluents.

Cooked Foods, Salads, etc.: This group covers a large variety of food products that require a considerable amount of preparatory kitchen work before they are finally placed into containers. Some of these food products are soups of all kinds, meat, fish or poultry in combination with vegetables, noodles, cereals, etc., chow mien, spaghetti with various sauces, mince meat. Included in this group are also freshly prepared foods, cooked or uncooked, that are sold in open or unsealed containers such as salads, soups, baked macaroni or beans, egg custard, cole slaw and spiced vegetables.

Vegetables, meats, fish or other ingredients are washed and cleaned, then reduced to required size or consistency by cutting, slicing, chopping, grinding, etc. Appropriate spices or seasoning are added and the mixture is cooked. In many instances there are additional cutting, chopping, mixing, re-cooking or straining operations before the product is filled into bottles, jars, cans, etc. The products that are sold in open or unsealed containers are generally freshly prepared and disposed of daily.

This classification is not applicable to the following operations:

1. The manufacture of essential oils or extracts such as are used for perfume by the process of distillation, filtration or percolation.
2. The preparation of extracts to be used for perfumery purposes by a cold mixing processing or the blending of ingredients for the same purposes.
3. Syrup manufacturing by mixing and cooking fruits or fruit juices with sugar, etc.
4. Manufacturing preserved fruits such as candied fruit peels or rinds, pie fillings, soda fountain syrups, by cleaning, cutting, etc. and cooking with the required ingredients.
5. Preserving or otherwise preparing meat products by smoking, corning, curing, salting, encasing, etc.
6. The preparation and sale of delicatessen by retail delicatessen stores.
7. The preparation of food by caterers.
8. Pickling cucumbers or other food products.
9. The repacking of food products from large containers into smaller ones, involving no processing operations. This would include dry, liquid, semi-liquid and solid products.

FILING AND APPROVAL OF POLICY AND ENDORSEMENTS PROCEDURE

No workers compensation or employers liability policy, information page, endorsement of related form may be used in Pennsylvania until it has been submitted to and approved by the Insurance Commissioner in accordance with Chapter 133 of the Pennsylvania Insurance Regulations. The standard policy form and the information page, together with the endorsements that appear in Section 3 of this Manual, have been filed by the Bureau and approved by the Insurance Commissioner on behalf of all Bureau members who have furnished the President of the Bureau with a Power of Attorney to so file on their behalf. The standard policy form and information page can be found in the National Council on Compensation Insurance Forms Manual identified as WC 00 00 00 and WC 00 00 01 respectively. (Companies should contact the Pennsylvania Bureau if they do not have access to the National Council Forms Manual).

Individual filing with the Department will not be required by any member carrier with respect to the provisions of the standard workers compensation policy and endorsements which have been filed by the Bureau and approved by the Insurance Department. The standard policy form may not be changed except that (a) special provisions may be included applicable to the members of policyholders of a mutual or participating stock insurer or a reciprocal association (b) the manual provisions for short-rate cancellation may be included. Individual filing of an information page with the Department will not be required if a carrier's page includes the National Council's standard form items together with those items indicated as requirements for Pennsylvania in the information page notes. Inclusion of additional items in accordance with the options of the information page notes will not require an individual filing, but exclusion of any basic form items or Pennsylvania requirements will require filing of such information page directly with the Department, with a copy of such filing to be sent to the Bureau.

It is important to note that the National Council on Compensation Insurance has copyrighted the policy form, the information page and all of its standard endorsement forms. In addition, the Pennsylvania Bureau has copyrighted the Pennsylvania endorsement forms. If any of these documents are used with no modification, they must contain the appropriate copyright legend. If modifications are made to the form and authorized by the appropriate authority, the form must contain the following statement: "Includes material of the (appropriate Bureau name) Copyright 20 used with its permission."

Following approval by the Department of the provisions of the forms filed by the Bureau, a circular letter will be issued by the Bureau notifying the members of such approval.

A new company, which is not yet a member of the Bureau, must submit its policy and information page forms directly to the Insurance Department when it applies for its license to write workers compensation insurance.

A carrier wishing to use any form that varies from the standard in any way other than that allowed in the second paragraph above must file such form directly with the Insurance Department, with a copy of the filing furnished to the Bureau.

FROZEN OR FROSTED FOOD PRODUCTS MFG.

The processing of frozen foods shall be assigned to the classification which would apply if the product was not frozen. This ruling is made as the application of cold to either chill or freeze food products is common to a number of food processing classifications. It has been determined that the freezing operations of themselves do not change the fundamental characteristics of the risk.

FURNITURE ASSEMBLY – 319

Applicable to payroll developed by employers engaged in the assembly of wood, metal or plastic furniture from parts manufactured by other unrelated risks. Included within the scope of this classification are all types of home or office furniture such as tables, chairs, dressers, chests of drawers, bed frames or desks or cabinet-type products. The assembly work is normally accomplished by means of nails, screws, brackets, glue, dowel pins and clamps. The classification also includes the finishing of the assembled products by painting, staining, varnishing, lacquering, shellacking or covering surfaces with Formica-type materials.

The repair or reconditioning of wood or metal furniture which does not require the manufacture or fabrication of parts (or whereby the fabrication is not performed by the risk but parts are purchased from other unrelated risks) shall also be assigned to this classification. The type of operations found here would involve only tightening loose parts, regluing parts or replacing broken parts, stripping off the old finish and applying a new finish.

This class further includes payroll developed in the manufacture and finishing of cabinet-type products only when such products are made without the use of power-driven woodworking machinery. The parts are cut to size and shape by means of hand tools or portable electric tools and then assembled and put together to form the completed product.

Upholstering of new or used, repaired or reconditioned furniture conducted by a separate employee crew in a physically separate area shall be assigned to Code 327.

FURNITURE MFG. WOOD – 323

Applicable to employers principally engaged in the manufacturing of individual completed wood furniture pieces or sets including but not necessarily limited to: bedroom, living room or dining room pieces or sets, office furniture, billiard tables, console-type audio or television cabinets, pianos or piano cases, juvenile or nursery furniture, lawn or garden furniture, frames for upholstered furniture, occasional tables, chairs, desks or wardrobes.

This classification contemplates both the fabrication of the various parts on woodworking machines and the subsequent assembly of the components into completed furniture. Also included is the finishing by staining, painting, varnishing, lacquering or polishing. In addition, hardware such as hinges, pulls, locks or casters may be attached.

Also applies to the repair of furniture when it is necessary to machine new parts as replacements for damaged or broken parts.

Upholstering operations conducted by a separate crew of employees in a physically separate department shall be assigned to Code 327.

The manufacture of furniture parts which are not assembled into completed furniture by the same employer is assignable to Code 305 for non-turned furniture parts or to Code 306 for all turned furniture stock.

FURNITURE UPHOLSTERING SHOP ONLY – 327

An upholstering shop's operations shall include but are not necessarily limited to: fabric cutting and sewing, spring-up, trimming and the final assembly of the upholstered materials onto the manufactured frame .

OPERATIONS NOT COVERED

1. Frame manufacturing or frame assembly shall be classified as provide for in this Manual.
2. Upholstering operations conducted at customers' locations is assignable to Code 670.

GROCERY STORE – 917

Applies to establishments engaged as supermarkets or to convenience retail grocers, whose operations do not include the handling/processing of fresh meats.

A supermarket is principally engaged in the retail sale of groceries, fresh fruits, vegetables, dairy products, bakery products, frozen foods and in addition thereto will have a meat department that sells fresh or cured meat, fish and/or poultry. A typical supermarket will also sell other merchandise including but not limited to: soft drinks, soap and other household cleaning items, paper products or cigarettes. A supermarket that is a "super center" may also sell non-grocery merchandise including but not limited to: cosmetics, toiletries, stationery products, paperback books, greeting cards, women's hosiery, prescription or non-prescription drugs or kitchen supplies (e.g., pots, pans or pot holders).

The classification also contemplates convenience retail grocers principally engaged in the retail sale of groceries, fresh fruits, vegetables, dairy products, frozen foods, coffee, tea, spices or delicatessen foods such as cold cuts, salads, pickles, smoked fish or other "appetizers." Delicatessen stores may also prepare salads and/or cook meat such as roast beef, Virginia ham, barbecue chicken or spare ribs. A convenience retail grocer may also sell other merchandise including but not limited to: soft drinks, household cleaning items, paper products, cigarettes or non-prescription drugs

Where a store sells several types of merchandise, each of which may be subject to a different classification, such store shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50% of the gross receipts.

When a retail grocery store's merchandise includes fresh or cured meats, poultry or fish, Code 917 should be assigned only when the employer can satisfactorily establish that the cost of the fresh or cured meats, poultry or fish did not exceed 65% of the total cost of all merchandise purchased by the employer during the policy period. If the cost of fresh or cured meats, poultry or fish exceeds 65% of the cost of all merchandise purchased during the policy period an employer so engaged shall be assigned to Code 915.

HARDWARE STORE – RETAIL – 925

Applies to retail stores principally engaged in selling hardware. The term hardware as used in this classification includes but is not necessarily limited to: nails, screws, bolts, washers, gaskets, brackets, locks, hinges, electrical outlet boxes, switches, fuses, plugs, sockets, hand or portable electric tools, plumbing fixtures, paint, small household electrical appliances, radios, stereo equipment, televisions, video and/or audio equipment, kitchenware, garden tools and equipment such as lawn mowers and snow blowers.

In addition, hardware stores may also make keys, sharpen saws or repair storm windows and screens and sell a wide variety of non-hardware items such as wallpaper and allied supplies, china, glassware, sporting goods or automobile accessories or parts.

Such stores may also rent floor scraping or polishing machines, rug and upholstery cleaning machines and similar equipment.

Other types of retail stores or operations assigned to this classification are:

1. Bicycle Stores – including rental and incidental repair work.
2. Locksmiths – including installation, repair or replacement of locks in existing buildings.
3. Lawn mower sales and service (including riding-type).

Where a store sells several types of merchandise, each of which may be subject to a different classification, such store shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50% of the gross receipts.

OPERATIONS NOT COVERED:

Except as provided for above, separately staffed installation, service or repair operations shall be separately classified including but not necessarily limited to the examples listed below:

1. The service or repair of televisions, video and/or audio equipment shall be assigned to Code 966.
2. The service or repair of major household appliances shall be assigned to Code 662.

HARDWARE STORE – WHOLESALE – 926

Applies to dealers principally engaged in the wholesale selling of hardware. The term hardware as used in this classification includes but is not necessarily limited to: nails, screws, bolts, washers, gaskets, brackets, locks, hinges, hand or portable electric tools, machine tools, small household electrical appliances, stereo equipment, radios, televisions, video and/or audio equipment, kitchenware, mill supplies or garden tools or garden equipment such as lawn mowers or snow blowers. A wholesale hardware dealer may also sell plumbing or electrical supplies.

Also includes "ship chandlers" who are dealers in ship supplies and equipment, such as engine room equipment, lifeboat supplies, navigational instruments, deck gear or other ship stores.

Other types of risks included in this classification are wholesale dealers in the following articles:

1. Radio or Television Parts
2. Appliance Parts (for example, washers, dryers, window-unit air conditioners or refrigerators)
3. Aircraft Parts and Accessories
4. Welding Supplies, such as bottled gases, torches, welding rods or face masks
5. Cutlery
6. Sewing Machine Heads or Parts

Where a store sells several types of merchandise, each of which may be subject to a different classification, such store shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50 percent of the gross receipts.

OPERATIONS NOT COVERED:

1. Wholesale dealers principally engaged in selling wire rope or cable assign to Code 857.
2. Retail or wholesale establishments principally engaged in selling building materials such as roofing (including shingles), siding, wallboard, brick and/or lumber assign to Code 855.
3. Wholesale dealers principally engaged in selling plumbing supplies or pipe shall be assigned to Code 885.
4. Wholesale dealers principally engaged in selling electrical supplies (e.g., electric wire, fuses, circuit breakers) shall be assigned to Code 886.

HEALTH CARE FACILITIES AND NON-MEDICAL RESIDENTIAL FACILITIES

This provides a description of the operations assignable to the following codes:

- 958 "REHABILITATION HOSPITAL"
- 960 "NURSING AND CONVALESCENT HOME"
- 961 "HOSPITALS"
- 974 "RETIREMENT OR LIFE CARE COMMUNITY"
- 979 "RESIDENTIAL FACILITY FOR THE ELDERLY – NON-MEDICAL"
- 940 "RESIDENTIAL CARE FACILITY FOR THE DEVELOPMENTALLY DISABLED"
- 941 "SOCIAL REHABILITATION FACILITY"

Code 958, "REHABILITATION HOSPITAL"

Health care facilities that are licensed as rehabilitation hospitals or psychiatric hospitals by the State of Pennsylvania and who do not meet the criteria for assignment to the hospital classification and are not licensed as a nursing home shall be assigned to this classification. This classification applies to a category of rehabilitative facilities that falls between a full-service hospital and a nursing home.

Types of Facilities to be included in this classification are:

Rehabilitation hospitals

Psychiatric hospitals

Alcohol and/or drug residential facilities licensed as Inpatient Non-Hospital-Detoxification or as Inpatient Non-Hospital-Drug Free

Code 960, "NURSING AND CONVALESCENT HOME – with 50 percent or more beds Licensed as Intermediate Care or Higher"

Applies to concerns operating health care facilities that are licensed by the State of Pennsylvania as long term care and have 50 percent or more of their beds licensed as Intermediate Care or Higher. These firms offer varying degrees of care to patients who may be incapacitated in differing degrees including bedridden patients. Intermediate Care means nursing care and related medical or other personal services to individuals within the context of a planned program of care and supervision on a continuous twenty-four hour basis in an institutional setting.

Skilled Nursing Care means high intensity comprehensive planned care including rehabilitative or restorative therapy, complex medical or drug therapy, diet supervision, trained observation and/or nursing care available on a twenty-four hour basis.

These insureds may or may not be multiple tier facilities meaning there is a mix of licensed beds and unlicensed quarters such as apartments or cottages. A class assignment to either Code 960 or to Code 974 is dependent upon the counting procedure delineated below. Personal care intermediate care or skilled nursing beds shall be counted per bed. Apartments or cottages shall be counted per number of units with each unit being the equivalent of a bed. Those with 50 percent or more beds licensed as intermediate care or higher are assignable to Code 960. Those with less than 50 percent so licensed are assignable to Code 974.

Types of Facilities to be included in this classification are:

Convalescent home, with 50 percent or more beds licensed as intermediate care or higher

Life Care Community, with 50 percent or more beds licensed as intermediate care or higher

Nursing home, with 50 percent or more beds licensed as intermediate care or higher

Retirement Community, with 50 percent or more beds licensed as intermediate care or higher

Code 961, "HOSPITALS"

Only those medical institutions providing general hospital facilities shall be assigned to Code 961 – "Hospitals." The following minimum criteria shall be used as a guide for determining those risks assigned to this classification:

1. An organized staff of doctors subject to a duly authorized set of by-laws adopted by the hospital.
2. Registered nurse supervision and such other nursing services to provide patient care 24 hours a day.
3. (a) Surgical facilities and/or
(b) Operating or delivery room
4. Relatively complete diagnostic and treatment facilities for medical patients on the premises, and
5. Diagnostic X-ray and clinical laboratory services regularly and immediately available.

In general, hospitals licensed by the State of Pennsylvania, under the following types, meet these criteria and shall be assigned to Code 961 – "Hospitals":

Type of Facility

- General hospitals which admit maternity patients
- General hospitals which do not admit maternity patients

Code 961 includes clerical office personnel engaged in the business administration of the hospital or related functions regardless of whether the office personnel are located at or contiguous to the hospital or at a location separate from the hospital.

OPERATIONS NOT COVERED:

Workfare Program Employees or employees performing home health care services shall be separately classified as provided in this Manual.

Code 974, "RETIREMENT OR LIFE CARE COMMUNITY with less than 50 percent of beds Licensed as Intermediate Care or Higher"

LIFE CARE/RETIREMENT COMMUNITIES offer lifetime guarantees for housing and long term skilled nursing care. These facilities provide independent living units, personal care units and intermediate skilled care units at one site. The client pays a one-time entrance fee and subsequent monthly maintenance fees. Clients enter through independent living units and as needed progress onto higher levels of care.

A Life Care or Retirement Community is a multiple tier facility meaning it has a mix of licensed beds and unlicensed quarters such as apartments or cottages. These insureds are classified to either Code 960 or to Code 974 dependent upon the counting procedure delineated below. Personal care, intermediate care or skilled nursing beds shall be counted per bed. Apartments or cottages shall be counted per number of units with each unit being the equivalent of a bed. Those with 50 percent or more beds licensed as intermediate care or higher are assignable to Code 960. Those with less than 50 percent so licensed are assignable to Code 974.

Such may be certified by the Insurance Department as a Life Care Community. When not certified, care is purchased on an "as needed" basis.

Types of Facilities to be included in the classification are:

- Continuing Care Community, with less than 50 percent of beds licensed as intermediate care or higher
- Life Care Community, with less than 50 percent of beds licensed as intermediate care or higher
- Retirement Community, with less than 50 percent of beds licensed as intermediate care or higher

OPERATIONS ALSO COVERED:

A facility operated by a religious organization for the purpose of providing health care services exclusively to clergy or other persons in a religious profession who are members of the religious organization operating the facility. These facilities are exempt by statute from the health care facility and personal care home definitions and, hence, from the Departments of Health and Public Welfare regulations respectively.

Code 940, "RESIDENTIAL CARE FACILITY FOR THE DEVELOPMENTALLY DISABLED"

Includes operations licensed as Intermediate Care Facilities for the Mentally Retarded (ICF/MR) regardless of client count or location. Also included are schools and daycare activities operated by the facility.

ICF/MRs are licensed by the state to provide on a regular basis, health related care and services to the mentally retarded, who do not require the degree of care or treatment which a hospital or skilled nursing facility is designed to provide. These facilities regardless of client number provide unique and specialized residential, medical and habilitation services to its clients.

Community Residential Facilities (CRF) and ICF/MR – 9 or more residents have similar regulations, goals and staffing patterns. The large ICF/MR receives federal funds under Medicaid, while the CRF receives state funds.

The larger ICF/MRs (9 or more clients) usually provide educational, workshop/vocational and physical therapy programs at one campus with many residents living in cottages having no more than 8 residents each. Supervision may be provided by staff in three 8-hour shifts. Smaller ICF/MRs (8 or fewer clients) also assigned to this classification provide community-based programs which are designed to facilitate the client's movement to a less restrictive environment than the larger facilities. These community-based ICF/MRs employ a relatively high staff to client ratio and 24-hour supervision with at least one staff member monitoring overnight activity. Smaller ICF/MRs may serve clients from higher functioning to profoundly retarded.

Facilities providing residential care for other developmental disabilities (i.e., autism and cerebral palsy) are to be included within this class.

Community Residential Facilities having separately staffed group homes for 8 or fewer residents located off campus shall be assigned to Code 941. Separately staffed personal care homes located off campus shall be assigned to Code 979.

Code 941, "SOCIAL REHABILITATION FACILITY"

Applicable to non-medical residential care facilities providing a transitional non-institutional environment in a group setting which emphasizes through guidance and counseling the social rehabilitation and the eventual reintegration of the resident into the community. Such facilities include: Community Residential Rehabilitation Services (CRSS) for mentally ill clients regardless of client count per facility.

Residential facilities for children provide a non-institutional environment focusing on socialization and reintegration into the community. Residents in these facilities are usually pre-teen to 18 years of age. At these facilities individualized programs are designed to rehabilitate the child. Emphasis is placed upon reuniting children with their families, placing children in foster care or moving them into a group home where independent living skills are stressed.

Community Residential Facilities operating group homes with 8 or fewer mentally disabled residents which are not licensed as intermediate care facility for the mentally retarded (ICF/MR) are community based residential programs providing supportive services for a more highly functional client. Clients in these group homes access community based programs for the mentally retarded. These clients do not require the health care provided at a ICF/MR group home. Many of these clients will become self sufficient enough to move into minimal supervision apartments.

Additional programs, e.g., daycare, respite care and prevocational training programs, provided by group home operators shall be included within the scope of this class. Training programs that pay the trainees for services rendered (including sheltered workshops) shall be separately classified.

OPERATIONS NOT COVERED:

Drug and alcohol halfway houses, shelters for the homeless, victims of domestic abuse, unwed mothers or pre-parole halfway houses shall be assigned to Code 986.

Code 979, "RESIDENTIAL FACILITY FOR THE ELDERLY – NON-MEDICAL"

Applicable to insureds providing custodial/personal care for residents who are ambulatory and where facilities are non-medically oriented. The Commonwealth of Pennsylvania provides two definitions for custodial care/personal care: (1) Care to maintain an individual not involving highly skilled rehabilitative or nursing services; (2) Care to maintain an individual that can be given by a layman, i.e., food, shelter and unskilled supervision.

Includes facilities licensed as personal care homes by the Pennsylvania Department of Public Welfare (DPW). Information published by DPW discloses a large percentage of personal care home residents are over the age of 60. Such facility may also provide personal care service for individuals with physical disabilities, Alzheimer's disease, senility or other cognitive dysfunctions.

There shall be no payroll division between Code 979 and Codes 960 and 974 at a single location/campus.

OPERATIONS ALSO COVERED:

Also included are residential facilities for the elderly that offer their guests services including but not necessarily limited to laundry, dietary (a common dining area), house-keeping (the insured's employees will clean client living areas), recreation and/or related social programs. Typically these facilities have beds licensed as personal care and unlicensed quarters (apartments or cottages) or have only unlicensed quarters (apartments or cottages).

HOTEL OR MOTEL OPERATIONS

Payroll developed in the operation of ski facilities shall be separately classified. Please refer to the Ski Resorts Rulings and Interpretations entry for the proper procedure.

The two classifications applicable to hotel operations are Codes 973 and 945 .

Code 973 shall include all operations performed by hotel or motel employees including but not necessarily limited to: front desk employees, persons engaged in the operation of newsstands, candy or cigar shops or similar activities, personnel operating or maintaining indoor or outdoor swimming pools, the golf course, video game room, the health or fitness club, tennis courts or other

hotel or motel guest amenities, maids, housemen, inside or outside maintenance, store workers, barbers, laundry workers, or employees performing concierge services (i.e., arrangements for tours, theater tickets or the rental of automobiles).

The scope of Code 945 contemplates but is not necessarily limited to: employees whose work is solely in connection with the food service or beverage operations (i.e., waiters or waitresses and their assistants, cooks, kitchen help, bartenders, cashiers, restaurant managers, musicians or entertainers). On the auditing procedures for tips and musicians or entertainers, see Section 1, Rule V.

Codes 973 and 945 apply only to workers directly employed by the hotel or motel and do not include employees of concessionaires or independent contractors operating on the premises. The operations of each such concessionaire or independent contractor will be classified solely on the merits of their operations.

Payroll developed by interchanging hotel and hotel restaurant employees shall be assigned to Code 973 or to Code 945, whichever has the higher value.

Employees of either the hotel or the hotel restaurant exclusively engaged in clerical office duties shall be assigned to Code 953.

LIMOUSINE OPERATION

Limousine operation means the rental of a vehicle with driver or chauffeur for use on defined trips in connection with weddings, funerals, business, social functions, shopping or similar purposes. Such business is assigned to Code 817.

Limousine operation does not include the operation of a vehicle that is available for immediate hire (on a call and demand basis) with fares to be determined by zone or meter. Such business is classified by Code 803.

Payroll developed in the provision of ambulance services on an employee or non-volunteer basis shall be assigned to Code 807.

MEAT DEALER – WHOLESALE – 910

Applicable to employers principally engaged in the wholesale sale/distribution of fresh and processed meats and whose operations include the deboning and/or cutting of fresh meats into portion controlled fresh meat products, such as steaks, roasts, or chops. Such employer may also distribute poultry and/or fish merchandise as an adjunct to his meat merchandise and the operations may include the filleting of the fish and the cutting of poultry carcasses into parts. The employer may further distribute grocery merchandise and/or fresh fruit and vegetables.

Also contemplated are businesses principally engaged in making natural sausage casings, but who perform no killing of animals.

Where a dealer sells several types of merchandise, each of which may be subject to a different classification, such dealer shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50% of the gross receipts.

OPERATIONS NOT COVERED:

Businesses principally engaged in taking beef and/or veal and cutting or grinding this fresh meat into hamburger, hamburger patties and/or veal patties and/or sandwich steaks will be assigned to Code 119.

When a wholesale meat dealer is also engaged in the killing of animals and the dressing of their carcasses, then such employer is assignable to Code 111.

Wholesale meat dealers who do no deboning and/or cutting of fresh meats must be assigned to Code 924.

MEAT, FISH AND/OR POULTRY STORE – 915

For establishments primarily (at least 65% of the total cost of all merchandise) engaged in the retail sale of fresh and cured meats, fish and/or poultry. Such insured may also sell general grocery merchandise including but not limited to: bakery and/or dairy products or canned goods. The slaughtering of animals and the dressing of carcasses into marketable cuts as well as the making of sausage, scrapple, frankfurters, ham or bacon shall be construed as incidental and not subject to separate classification provided more than 50% of the total sales of the fresh meat and/or cured meat products produced are sold over the counter to the general public for personal or household consumption either on the premises or through satellite outlets.

Such insured may perform custom killing. This involves the slaughter of an animal (a steer, pig or sheep) for a private individual (frequently a farmer) and the cutting or processing of the resulting meat per customer specification. All of the fresh or processed meat is the customer's property and may be held for the customer by the insured in a frozen food locker or returned immediately to the customer. This may also include the dressing of deer carcasses during hunting season for individual hunters.

This classification shall include incidental sales to restaurants, institutional buyers or retail stores. When more than 50% of the sales are to non-retail customers, such establishments shall not be subject to Code 915 and shall be classified as indicated below.

OPERATIONS NOT COVERED:

When the operations include the killing of animals and more than 50% of the sales are to wholesale customers, such risk shall be rated as Code 111.

When the operations do not involve the killing of animals but do include the making of processed meat products by the curing and preserving of meat and more than 50% of the sales are to wholesale customers, then such risk shall be rated as Code 106.

When the operations simply involve the cutting, deboning or grinding of fresh meats and more than 50% of the sales are to non-retail customers, then the risk shall be rated as Code 910.

When the operations involve the retail sale of meat, fish or poultry as well as other items (e.g., groceries or vegetables), and the insured's records show that the cost of fresh and cured meats, fish or poultry did not exceed 65% of the total cost of all merchandise purchased by the insured during the policy period, such insured shall be assigned to Code 917.

PROCESSED MEAT PRODUCTS MFG. – 106

Risks assignable to Code 106 will perform no slaughtering of animals whatsoever nor will they handle any livestock. Such insureds will receive meat from unrelated concerns in either carcass or boxed form. The insured will be primarily to exclusively engaged in making processed meat products. Processed shall mean that definite changes result in the meat product due to the application of either chemicals and/or heat (the use of smoke and/or cooking) to the meat materials. An insured whose production procedures do not include one or both of the above cited means will not be assigned to this class. Typical products of such insureds include but are not necessarily limited to: sausage, frankfurters, ready-to-eat luncheon meats, hams and bacon.

NAME OF INSURED

In addition to providing the complete legal name of the insured, carriers shall designate each fictitious name shown on the Information Page by the symbol D.B.A. (doing business as). In addition, if a fictitious name is shown on an endorsement the same designation, D.B.A., shall be shown. A fictitious name is a business name which is not the legal name of the insured.

Some individuals are known by two or more complete names. If a carrier shows the additional names of such an insured individual, it shall designate each additional name by the symbol A.K.A. (also known as).

Each daily report or applicable endorsement shall identify every corporate name which does not include the words "incorporated" or "corporation" in said name by the designation (A Corp.) following the name.

The effective date of any change, addition or deletion in the name of the insured shall be shown on the endorsement.

When issuing an endorsement to reflect a change in ownership, the following procedure shall be followed:

1. If the endorsement contains the complete name of the insured as it will be on the effective date of the endorsement, the name should then be preceded by the phrase "Name is changed to . . ."
2. If the endorsement does not contain the complete name of the insured, the change should be preceded by the phrase "Name is added . . ." or "Name is deleted . . ."
3. Name and address changes should be effected on a separate endorsement and not in conjunction with other policy amendments.

PENNSYLVANIA NOTICE (INSURANCE CONSULTATION SERVICES EXEMPTION ACT)

The Pennsylvania Notice is designed for use in all lines of insurance including Workers Compensation. This Notice should be attached to all policies, new and renewal, as of January 1, 1981 and thereafter. Senate Bill 1406 states that exemption from liability applies only for Insureds furnished with a written explanation of the Act. Therefore, failure to attach this Notice to your policy forfeits the exemption it provides.

The attached notice explains that a carrier may provide certain services which propose to reduce the livelihood of injury, death or loss. These services include surveys, consultation or advice, or inspections. They are exempt from liability when this Notice is attached to the Insurance policy. It also lists the situation in which the exemption from liability does not apply.

PHOTOGRAPHIC COMPOSITION

This pertains to the classification treatment of a new photocomposition method used in the Graphic Arts Industry. Using a standard electric typewriter keyboard (with auxiliary push-buttons and levers) the operator selects desired characters from a matrix and projects their images through lens onto photographic film or paper. The photographic positive is developed, coated with adhesive on the reverse side, and is positioned by employees who work at drafting tables with simple tools, such as scissors or knives, assembling photo-composed materials into paste-ups.

A proof of the photo-composed sheet is prepared on a machine commonly used to reproduce blueprints. After the proof is accepted by the customer, the paste-up is sent to the engraving department.

Automatic lithographic platemaking involves the use of a completely enclosed automated plate processor which is similar in nature to a typical photocopy machine found in offices. This plate processor utilizes aqueous, non-toxic solutions and thin gauge metal or similar material. It automatically develops, desensitizes, gums and dries in one operation. The operator does not come into contact with the solutions, but merely feeds a plate into the processor. Once the plate processing is completed, the finished thin gauge plate exits the processor thoroughly dry.

Employees engaged in the above described operations, when performed in a physically separated department, shall be assigned to Code 953 .

Subsequent operations involving the transferring of the copy to the metal plate, except for automatic lithographic platemaking described above shall be assigned to the employer's governing classification which will normally be either Code 281 or 282 -.

Specialist concerns whose only activity is the operation of this equipment for unrelated businesses shall be assigned to Code 953 .

OPERATIONS NOT COVERED:

Employees performing the operations described above in conjunction with a quick print or photocopy enterprise shall be assigned to Code 932 .

POLICY CORRECTIONS

If the Bureau finds that a policy requires correction to conform to Manual rules or classifications, the carrier shall be notified by letter. Such policy shall be corrected and a copy of the correcting endorsement shall be submitted to the Bureau no later than thirty (30) days after notification.

POLICY WRITING PROCEDURE**A. POLICY NUMBERS**

The policy number designated by the carrier at policy issuance must remain constant and must be used on all endorsements and other documents related to that policy. If a portion of the policy number is designated at inception as the "key" policy number, such designation must be clearly identified on the policy information page and the "key" number must be used on all endorsements and other documents related to that policy.

B. RENEWAL POLICY NUMBERS

The information page of each renewal policy shall identify the policy number of the policy which it renews, in accordance with A. above. This procedure also applies to rewritten policies. The word "same" should be used to indicate that the same policy number has been used on renewal. The word "new" should be used to indicate a newly issued policy.

POULTRY AND/OR FISH DEALER/PROCESSOR – 865

Applicable to employers engaged in one or more of the following operations:

The catching of live poultry as contractors on producers' premises and the hauling by poultry catchers of live poultry to dressing plants.

The dressing (to kill and prepare for market) of poultry, rabbits or other similar small game.

The making of either processed poultry or fish products. The term processed shall mean that definite changes result in the poultry or fish product due to the application of either chemicals and/or heat (the use of smoke and/or cooking).

Wholesale sale/distribution of poultry or fish including the cutting or deboning of dressed poultry and/or the cutting or filleting of fish. The employer may also bread or stuff the product.

Wholesale poultry and/or fish dealers who perform no cutting or filleting, but who may repackage shall be assigned to Code 924. Poultry dealers who may cut whole poultry into parts on an emergency basis will be construed as non-cutting and assignable to Code 924.

PREFABRICATED METAL BUILDING

Building Erection – Prefabricated Sheet Metal and Silo Erection – Metal.

Payroll developed in the two types of erection jobs cited above will be classified in the manner indicated below.

Code 609 is applicable to site preparation and to any excavation. Code 654 is the proper classification for the building of concrete flooring or padding. Payroll developed in the erection of the prefabricated metal building framework is assignable to Code 655 . Installation of sheet metal siding, roofing or interior work for a prefabricated metal building or the erection of metal or fiberglass silo sections is assignable to Code 651 . Electrical work is assignable to Code 661 and plumbing installation is assignable to Code 663 . For the silo erection Code 675 is proper for payroll developed in the installation of conveyors or other materials handling equipment or for the service and/or repair of such. Other trade classifications may be extended as warranted.

RETAIL STORE WITH MANUFACTURING CONCERN

Where a retail outlet is located at the same or contiguous premises as an insured's manufacturing facility, a separate classification shall apply to the payroll of the outlet provided that such outlet is operated in a physically separate department and by a separate crew of employees.

SELF-SERVICE GASOLINE STATIONS AND CONVENIENCE GROCERS

In classifying a combination self-service gasoline station and convenience grocer Code 917 shall apply at each location when the sale of merchandise, other than gasoline, exceeds 10% of the total annual receipts for the location.

Self-service gasoline stations exclusively engaged in the retail sale of gasoline or where the cashier may also sell items such as cigarettes and/or snack food only shall be assigned to Code 816 .

SKI RESORTS

A ski resort is a multiple enterprise and the appropriate classification shall be assigned to each of the various operations thereof provided each operation is separately staffed and there is no interchange of employees.

Code 969 shall be assigned to all payroll developed in the operation of the ski lifts, T-bar, rope tows, hill grooming, the maintenance of roads or equipment, the transporting of customers to ski slopes, ski patrols, ski instructors and ticket checkers. Code 969 shall also pertain to the payroll of employees engaged in maintaining building facilities, of security personnel, of parking lot attendants (not for hotel) and of ticket sellers.

The operation of shops renting skis, toboggans, boots, poles or other skiing equipment of supplies or engaged in the sale of such merchandise and ski clothing shall be assigned to Code 928.

Code 973 shall be assigned to all payroll developed in the operations of hotel or dormitory facilities, including the parking of automobiles.

Payroll developed in the operation of restaurants and/or bar facilities shall be classified as discussed below. If the ski resort operation includes hotel or dormitory facilities, payroll developed in the restaurant and bar operation shall be assigned to Code 945. In the event the ski resort operates restaurant and/or bar facilities and does not have hotel/dormitory facilities, those operations shall be assigned to the applicable restaurant classification. (Please refer to the Rulings and Interpretations regarding restaurant operations listed elsewhere in this section.)

Employees engaged in clerical/office duties, as defined in Section 1 of this Manual, and having no other regular duty in the course of their employment shall be assigned to Code 953.

SLAUGHTERHOUSE – WHOLESALE – 111

For establishments who receive live animals (cattle, hogs and/or sheep), kill the animals and dress the carcasses to produce meat products. A risk eligible for this classification will normally ship dressed meats in either carcass and/or boxed form, but such risk may also produce meat products like bacon, hams, sausage or luncheon meats or perhaps also sell some portion of the meat production as steaks, roasts, etc. Such employer may further process the resulting animal by-products from the killing operations which is not subject to separate classification. The by-products processing may include but is not necessarily limited to: the cooking of fat into tallow or lard and the washing, scraping and salting of hides.

Risks assignable to Code 111 will normally sell their meat products on a wholesale basis, but in all cases more than 50% of the total sales will be upon a wholesale basis.

TRUCK STOPS

A truck stop establishment is a multiple enterprise, and the appropriate classification shall be assigned to each of the various operations thereof provided each operation is separately staffed and is conducted in a physically separate work area. The exact nature of each of the truck stop's operations will direct which classification to assign. The more common truck stop operations and the assignable class for each are delineated below:

1. **Code 816** is for payroll developed by fuel attendants engaged in pumping gasoline or diesel fuel or to personnel who work exclusively on a fuel island adding or changing motor oil, checking the air in tires and performing related duties. Fuel attendants may also accept payment for fuel or motor oil sales.
2. **Code 815** is assignable to personnel engaged in the repair of automobiles or trucks. A truck stop may have separate automobile and truck repair bays.
3. **Code 973** is assignable to the payroll of chambermaids or related personnel engaged in the upkeep of motel rooms.
4. **Code 928** is assignable to gift shop and/or retail store personnel. The merchandise sold may include but is not necessarily limited to: men's or women's clothing, CB radios, gifts, greeting cards, toilet articles, health or beauty aids, books, newspapers or magazines.

Payroll developed in the operation of a restaurant, when conducted in a physically separate department and by a separate crew of employees, including preparing or serving food or beverages, washing dishes or receiving payment for meals or beverages, shall be assigned to the applicable restaurant classification. (Please refer to the Rulings and Interpretations listed elsewhere in this section regarding restaurant operations.)

Control desk cashiers' duties include but are not necessarily limited to: operating self-serve fuel pump controls, writing invoices for fuel or motor oil sales or vehicle repairs, receiving cash or credit payment for fuel sales or trucking operating permits, receiving or transmitting telegrams or receiving telegram money transfers, accepting payment for store merchandise or selling lottery tickets. Employees engaged as control desk cashiers may be assigned to Code 928 provided the control desk is located inside the truck stop store. In the event the control desk is located in an enclosed booth located on a fuel island or in an area contiguous thereto the payroll of the control desk cashiers shall be assigned to Code 816.

Additional classifications may be extended to a truck stop in the event a truck stop conducts additional separately staffed and located operations not listed in this Ruling and Interpretation.

WHOLESALE/RETAIL MAIL ORDER HOUSE OR INTERNET SALES – DEFINITIONS

Wholesale

For the purposes of classifying stores the term "wholesale" shall be construed to mean the selling of merchandise:

1. to retailers;
2. to manufacturers, builders or contractors;
3. to industrial, agricultural, commercial, governmental, institutional or professional users;
4. to other wholesalers; or
5. to firms acting as agents in buying merchandise for or selling merchandise to such persons or companies as those previously listed.

Wholesale store operations generally include the maintenance of warehouse inventories; delivery and the promoting of sales through utilization of an outside sales force and/or by telephone or fax. Many but not all wholesalers may also perform the physical assembling, sorting and grading of their goods; the breaking of bulk quantities and repackaging into smaller lots. A wholesaler may also have a sales counter where a walk-in customer's order may be written up and payment for merchandise made. The counter clerk may transmit the order to the warehouse or the customer may take the order to the warehouse for fulfillment.

Mail Order House Or Internet Sales

An enterprise principally (more than 50 percent of the gross receipts) engaged in selling by mail order and/or via Internet website shall be assigned to the appropriate wholesale store classification for the commodities handled, except for mail order pharmacies filling individual patient drug prescriptions which shall be assigned to Code 927. Mail order or Internet sales by a manufacturer or incidental to a retail store business shall be classified in accordance with the class or classes appropriate to the business of the employer.

Retail

For purposes of classifying stores the term "Retail" shall be construed to mean the selling of displayed merchandise in store-type premises where floor and/or counter salespersons assist customers or on a self-service basis to the general public for personal or household consumption or use. Warehouse operations incident to the retail store enterprise shall be assigned to the enterprise's appropriate retail store classification.

The appropriate retail store class shall also be assigned when the insured, while technically a wholesaler, operates primarily in a retail manner. The customers will generally be commercial or professional users. "Retail manner" means such insured will have a large merchandise display area, customers may walk up and down the display aisles, inspect the merchandise being offered for sale, place their selections into either a shopping basket or shopping cart and will make payment for their selections at a customer checkout lane. The employer's single largest group(s) of employees are floor or counter salespersons assisting customers or performing customer checkout.

(The act of collecting a sales tax on merchandise sold is not a factor in defining a retail store and has no bearing upon determining the business' classification assignment.)

BAKERY PRODUCTS DISTRIBUTION

Payroll developed in the wholesale distribution of bakery products, including but not necessarily limited to bread, cakes, pies, cookies or crackers by a baker whose production facilities are located in another state or by an independent business (not related to a bakery) must be assigned to Code 924.

**PREMIUM COLLECTION FOR OWNER-OPERATORS
(BUREAU CIRCULAR 1073)**

Underwriting Rule IV B.3.a.(10) was reviewed by the Insurance Commissioner in *West Motor Freight, Inc. v. Pennsylvania Compensation Rating Bureau and Carriers Insurance Company, Order and Adjudication* dated February 18, 1983.

At issue in this case was the application of Rule IV B.3.a.(10) by Carriers Insurance Company ("Carriers") to West Motor Freight, Inc. ("West") driver-owners. West contended that a premium may be collected pursuant to Rule IV B.3.a.(10) only when an employer-employee relationship exists and that Carriers improperly applied the Rule to what West alleged were independent contractors. Carriers interpreted the Rule as requiring it to include a percentage of West's driver-owner payroll in calculating the premium for workers' compensation insurance regardless of whether they were employees or independent contractors. Carriers also argued that the exposure to claims itself justified the collection of premium.

The Bureau's position in the case was that Rule IV B.3.a.(10) required the carrier to analyze the facts of the individual situation, consider current legal precedent on employer-employee relationships and then make a business judgment as to whether or not a premium should be assessed. The Commissioner adopted the Bureau's interpretation of the Rule, and went on to rule that Carriers misinterpreted and misapplied Rule IV B.3.a.(10). The Commissioner ordered Carriers to refund the premium it improperly collected from West together with interest at six percent per annum.

The Commissioner further ordered Carriers to conduct a proper review of West's driver-owner situation in order to determine a proper premium, if any, for the risk involved before collecting any further premiums based on a percentage of the driver-owner's payroll. However, the Commissioner did not state that careful compliance with the Rule IV B.3.a.(10) analysis will always protect a carrier from a claim for a premium refund. Furthermore, the decision concludes that there is no definite way to establish whether an employer-employee relationship exists prior to the occurrence of any injury and submission of a workers' compensation claim.

Carriers have appealed the Commissioner's decision to Commonwealth Court. Pending any modification of the decisions, the Bureau recommends that each insurance carrier apply established tests of supervision and control to facts and consult current case precedent to determine whether an employment relationship exists.

Although the Commissioner's decision does not define the elements of an employment relationship, recent Pennsylvania case law provides some guidance. The primary test of the employer-employee relationship is the right of the employer to control the details of the work. The principal factors that evidence the right of control are a) direct evidence of the right or the actual exercise of control; b) the method of payment; c) the furnishing of equipment; and d) the right to fire. The right to control the details of the work often is an inference from these and other facts rather than one particular fact in itself. It is the ultimate right of control, rather than the overt exercise of that right, which is decisive. If this right of control of details goes no further than necessary to ensure a satisfactory end result, such as direction as to quality or description of the work, it does not, by itself, establish employment.

The traditional test of an independent contractor is whether that person has exclusive control of the manner of performance and is responsible to the non-employer entity only for the result. As the phrase "independent contractor" implies, the person is a contractor who is independent in doing the work that has been contracted for and is responsible only for the result.

Factors to be considered in determining employment status are: 1) the terms of the agreement and the extent of the control, which, by the agreement, the employer may exercise over the details of the work; b) nature of the work and occupation with reference to whether, in the locality, the work is usually done under the supervision of the employer or without supervision; c) skill required in performance; d) whether or not the one employed is engaged in a distinct occupation or business; e) whether the employer or workman supplies the tools or other instrumentalities; f) whether payment is by time or by the job; g) whether the work is an integral part of the employer's business; and h) whether the parties believe they are creating an employer-employee relationship.

In reviewing written employment agreements, members should realize that mere designation of an individual as an independent contractor does not necessarily prove that an employer-employee relationship is absent. In analyzing employment status, insurers must consider all elements of the employment relationship as well as the written agreement to determine the true relationship of the parties.

As a result of the West Motor Freight decision, Bureau members are advised to apply the applicable legal standards to the facts to best determine whether a premium assessment is warranted. You also should carefully document your investigation so that, in the event of a challenge to the premium collection, you may submit this documentation as evidence of a thorough, good faith investigation and exercise of reasonable business judgment. Since an absolute and final determination of employee or independent contractor status is impossible prior to the occurrence of an event giving rise to a claim for benefits, it is a combination of thorough analysis, reasonable business judgment and careful documentation that will best support and protect a Rule IV B.3.a.(10) risk analysis for premium collection purposes.

**PREMIUM COLLECTION FOR OWNER-OPERATORS
(BUREAU CIRCULAR 1118)**

In Bureau Circular No. 1073, issued May 16, 1983, the members of the Bureau were advised of the Insurance Commissioner's decision in *West Motor Freight, Inc. (West) v. Pennsylvania Compensation Rating Bureau and Carriers Insurance Company*. It was recommended that whenever an insured uses owner-operators in the regular course of his business, the insurance company should apply applicable legal standards to the facts to best determine whether a premium assessment under Rule IV B.3.(b) for owner-operators is warranted. The members were advised to carefully document the investigation so that, in the event of a challenge to the premium collection, the documentation could be used as evidence of a thorough, good faith investigation, and exercise of reasonable business judgment.

The Pennsylvania Insurance Commissioner has also issued an Order in the case of the *City Transfer, Inc., Appeal from Pennsylvania Workers' Compensation Manual, Rule IV B.3.(b)*, which offers some further clarification on the application of the rule and acceptable insurance company procedure.

City Transfer was covered by a workers' compensation policy issued by Utica Mutual Insurance Company (Utica). At the end of the policy period, an audit was performed reviewing City Transfer's payroll records, cash disbursement books, and other necessary records. The Auditor ascertained that there was no workers' compensation coverage for the driver-owners and, as a result, Manual Rule IV B.3.(b) was applied by Utica and City Transfer was billed for the resultant additional premium.

After the bill had been received, Utica was requested by the producing agent to examine City Transfer's assessment, at which time Utica requested certificates of insurance for the owner-operators in question and reviewed a lease agreement submitted to Utica by City Transfer. The lease agreement review was performed by Utica's legal department which determined that the agreement did not give any indication of separate coverage by the owner-operators for workers' compensation coverage. In response to Utica's request for the production of certificates of insurance, and appropriate premium credit was given to City Transfer for two of the owner-operators for whom certificates of insurance were produced showing that such owner-operators were covered for workers' compensation.

City Transfer appealed to the Insurance Commissioner regarding the net billing and asserted that the amount of compensation paid owner-operators should not be considered when determining a premium owed, since the owner-operators are independent contractors. Furthermore, City Transfer argued that Utica did not properly apply the manual rule in question in that its application was mechanical and the investigation into City Transfer's operations, if any, was inadequate. The Insurance Department had argued that although Utica's investigation of City Transfer's operation was adequate under the manual rule, so that Utica should not collect the questioned premium billed to City Transfer, but could apply the result of its investigation to adjust future premiums.

In his decision, the Insurance Commissioner reiterated the position taken in *West* that the Insurance Commissioner lacks jurisdiction to determine whether an owner-operator is an independent contractor rather than an employee. The issue decided in the *City Transfer* appeal is whether or not the manual rule in question was properly applied to City Transfer's operation by Utica. In his decision, the Insurance Commissioner rules that the timing of Utica's actions was appropriate, rejecting the Department's argument that the review must occur at the inception of the policy. The Commissioner recognized the obvious ability of the insured to enter into contracts with owner-operators throughout the policy period, so that application of a determination solely at the inception of the policy period is not reasonable.

As to the alleged "mechanical" application of the manual rule, the Insurance Commissioner stated "...it must be understood that the 'investigation' as required by *West*, is not a Sherlock Holmes type of inquiry. The investigation is essentially an exchange of information between the parties in an effort to determine if the owner-operators' compensation should be subject to the manual rule." In elaboration, the Commissioner stated that a further exchange of information took place after the original audit resulting in an adjustment to City Transfer's premium bill. He further stated that it is not relevant which party initiated the exchange, nor does the sending of a bill necessarily end one party's involvement in the information exchange.

Finally, the Commissioner ruled that Utica did, in fact, conduct a sufficient review of City Transfer's operations to comply with the requirement of *West*. In this regard, the Commissioner stated that Utica was not required to review the circumstances pertaining to each assignment given an owner-operator, but rather, the requirement is met when a review is made of the overall relationship between the insured's operation and the owner-operators. By having its legal division review the lease agreement, the Commissioner ruled that Utica substantially complied with the requirement that it review the current legal precedent relating to employer-employee relationships. Lastly, the Commissioner found "...by adjusting the premium bill, it is obvious that Utica made a business decision regarding the premium to be assessed City Transfer."

Copies of the *City Transfer* decision are available to members who are interested.

It is strongly recommended that underwriters and auditors, as well as legal department staff, be made aware of the steps necessary to determine whether an employer-employee relationship exists or whether the condition is truly one of independent contractor. It should be further noted that this question can arise not just in the trucking business, but in almost any other business including cab companies, real estate agencies, insurance agencies, etc.

TOOL MFG. – FORGED – 433

Applies to payroll developed in the manufacture of tools by use of forging techniques or methodology. Steel or alloy metals in various bar and rod forms will be cut to length and then heated in furnaces. The heated metal stock is then forged with drop hammers, reheated and forged to final shape or form with the appropriate dies or patterns. The forgings are then cooled, trimmed or ground as needed and tempered by heat treating.

Examples of products within the scope of this classification are: axes, agricultural and gardening tools, sledge hammers, logging tools, construction tools and oil well tools.

Also included within the scope of this classification are specialist insureds primarily to exclusively engaged in the heat treating of metal for unrelated customers.

TOOL MFG. – N.O.C. – 441

Applies to a business principally engaged in the manufacture of non-forged tools used for cutting or machining operations, dies or molds which are used to cut or form materials in a press, or jigs and fixtures used to hold or position work for machines. Also applies to a business principally engaged in making molds for plastics molding or nonferrous metal casting operations or dies for wire drawing, stamping, extrusion, threading or tapping.

Also included are businesses principally engaged in the manufacture of non-forged hand tools such as screwdrivers, pliers, hammers or chisels, sewing machine attachments such as hemmers or binders, automobile piston rings, universal joints, transmissions or clutches, ring, plug or snap gauges or welding or cutting torch tips.

Further included are employers principally engaged in Precision Machined Parts Mfg. – N.O.C. Such term will be construed as applying to employers where the plans or specifications require that at least 51 percent of all machining operations performed by the employer will be held to a final tolerance of .001 inch or closer and where the machined parts made by the employer are not assigned to any other manufacturing classification.

Also further included are employers principally engaged in the manufacture of wood or metal patterns or models and analogous products including but not necessarily limited to: aircraft propeller mfg. – wood, architectural scale models mfg. by a specialist contractor, last form mfg. – wood, or wood carving by hand or machine.

OPERATIONS NOT COVERED:

1. Cemented carbide tips for cutting tools or other products made from powdered metal that are pressed to shape and sintered shall be assigned to Code 506.
2. Molds or patterns produced by foundry (the melting and casting of the molten metal) process shall be assigned to the appropriate foundry class.

FLORIST STORE – 919

Applies to a business principally engaged in the retail and/or wholesale selling of fresh cut flowers, potted plants, fresh cut floral arrangements or florist store supplies. Also includes service away from the store premises, such as floral decoration of homes, churches or other buildings for weddings, banquets or parties.

Also includes plantscaping, which is the maintenance of living (typically potted) plants inside a customer's premises. The living, potted plants may be used to decorate the interiors of malls, offices or other businesses, as well as residences. Plantscaping duties include watering, fertilizing, trimming and/or spraying of the interior living, potted plants.

Employers who raise, in fields or under glass, flowers to be marketed on a commercial basis as cut flowers or living plants are assigned to Code 0011. Stores or outlets of such employers at the same or contiguous location may be separately classified by Code 919, provided there is no interchange of labor between the store or outlet and the raising of flowers, and the store or outlet is located in a physically separate area or department.

Where a store sells several types of merchandise, each of which may be subject to a different classification, such store shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50% of the gross receipts.

OPERATIONS NOT COVERED:

1. A garden supply business principally engaged in the sale of fertilizer, sod, grass seed, flower pots, birdbaths

and statuary with incidental potted plants, trees, shrubs, bulbs or bedding plants shall be assigned to the N.O.C. store classification, depending on whether the sales are principally to retail customers (Code 928) or wholesale customers (Code 924).

2. A business principally engaged in the arranging, assembling and/or the wholesale selling of artificial or dried flowers shall be assigned to Code 924.
3. A business principally engaged in the raising of trees, shrubs, bushes, hedges or other outdoor living/growing plants, shall be assigned to Code 0013.
4. A business principally engaged as a landscape contractor or performing lawn care maintenance or other similar services shall be assigned to Code 012.

FRUIT OR VEGETABLE DEALER – WHOLESALE – 907

Applies to dealers engaged principally in the wholesale distribution of fresh fruits or vegetables. Such dealers as a part of their operation may also perform incidental repackaging of the merchandise into retail size bunches, boxes, bags or similar containers.

In addition these dealers may also sell groceries, dairy products and/or frozen foods.

Where a dealer sells several types of merchandise, each of which may be subject to a different classification, such dealer shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50% of the gross receipts.

GROCERY – WHOLESALE – 911

Applies to dealers engaged principally in the wholesale distribution of groceries or frozen foods which are received and sold in cartons, cases or boxes. Such dealers may also sell at wholesale dairy products, soft drinks, household cleaning supplies, paper products, fresh fruits or vegetables.

Code 911 also includes but is not necessarily limited to wholesale dealers engaged principally in the distribution of cider, coffee, dairy products, flour, fruit juices, herbs, spices or tea.

Where a dealer sells several types of merchandise, each of which may be subject to a different classification, such dealer shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50 percent of the gross receipts.

OPERATIONS NOT COVERED:

1. Wholesale dealers principally engaged in selling fresh fruits or vegetables shall be assigned to Code 907.
2. Wholesale dealers principally engaged in selling beer in bottles, cans, kegs or barrels and/or soft drinks in bottles or cans shall be assigned to Code 821.
3. Wholesale dealers principally engaged in candling or distributing eggs shall be assigned to Code 924.
4. For bakery products distribution see the separate Ruling and Interpretation.

MAILING OR ADDRESSING COMPANY – ALL EMPLOYEES INCLUDING OFFICE

Applicable to employers whose business is mailing advertising material such as letters, circulars and/or small product samples for unrelated concerns. The mailing company may compile mailing lists or receive lists of names from customers. Materials to be mailed may be received bound on pallets ready for mailing. The mailing company may generate the letter by computer (laser or impact printed). The mailing company may design and print advertising materials using offset presses. Printing operations shall be included with the mailing company class provided that the majority of the items printed are used as materials in the mailing business.

Most mailing companies have a production department where employees operate machines to burst, fold, insert, label and affix a stamp to each envelope. The last item listed is optional as much of this mail is metered. Mail is presorted to the addressee's five- or nine-digit zip code, placed in postal sacks and taken to the Post Office. Very small firms may employ persons to manually stuff envelopes, hand label and stamp material to be mailed.

Larger mailing companies may have sales and promotion employees soliciting accounts, designing and producing advertising campaigns in addition to the mailing operation.

Code 948 also contemplates presort bureaus which sort first-class mail for unrelated concerns. The mail may be sorted manually or by automatic sorting machines to the five- or nine-digit zip code. The sorted mail is placed in postal trays or sacks and taken to the post office.

Clerical is included within the phraseology of this classification. Code 948 does not provide for payroll division with either Code 951 or Code 953 .

OPERATIONS NOT COVERED:

1. Employers who may mail catalogs and later receive (by phone or mail) and fulfill customer orders from inventoried merchandise shall be subject to the store classification appropriate to the employer's business.
2. Concerns printing and performing mailing or addressing shall be subject to Code 948 when less than 75% of the printing production is used in the mailing or addressing operation. If the risk fulfills multiple enterprise criteria Code 948 may become an additional authorized classification. The printer not fulfilling multiple enterprise shall be subject to the appropriate printing class and personnel performing mailing or addressing operations shall be assigned to the appropriate classification for the printing enterprise.

CLEARING OF LAND

Below find the class typically assigned to payroll developed in each of four different but common land or right-of-way clearing projects. Such class listing does not waive either the underwriting or payroll division rules delineated in Sections 1 or 2 of this Manual.

1. Assign Code 009 for tree removal using hand or power tools in bucking, falling or limbing of standing timber – new right-of-ways.
2. Assign Code 609 for clearing or removal of brush using mechanical equipment such as bulldozers, hydroaxes, etc., including stump removal – new or existing right-of-ways except for road construction. Such work for a road job or project is subject to Code 602.
3. Assign Code 005 for tree pruning, spraying, trimming using hand or power tools with or without aerial buckets, including tree removal incidental thereto and all operations in connection therewith – existing right-of-ways.
4. Assign Code 012 for brush or weed control using chemicals dispensed from portable or mechanical ground spraying equipment – existing right-of-ways.

SHOP REPAIR OPERATIONS

Risks having shop operations that involve the repair of a product for which there is no repair classification are to be assigned to the classification that applies to the manufacture of the product, unless such repair work is specifically referred to by another classification phraseology, footnote or definition in the Manual.

FURNITURE STORE – RETAIL OR WHOLESALE – NO WOODWORKING – 922

Applies to retail stores or wholesale dealers principally engaged in selling or renting furniture including antique furniture for homes, lawns, gardens, offices or hotels. The furniture may be sold directly from the floor of the store or ordered from catalogs and samples on display in a showroom and subsequently shipped by the store to the customer. The word "furniture" as used in this classification includes but is not necessarily limited to: living room, dining room, bedroom or kitchen sets and individual pieces such as sofas, chairs, tables, beds, bedding, chests, breakfronts, bookcases, pianos, organs, floor coverings (carpet and linoleum) and major household appliances such as refrigerators, stoves and washing machines.

In addition, furniture stores may sell or rent other merchandise such as lighting fixtures, lamps, stereo equipment, televisions, video and/or audio equipment, small household appliances, mirrors, pictures and kitchen cabinets.

Further included are delivery and setting merchandise in place, hanging pictures or mirrors and polishing and minor repairing of furniture on the insured's premises or at the customer's location and installation, service or repair operations including but not necessarily limited to: the installation of wall to wall carpeting , non-ceramic tile or window coverings or the service or repair of major household appliances or televisions or other electronic entertainment or communications devices.

Where a store sells several types of merchandise, each of which may be subject to a different classification, such store shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50% of the gross receipts.

PRODUCT ASSEMBLY DEFINITION

For classification purposes, the term "assembly" refers to the joining together of prefabricated component parts purchased from unrelated concerns to form a described product. Some portion of the purchased prefabricated component parts may be modified prior to assembly. When a specific assembly classification does not exist for a certain product, the assembly of such product shall be assigned to the manufacturing classification which most accurately describes the completed product.

It is common for stores, such as those engaged in the sale of bicycles, furniture, jewelry or light fixtures, to perform incidental assembly activities in preparation for the display of or after the sale of merchandise. Assembly or "get ready" activities which are incidental to a store's operations shall be assigned to the store's applicable classification.

SNOW PLOWING AND/OR REMOVAL

Payroll developed in snow plowing and/or removal for unrelated concerns is to be separately rated by Code 601.

AUTOMOBILE SERVICE/GASOLINE STATION

It is common for automobile service stations or gasoline stations to be engaged in both the sale of gasoline and the performance of automobile service or repair. When both operations are conducted at the same or contiguous location, such establishment shall be classified on the basis of the principal operation:

- When more than 50 percent of the gross receipts result from automobile service or repair, assign Code 815, Automobile Service Center.
- When more than 50 percent of the gross receipts are from gasoline sales, assign Code 816, Automobile Filling Station.

An assignment of Code 815 or Code 816 is mutually exclusive for operations conducted at the same or contiguous location.

Please refer to the separate Rulings and Interpretations "Self-Service Gasoline Stations and Convenience Grocers" and "Truck Stops" for information on classifying such enterprises.

PLUMBING SUPPLIES DEALER OR PIPE MERCHANT – WHOLESALE – 885

Applies to dealers principally engaged in the wholesale selling of plumbing supplies or pipe. The term plumbing supplies as used in this classification includes but is not necessarily limited to: water heaters, water pumps, kitchen/bathroom fixtures (i.e., sinks, faucets, toilets, bath tubs, shower stalls), fittings or valves. Also included is the selling of pipe of all types and sizes. Insureds principally engaged in the sale of heating, ventilating and/or air conditioning equipment, supplies or parts are further contemplated by this classification.

ELECTRICAL SUPPLIES DEALER – WHOLESALE – 886

Applies to dealers principally engaged in the wholesale selling of electrical supplies. The term electrical supplies as used in this classification includes but is not necessarily limited to: electric wire, electrical (junction) boxes, fuses, switches, outlets, circuit breakers or lighting fixtures. This classification shall also include dealers in electronic components/accessories. Examples of electronic components/accessories include but are not limited to: inductors, resistors, circuit boards, transistors and relays.

SHELTER OR HALFWAY HOUSE - 986

Applicable to shelters for the homeless, victims of domestic abuse or unwed mothers or to halfway houses for prison release programs or drug and alcohol residential facilities not otherwise classified. Such are short term non-medical residential facilities providing in a non-institutional environment counseling and training in daily living skills aimed at reintegrating residents into the community. Services provided to clients may also include but are not necessarily limited to: counseling for specific client needs, advocacy services, job training, child care and help in seeking services available to the clients in the community. All provided services and the insured's administrative staff (regardless of location) are included within the scope of this class.

OPERATIONS NOT COVERED:

Facilities providing non-medical residential care such as community Residential Rehabilitation Services (CRRS) for mentally ill clients, group homes not licensed as intermediate care facilities for developmentally disabled clients having eight or fewer clients per facility or children and youth residential services shall be assigned to Code 941.

METAL SERVICE CENTER (FERROUS OR NONFERROUS METALS) – 857

Applicable to insureds principally engaged in the sale and distribution of new ferrous or nonferrous metal merchandise generally obtained from new metal producers such as steel mills or smelters, including but not necessarily limited to: beams, sheet stock in coils, bars, rods, rounds, channel iron, tubes, angles or plates. Such insured may handle a broad variety of new metal merchandise or specialize in handling a single type.

The new metal merchandise received by these insureds is unloaded and stored. The new metal merchandise may be shipped "as is" to the customer or it may be cut, slit, sheeted, bent or burned into the size or shape required by the customer and delivered by truck or rail. The processing equipment may include but is not necessarily limited to: sheeters, hacksaws, drills, benders or cutting torches.

Specialists principally engaged in the sale of reinforcing rods or bars to concrete contractors (including the cutting or forming of the rods or bars according to the contractors' specifications) are also assigned to Code 857, as are dealers principally engaged in selling wire rope, cable or metal conduit.

Further applicable by analogy to businesses engaged in the toll (fee) leveling or cutting of ferrous or nonferrous new metal to size for unrelated concerns. These enterprises do not own the new metal stock they level, sheet, cut, bend or burn, nor do they fabricate a product.

Where a dealer sells several types of merchandise, each of which may be subject to a different classification, such dealer shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50 percent of the gross receipts.

OPERATIONS NOT COVERED:

Not applicable to businesses principally engaged in collecting or handling either ferrous or nonferrous scrap metal. Assign ferrous scrap dealers to Code 858. Assign nonferrous scrap dealers to Code 859.

PRE-SCHOOL (CHILD CARE OR EARLY EDUCATION) SERVICES - ALL EMPLOYEES INCLUDING OFFICE – 891

Includes but is not necessarily limited to nursery schools, Head Start, kindergarten or child daycare services. Child daycare services provide for care and custody of children for various periods of time during the day (no residential facilities), typically during normal business hours (i.e., from 6:30 a.m. to 6:00 p.m., Monday through Friday).

Also applicable to employers principally engaged in operating nursery schools or kindergartens. Nursery schools are generally directed towards children ages three to four years, can be academically oriented and are designed to provide children with basic educational and social skills prior to the time they begin elementary school.

Kindergartens are pre-elementary school classes and are typically provided to children five-years-old. Sessions are usually held for one-half the school day (i.e., children may be enrolled in "morning" or "afternoon" classes) and will include a very basic academic curriculum.

Further contemplated by this classification are employers operating the Head Start Program. Head Start is a federally-funded child development program that provides early education, health, nutritional and psychological services to three- to four-year-old children of low-income families. Some Head Start Programs will also provide for social services to low-income families and for child daycare. This program endeavors to enhance economically disadvantaged children's educational status and social skills to a level sufficient for them to enter elementary school.

Operations Not Covered:

1. A child daycare center operated by an employer principally for the use of its own employees is not subject to Code 891 and shall be included in that employer's applicable field of business classification.
2. Providers of early intervention services for infants or toddlers shall be assigned to Code 892.

**EARLY INTERVENTION FOR INFANTS AND TODDLERS (NO RESIDENTIAL AFFILIATION)
ALL EMPLOYEES INCLUDING OFFICE – 892**

Applicable to employers principally engaged in providing early intervention services to children, generally from birth to the age of 6, who are determined to have or to be at risk of developing a handicapping or other condition that may affect their development. Services are provided by speech or physical therapists in conjunction with special education teachers and are designed to maximize the pre-school handicapped child's attainment of age-appropriate skills in the areas of cognition, communication, socialization, self-help and/or motor development. Early intervention services may be provided in the child's home, at a provider-operated center, in an unrelated group daycare home or a combination thereof.

INTERMEDIATE UNIT (SPECIAL EDUCATION) – ALL EMPLOYEES INCLUDING OFFICE – 893

Intermediate units provide educational programs to mentally challenged, blind or emotionally disturbed children. These programs are generally provided to children the age of Grades 1 to 12 and include the standard grade and high school curriculums (presented in a manner commensurate with the child's special needs). Intermediate unit services may be provided in classrooms of unrelated schools or in mobile units positioned adjacent to such schools. Teachers working with intermediate units will have at minimum, degrees in education and be state certified. Most will also have added courses in special education and some will have training in teaching the blind.

SCHOOLS FOR DISTURBED (OR DELINQUENT) CHILDREN – ALL EMPLOYEES INCLUDING OFFICE – 894

Applicable to employers who operate educational facilities for court adjudicated youths. Attendance in these facilities may in some cases be mandatory in lieu of prison sentences. The academic curriculum provided by these facilities is similar to that provided in public, private and parochial school districts but is provided in a guarded environment with strict disciplinary rules. The curriculum will also include extensive counseling. Classroom activities are geared toward helping older students pass their high school equivalency test or obtain a high school diploma.

This classification also contemplates employers who operate educational facilities for disturbed children. These include dependent, neglected or abused children or children who have demonstrated social and/or emotional disturbances, have neurological impairments or who have been diagnosed as developmentally delayed and cannot cope in a standard school setting.

CLUB, N.O.C. – 896

Clubs are organized civic, social or fraternal associations (e.g., The Elks, VFW posts, fraternities or sororities) who provide special services for members and members' guests only. The services and/or amenities provided by a club may vary depending upon the extent of each club's facilities and membership. The amenities provided may vary considerably from one club to another and may include but are not limited to: dining rooms, bars, lounges, reading/card rooms, bowling lanes or swimming pools. The club's focus and purpose may be based on a charter. Each club is responsible for electing officers to oversee and enforce the club charter. The charter may include but is not limited to rules and regulations for admitting members, maintaining membership and collecting dues. Periodic meetings are held at the club location to discuss upcoming events, fund raisers and/or club business.

FAST-FOOD RESTAURANT – 897

A fast-food restaurant is a retail establishment principally engaged in preparing food(s) and selling the prepared food(s) and generally nonalcoholic beverages to the public for immediate consumption, either on the establishment's premises or on a take-out basis. Fast-food restaurants have a limited menu and no wait service except on an occasional or accommodation basis. Customer orders are typically placed at a counter (the menu being openly displayed above and/or behind the counter), via a drive-through service or by telephone and are rapidly filled. Fast-food restaurants generally sell nonalcoholic beverages, but certain fast-food restaurants may also have incidental beer sales. Included within (but not necessarily limited to) this definition are retail establishments principally engaged in the preparation and sale of: hamburgers, tacos, pizza or chicken.

Also contemplated are establishments principally engaged as either buffet or cafeteria-style restaurants. Buffet or cafeteria-style restaurants offer a buffet-type meal. Customers may serve themselves or staff may serve food to customers in the buffet line. Staff may clear tables after customers have completed their meal. There is no wait service.

The term "principally engaged" means more than 50 percent of the establishment's gross receipts.

CATERER – 898

There are four types of catering businesses that provide food service: social, industrial or institutional, concession or mobile.

Social caterers are hired for a single event such as a wedding, party or business affair. The social caterer provides the client with a menu of food items, types of beverages, colors of linens, other available amenities and, if applicable, a listing of the types of entertainment. The client is then responsible for choosing food, beverages, color schemes and/or entertainment. Once all of the services to be provided have been determined, the social caterer may produce a contract based on the predetermined services. Alcoholic beverages may be provided at the event, but the sale of alcoholic beverages is not the principal source of revenue. This type of catering may be performed either on the caterer's premises or at the customer's premises.

Institutional or industrial caterers operate under contract to provide in-house food service for businesses, hospitals, nursing homes, schools or similar customers. These catering operations generally plan menus and perform the preparation and sale of food in a cafeteria-style environment.

Concession caterers are usually located at but are not limited to sports stadiums, amusement parks, theaters or museums. The concession caterer operates under contract with the client facility to provide prepared food and beverages to the client's patrons. Occasionally, the concession caterer may also use "walking vendors" throughout the venue.

Mobile caterers provide food and beverages from a truck with cooking equipment, parked on the sidewalk at locations such as a construction site, factory or university with large commuting student body or travel a predetermined daily route.

Operations Also Covered:

Also included within the scope of this class are caterers providing food service to unrelated airlines or railroads.

"Meals on Wheels" operations (organizations who provide a service to deliver hot meals to those who cannot prepare the food themselves) are further assigned to Code 898.

BAR, TAVERN, COCKTAIL LOUNGE, NIGHTCLUB OR DISCOTHEQUE – 899

A bar, tavern, cocktail lounge, nightclub or discotheque is a retail establishment principally engaged in the sale of alcoholic beverages by the drink that is open to the general public. These establishments may offer some type of entertainment such as a dance floor, disc jockey, live music or one or more televisions showing sporting events. Such businesses may or may not also prepare food and sell the prepared food to customers for immediate consumption. Where food is not prepared, the establishment may sell packaged snacks. In either scenario, food preparation and service is not a majority of the employer's operations.

The term "principally engaged" means more than 50 percent of the establishment's gross receipts.

RESTAURANT, N.O.C. – 975

Code 975 contemplates retail establishments principally engaged in preparing food(s) and selling the prepared food(s) and beverages (alcoholic or nonalcoholic) to the public for immediate consumption on the establishment's premises. This is a "traditional" restaurant where customers may either select their table or be seated by a hostess or another of the establishment's employees, browse a varied menu while seated at their table and place their food order with a member of the wait staff who will then place the order with the kitchen staff. The prepared food will be served to the customer by the wait staff person who remains available to further assist the customer during the course of the meal. Where wait service is provided it is the practice for customers to give a gratuity to the wait staff person based upon the quality of service provided.

The term "principally engaged" means more than 50 percent of the establishment's gross receipts.

CONSTRUCTION OR ERECTION – EXECUTIVE SUPERVISORS – 951

The assignment of Code 951 is applicable only to executive supervisors who do not exercise direct supervision of construction or erection operations. Code 951 is not applicable to supervisors permanently located at a given job location until the completion of that job. Code 951 is also not assigned to the payroll of any individual who is directly in charge of construction workers (including general laborers) at a specific job location. Any person who is directly in charge of construction work or construction employees at a specific job location shall be assigned to that job classification or, if more than one classification is assigned, to the highest-rated classification for that job if separate payroll records are not maintained.

The job duties of an executive supervisor would include time spent in an office and visits to a job site. Such supervision given by an individual classified under Code 951 must be indirect; i.e., through another person such as a superintendent or foreman. The executive supervisor has overall managerial responsibility for the various projects. That responsibility may include making arrangements for the procurement of materials and/or the delivery of supplies, procurement of subcontractors, maintenance of construction timetables, visits to job sites to keep track of job progress, conferring with clients, architects and engineers, and traveling to and from the company's headquarters. It also contemplates clerical office exposure and the part-time hazards of walking and climbing around on job sites. Typically, the use of the classification is applicable to large construction companies that have at least one level of supervision between the executive supervisor and the worker. It is also applicable in situations where numerous smaller projects are in progress simultaneously and the executive supervisor has the managerial responsibility for all of them.

An exception to the above-stated application would apply to a job superintendent responsible for and physically located at a specific job site where all operations are subcontracted to unrelated concerns. In this instance, the contractor has no construction workers at the job site, and the superintendent cannot exercise direct control of the subcontractor's employees. Therefore, in this circumstance the job superintendent should have his/her payroll assigned to Code 951.

WEATHERIZATION PROGRAMS – 647

The purpose of a weatherization program is to insulate the client's home, which may be a detached house, a twin, a row house or a mobile home. The clients are generally either elderly, on a fixed income or are low-income families. All of a weatherization program's tasks (e.g., fixing windows and/or doors, installing blown or vat insulation, putting in foam sealants, doing caulking or putting in weather stripping) are incidental to the efforts of preventing outside air from infiltrating the home and concurrently preventing warm or air-conditioned air from escaping the home or enhancing the home's insulation. Assign Code 647 to payroll developed in a weatherization program.

PAPER PRODUCTS MFG., N.O.C. – 257

Applicable to a business principally engaged in the manufacture of one or more of a wide variety of paper products that are not otherwise classified. These products include but are not necessarily limited to: folding and/or set-up/rigid boxes, paper towels, products made from tissue paper, paper cups or plates, party favors, mailing tubes, paper cans and paper sheeting, slitting or winding. A folding or set-up/rigid box may be made from non-corrugated paper materials (e.g., paper box board or cardboard stock) that is cut, scored, creased and glued into the correct form. Rolls of paper of various types (e.g., plain, tissue or crepe) are received from unrelated businesses. These rolls will be loaded onto a paper sheeter, which will cut the paper to the desired dimensions. Embossing and/or perforating operations may be performed. The paper may either be rolled onto a smaller tube (e.g., paper towels) and then packed and shipped or will undergo further processes to reach its desired product form (e.g., paper plates). Printing conducted by a paper products manufacturing (Code 257) business on its products is incidental to such enterprise and is not subject to separate classification

CORRUGATED BOX OR CONTAINER MFG. – 261

Applicable to a business principally engaged in the corrugating of paper and/or the manufacture of boxes or containers from corrugated paper. The employer receives paper that will be corrugated as an integral part of the employer's manufacturing process or the employer receives paper corrugated by and purchased from an unrelated source. Corrugation involves paper being slowly passed over a steam or gas heated metal drum, then revolved around a roll covered with silicate of soda which is deposited on the tips of the corrugation. The paper is then moved along until it reaches the paper liner (either a single or double facing), then the corrugated paper and the liner(s) travel under pressure where they are combined and dried. Also applicable to the manufacture of fiberboard boxes or containers. Printing by a corrugated box or container manufacturer on its box or container products is construed to be incidental to the corrugated box or container enterprise and is not subject to separate classification.

OPERATIONS NOT COVERED:

Assign Code 255 to separate staff in a physically separate work area engaged in paper manufacturing.

PAPER COATING/FINISHING – By Contractor – 263

Applicable to a business principally engaged in operations involving various types of coatings which are mixed in mixers or agitators and run into troughs of coating machines. Rolls of paper, plastic film or other materials (except rubber or textile fabric) are coated as they pass over the rolls revolving through this mixture. The paper, plastic film or other materials are dried on rolls or stacks, some may be polished or embossed, finished by calendaring, slit to desired widths and rewound or sheeted to size, then labeled and packed. Products may be printed with advertising material before the coating or on the reverse side, after this operation. In the manufacture of oiled, paraffined or waxed paper the waxes or oils are heated and mixed, and paper is run through a waxing machine and over a drying roll. The now waxed paper is then cut, slit, rewound on spools or sheeted or die-cut, wrapped and packed. Laminated paper, plastic film or other materials are produced by feeding a paste or glue between layers of paper, plastic film or other materials, pressing the layers together, drying and finishing by winding into rolls or sheeting to size, or else cutting, slitting or die cutting to size and shape, wrapping and tying into bundles. Printing by a paper coating/finishing business on its products is incidental to the paper coating/finishing enterprise and is not subject to separate classification.

STATIONERY PRODUCTS MFG – 265

Applicable to a business principally engaged in the manufacture of stationery, loose-leaf ledgers or notebooks. Cardboard, binders' cloth, leather or imitation leather, canvas, paper, glue, paste, gold leaf, printing and ruling ink, metal rings, posts, screws, separators or fittings are received from unrelated businesses. Cardboard is cut to size and covered with leather, imitation leather or cloth by gluing, pasting and some sewing. Covers are reinforced by stripping and may be embossed in ink or gold leaf and the appropriate fittings are attached to complete the binder. Fillers for binders are manufactured from paper, which is cut to size on either manual or power cutters. Also includes but is not necessarily limited to the making of envelopes, writing tablets or pads, file folders, file jackets, desk pads and index cards. Paper ruling, silk screening or other printing on the products assignable to this class by the product's manufacturer is incident to the stationery products enterprise and not subject to separate classification.

OPERATIONS NOT COVERED:

The manufacture of metal rings, posts, screws, separators or fittings shall be assigned to the appropriate metal working class.

MUSEUM – 887

An establishment devoted to the procurement, preservation and display of objects of cultural interest. Includes all types of museums (e. g., art, archaeology, children's, history, natural history, or technology). Also includes all of a museum's operations, which may include but are not necessarily limited to: galleries, curatorial space, auditoriums, movie theaters, lecture halls, classrooms for art instruction, storerooms, conservation or restoration laboratories, gift shops or eating facilities.

OPERATIONS ALSO INCLUDED:

A separately staffed and located museum operated by a municipal government (e.g., borough, city or township).

LIBRARY - PUBLIC – 890

An establishment in which books, magazines, manuscripts, musical scores, videos, compact audio discs or other literary or artistic materials are kept for use by the general public. Materials may be taken from the library for specified time periods or they may be restricted to use on the library's premises. Library patrons who wish to borrow library materials are generally library members and may pay an annual fee for that privilege. A library's services may also include but are not necessarily limited to: providing Internet access, sponsoring lectures, workshops or seminars, classes in adult literacy, storytelling or summer reading programs for children, providing photocopiers for public use (for a per page fee), providing meeting space for local organizations or bookmobiles.

OPERATIONS ALSO INCLUDED:

A separately staffed and located public library operated by a municipal government (e.g., borough, city or township) or school district.

OPERATIONS NOT COVERED:

1. A library operated by a college or school for its students, faculty and staff will be assigned to the appropriate school classification.
2. A library operated by a company (e.g., hospital, law firm or newspaper) will be assigned to the classification consistent with the employer's business. A library operated by a museum for its staff will be assigned to Code 887.

LABOR UNION – 903

Applicable to all employees (e.g., business agents, organizers, clerical, janitorial or instructors in an apprenticeship program) of a labor union. Includes but is not necessarily limited to union locals, union district councils, statewide or national labor union organizations.

TREE PRUNING, SPRAYING, REPAIRING OR FUMIGATING – 005

Applicable to businesses that are principally engaged in using hand tools or mechanical equipment to prune, spray, trim or fumigate trees. These operations can be performed from the ground or may require the use of ladders or aerial buckets. The classification includes generalist tree care service contractors that perform most or all of the above listed services or specialists that are principally engaged in providing a single service (e.g. clearing the rights of way/tree pruning for utility contractors). Code 005 also contemplates tree removal that is incidental to the employer's pruning, spraying, repairing, trimming or fumigating services.

OPERATIONS NOT COVERED:

Not applicable to logging contractors or clearing of land projects that include tree removal.
Assign logging contractors and clearing of land with tree removal to Code 009.

HOMEOWNERS' ASSOCIATION

A Homeowners' Association is responsible for the care of residential or recreational home developments. Such developments may have part-time residents who use the development for vacation or recreational purposes and/or year-round residents. Assign Code 971 to the maintenance of common grounds (e.g., roads), and the operation and maintenance of recreational amenities (e.g., swimming pools, tennis courts and/or clubhouses) and security. Association operations conducted by separate employee crews including but not necessarily limited to: golf courses, stables, restaurants, sewage plant and water works shall be separately classified as provided for in this Manual

**VOLUNTEER FIRE DEPARTMENTS AND/OR VOLUNTEER FIRE COMPANIES –
WORKERS' COMPENSATION INSURANCE OPTIONS**

In Pennsylvania the municipality in which a volunteer fire department(s) and/or volunteer fire company(ies) is based is generally construed to be the statutory employer of the members of the volunteer fire department or volunteer fire company who perform the services of a volunteer firefighter, and for that reason it has been the practice for the municipality in which the volunteer fire department(s) and/or volunteer fire company(ies) is based to provide workers' compensation insurance coverage for such members. The Department of Labor and Industry (Department) has rendered a written opinion on whether a volunteer fire department and/or volunteer fire company may be separately insured pursuant to the Department's review of the Pennsylvania Workers' Compensation Act (Act), Section 601 (a)(1), and the interpretative case law thereon. The Department's opinion states that there is nothing in the language of the Act or the case law accompanying Section 601 (a)(1) that indicates a volunteer fire department and/or company would be prohibited from obtaining a workers' compensation policy separate from that of the municipality in which it is based. In other words, in the Department's opinion a volunteer fire department and/or volunteer fire company may purchase a workers' compensation insurance policy that is separate from the workers' compensation policy of the municipality in which it is based. The Department's opinion also states that the above analysis applies to volunteer ambulance corps or volunteer rescue or lifesaving squads, because there is no language in Section 601 (a)(2) or (a)(3) of the Act or in the case law thereon that prohibits a volunteer ambulance corps or a volunteer rescue or lifesaving squad from obtaining workers' compensation insurance separate from the municipality in which it is based.

The classification applicable to a separate workers' compensation insurance policy purchased by a volunteer fire department and/or volunteer fire company for volunteers/members covered by such policy would be Code 994. The classification applicable to a separate workers' compensation insurance policy purchased for the volunteers/members of a volunteer ambulance corps or volunteer rescue or lifesaving squad would be Code 993.

If an entity (typically a volunteer fire department and/or volunteer fire company) provides fire, ambulance or rescue and lifesaving squad services in combination and that entity purchases a single, separate workers' compensation policy, then each service provided must be separately classified. In such instances the applicable classifications for the single, separate workers' compensation policy would be both Codes 993 and 994.

If an entity (again typically a volunteer fire department and/or volunteer fire company) has a policy for its employees (e.g., bartenders for a social club or food servers and/or bartenders for a banquet hall), Code 993 and/or Code 994 may be added to that policy for the coverage of the volunteer firefighters and/or volunteer ambulance corps and/or volunteer rescue or lifesaving squad persons.

Where the firefighting service is provided by a combination of volunteer firefighters and paid firefighters insured by a policy purchased by the municipality in which the volunteer fire department or volunteer fire company and the paid firefighters are based, the municipality's volunteer firefighting premium is prorated pursuant to the procedure delineated in the Section 2 rating value listing pages. The volunteer firefighting premium charge shall be prorated in the same manner in the event a policy separate from the municipality's policy is purchased for the (Code 994) volunteer fire fighting exposure. When ambulance or rescue lifesaving service is provided by an independent, non-municipal entity staffed by a combination of paid ambulance, rescue or lifesaving persons and volunteer ambulance, rescue or lifesaving persons, assign Code 807 to the payroll of the paid ambulance, rescue or lifesaving persons and Code 993 for the volunteers. The Code 993 per corps premium shall be prorated in the same manner cited above for firefighting service provided by the combination of volunteer firefighters and paid firefighters.

**THE MUNICIPALITY IN WHICH A VOLUNTEER FIRE DEPARTMENT AND/OR VOLUNTEER FIRE COMPANY IS BASED WILL
GENERALLY BE CONSTRUED TO REMAIN THE VOLUNTEERS' STATUTORY EMPLOYER**

In the event that a volunteer fire department and/or volunteer fire company does not purchase a separate workers' compensation policy for its volunteers/members or in the event that such separately purchased policy lapses, is canceled or otherwise ceases to be effective for any reason, then the municipality in which the volunteer fire department and/or volunteer fire company is based should secure workers' compensation insurance coverage for the volunteer fire department's and/or volunteer fire company's volunteers/members. This same provision would also apply to volunteer ambulance corps or rescue or lifesaving squads.

The Bureau expresses no opinion as to the potential liability of a municipality for workers' compensation benefits or otherwise to members of a volunteer fire company, ambulance corps or rescue or lifesaving squad when there exists separate workers' compensation coverage for such members pursuant to another entity's insurance.

MUNICIPALITY IN WHICH A VOLUNTEER FIRE DEPARTMENT AND/OR VOLUNTEER FIRE COMPANY IS BASED DEFINED

The term "the municipality in which the volunteer fire department and/or volunteer fire company is based" shall be defined as any incorporated political subdivision of the Commonwealth smaller than a county (e.g., city, borough, township or town) wherein a volunteer fire department and/or volunteer fire company is headquartered. This definition also applies to volunteer ambulance corps or volunteer rescue or lifesaving squads.

In the event of a merger of two or more previously separate volunteer fire departments and/or volunteer fire companies garaged in two or more separately incorporated political subdivisions, the municipality in which a volunteer fire department and/or volunteer fire company is based shall be that participating incorporated political subdivision designated by the parties as the headquarters of the new, merged volunteer fire departments and/or volunteer fire companies. This procedure also applies to merged volunteer ambulance corps or volunteer rescue or lifesaving squads.

SUMMARY OF THE DEPARTMENT OF LABOR AND INDUSTRY'S (DEPARTMENT) OPINION

The following is a summary of the Department's opinion, and it is based in part on discussions with the Department after the Department issued the opinion. You should not rely on this summary as advice concerning the legal obligation of a person to maintain workers' compensation coverage.

The Pennsylvania Compensation Rating Bureau has asked the Department for an opinion with respect to whether a volunteer fire department and/or volunteer fire company may obtain workers' compensation coverage as an actual employer separate from the coverage of the municipality in which the volunteer fire department and/or volunteer fire company is based. A second issue is whether a volunteer ambulance corps or a volunteer rescue or lifesaving squad may also pursue workers' compensation coverage separate from the municipality in which it is based. In the Department's opinion a volunteer fire department and/or volunteer fire company or a volunteer ambulance corps or volunteer rescue or lifesaving squad may separately obtain workers' compensation insurance as an employer independently from the municipality in which it is based.

There is nothing in the language of the Act or the case law accompanying Section 601 (a)(1) of the Act that indicates a volunteer fire department and/or volunteer fire company would be *prohibited* (emphasis in the original) from obtaining workers' compensation coverage separate from the municipality in which such department or company is based. The Commonwealth Court in one case sets forth that "volunteer fire fighters may have two employers for the purposes of the Act, the actual employer under whose supervision the fireman was working at the time of injury, and the statutory employer, i.e. the municipality upon whom rests the responsibility for providing workmen's compensation benefits under Section 601." Temple v. Milmont Fire Co., 525 A.2d 848, 850 (Pa Cmwlth. 1987). Even though Temple does not require a volunteer fire department to obtain workers' compensation insurance separate from the municipality in which it is based, it certainly does not prohibit the volunteer fire department and/or volunteer fire company from doing so as an employer. See id.

The same analysis applies to volunteer ambulance corps or volunteer rescue or lifesaving squads – no language in the Act or in the case law accompanying Section 601 (a)(2) or (a)(3) *prohibits* (emphasis in the original) a volunteer ambulance corps or a volunteer rescue or lifesaving squad from attempting to obtain workers' compensation insurance separate from the municipality in which such corps or squad is based. The only indication the Department found that a volunteer ambulance corps or a volunteer rescue or life saving squad and a volunteer fire department and/or volunteer fire company would be treated differently in some respect is found in Scrima v. Swissvale Area Emergency Services, 599 A.2d 301 (Pa Cmwlth. 1991). The Commonwealth Court in Scrima declined to expand the rule that volunteer fire department and/or volunteer fire companies are entitled to governmental immunity to include volunteer ambulance corps or volunteer rescue or lifesaving squads.¹ However, the fact that governmental immunity cannot be applied to a volunteer ambulance corps or a volunteer rescue or life saving squad does not prohibit the volunteer ambulance corps or the volunteer rescue or life saving squad from obtaining workers' compensation separate from the workers' compensation coverage of the municipality in which the volunteer ambulance corps or the volunteer rescue or life saving squad is based. It may even provide an additional argument in support of why a volunteer ambulance corps or a volunteer rescue or life saving squad should be permitted to obtain workers' compensation insurance coverage separate and apart from that of the municipality in which they are based. If the volunteer ambulance corps or volunteer rescue or life saving squad does not have governmental immunity, having separate workers' compensation coverage could give it an additional layer of protection against liability.

¹ The Court in Temple reiterated the holding in Zern v. Muldoon, 516 A.2d 799 (Pa. Cmwlth. 1986) and Wilson v. Dravosburg Volunteer Fire Department, 516 A.2d 100 (Pa Cmwlth. 1986) that volunteer fire department and/or volunteer fire companies are "local agencies" entitled to governmental immunity under 42 Pa. C. S. 8541. See Temple, 525 A. 2d at 851.

AUDITING**Drivers (Payroll Allocation)**

It is the Bureau's position that the payroll of drivers, chauffeurs or their helpers which cannot be allocated to a specific classification because they have duties common to more than one classification shall be assigned to the governing classification of the two or more classifications to which their work belongs.

The above ruling does not supersede any Manual rules found in Sections 2 or 5 of the Pennsylvania Manual, nor does it supersede any Manual wording footnotes found in Section 2 or Section 5 regarding the allocation of payroll for the 800-series of classifications (Trucking and Storage Industry).

Example:

Insured X has approved classifications Code 0034, Animal Raising, and Code 865, Poultry and/or Fish Dealer/ Processor. If insured X had separate crews of drivers that did not interchange their duties between the two operations, the separate crews would have their payroll allocated to the separate respective classifications.

If no such separate crew existed and the drivers, etc. have duties common to both operations, their payroll would be assigned to the governing classification exclusive of miscellaneous employee payroll.

Commission Salespersons (Deductible Expenses)

Commissions paid to commission salespersons shall be included in the audit of payroll for premium computation purposes, except that traveling and all other expenses of the salespersons in connection with their employment may be deducted provided the salespersons report such expenses and the insured maintains a definite verifiable record of them. Arbitrary flat percentages shall not be allowed under the provisions of this interpretation nor shall automobile depreciation be deductible as an item of expense unless such depreciation comprises a part of the mileage rate allowance.

BASIS OF PREMIUM**Employee Expense Reimbursements**

Reimbursement expenses (except for hand or power tools as provided for in Rule V., B. 2. i.) paid to employees may be excluded from the audit provided that all three of the following conditions are met:

1. The reimbursed expenses paid were incurred upon the business of the employer, and
2. The amount of each employee's expense payment is shown separately in the records of the employer, and
3. The amount of each expense reimbursement approximates the actual expenses incurred by the employee in the conduct of his or her work (IRS published per diem guidelines may be viewed as approximating actual expenses).

Salary Reduction Plans

In determining the remuneration to be used for premium computation purposes, no deduction shall be permitted for contributions to employee benefit plans made by employees either directly or through salary reduction agreements. The typical salary reduction plan involves a binding salary reduction agreement through which a specific percentage of the employee's salary is not paid to him or her but is paid into a pension, medical or savings plan (Section 125 IRC).

Strike Periods (Wages Paid)

Wages paid to employees who are not on strike but who are unable to perform their normal duties because of a strike shall be assigned to the classification applicable to the work usually performed by such employees, except that if any such employees perform absolutely no work for their employer and are not present on their employer's premises during such period, such wages shall be assigned to Code 953, Clerical Office Employees, provided the facts are clearly disclosed by the employer's records.

Traveling Time Payments

Payments made by an employer to an employee to reimburse him or her for time spent in traveling to or from work or to or from a specific job shall be considered as remuneration in accordance with the provisions of Rule V., B. of the Manual, and such remuneration shall be assigned to the Manual classification which applies to the work normally performed by such employee.

Wages Paid for Idle Time

1. The entire amount of wages paid for idle time shall be included as payroll.
2. Wages paid for idle time due to the following causes shall be assigned in their entirety to the classification which applies to the work normally performed by the employee involved:
 - a. Suspension or delay of work on account of weather conditions.
 - b. Delays while waiting for materials.
 - c. Delays while waiting for another contractor to complete certain work.
 - d. Delays arising from breakdown of equipment.
 - e. "Stand-by" time where employees such as operators of cranes, hoists or other equipment are on the job but their active services are not required continuously.
 - f. Special union requirements or agreements between employer and employees calling for pay for idle time under specified circumstances.
 - g. Other cause of similar nature.
3. Wages paid to key employees of construction, erection or stevedoring risks, such as superintendents, foremen or engineers, for periods during which no jobs are in progress, shall be assigned to the classification applicable to the work which each one normally performs. (Exception: Reference Strike Periods – Wages Paid.)
4. The entire amount of wages paid for idle time to an employee engaged in work other than construction, erection or stevedoring must be assigned without division to the classification which normally applied to that employee.

Religious Exclusions (Members of certain religious sects whose tenets prohibit benefits from insurance provided the sect makes provisions for its members).

Workers' compensation insurance is not compulsory for the above individuals. As per Section 304.2(a) "An employer may file an application with the Department of Labor and Industry to be excepted from the provisions of this Act in respect to certain employees. The application shall include a written waiver by the employee of all benefits under the Act and an affidavit by the employee that he is a member of a recognized religious sect or division thereof and is an adherent of established tenets or teachings of such sect or division by reason of which he is conscientiously opposed to the acceptance of the benefits of any public or private insurance which makes payments in the event of death, disability..." Documentation to support the above election must be in evidence at time of audit. Payroll to the above will then be excluded for purposes of premium determination.

Members of Religious Orders

Refer to Section 2 of the Pennsylvania Workers' Compensation Manual. In Pennsylvania, because of the interest of some of the Catholic dioceses in providing coverage for members of orders on a voluntary basis, a specific underwriting procedure as well as per capita rates were adopted by the Bureau.

When such individual is assigned to perform duties in churches, hospitals, schools or other institutions, those institutions may wish to provide coverage as well. Any remuneration paid to the order on behalf of its members would be excluded, and the appropriate per capita rates would be applied.

Subcontractors (Applicable Contracting Classifications)

Consideration has been given to questions which have arisen regarding the classification procedure for a subcontractor who performs a single type of work on a contracting project or job. This situation is illustrated by Code 603, Sewer Construction, where portions of the work such as excavation may be subcontracted.

Consistent with the classification treatment which has been generally observed, it has been ruled that such subcontracted work shall be classified on the basis of the classification describing the particular type of work involved. Thus, the subcontractor who only performs excavation work in connection with the construction of a sewer would be classified as Code 609, Excavation, rather than as Code 603, Sewer Construction.

The ruling in connection with concrete construction has been continued. This requires that all operations including making and erecting forms, placing reinforcing steel and stripping forms, when done by subcontractors, shall be assigned to the appropriate concrete construction classification.

These rulings apply only to insured subcontractors. Uninsured subcontractors, covered under the principal contractor's policy, will continue to be classified on the basis of the classifications which would apply if the work were performed by the principal's own employees.

Outworkers/Homeworkers

Under Section 104 of the Pennsylvania Workers' Compensation Act an employee is defined as "All natural persons who perform services for another for a valuable consideration exclusive of persons to whom articles or materials are given out to be made up, cleaned, washed, altered, ornamented, finished or repaired, or adapted for sale in the workers' own home, or on other premises, not under the control or management of the employer."

A review of the relevant case law by Bureau counsel indicated the definition of an "employee" is not of significance in disputes over the coverage status for individuals who are injured while working in the home. Instead, the focus is on whether the injury occurred in the furtherance of the business of the employer. Therefore, the ability to resolve disputes involving coverage status for an outworker/homeworker, as defined in the Act, remains a legal question beyond the Bureau's authority. Accordingly, the employee status of an outworker/homeworker is left to the discretion of the individual insurance carrier.

COUNTER PERSONNEL – AUTOMOBILE REPAIR FACILITIES

As a general rule, counter personnel for auto repair facilities wait on customers, prepare job cost or sales estimates, write up orders and collect payments for services rendered or merchandise purchased. As described, counter duties are a normal, integral and basic part of the operation of these types of facilities and, as such, are contemplated by the composite rating value of the basic governing classification – Code 815. Therefore, counter personnel for automobile repair facilities and/or automobile tire dealers should be assigned to Code 815 and not to a standard exception classification, either Code 951 or Code 953.

PROPERTY MANAGEMENT FIRMS

Property management firms are engaged in the management of real property which may be owned by the firm or owned by other concerns and managed under contract. The duties of a property management firm are to enforce the provisions of the lease agreement entered into by the tenant and landlord, to ensure that necessary tax, mortgage, insurance and other payments are made in a timely manner, and to ensure that the property is maintained in such a way as to maximize its value to the owner. In the conduct of such operations management companies may employ maintenance personnel, resident or on-site managers, leasing agents or property management supervisors or may subcontract all or portions of these separate responsibilities. The basic functions performed by the personnel of property management firms and the current classification procedures followed in connection therewith are presented below:

Maintenance

Maintenance personnel generally perform minor maintenance and repair work at the property site, including but not limited to: cutting the grass, shoveling snow, plumbing, electrical wiring, painting and minor carpentry activities. New construction or structural alterations generally are subcontracted to a specialty contractor. Payroll developed by maintenance employees of a commercial or industrial building owner, lessee or real estate management firm is assigned to Code 971. Payroll developed by maintenance employees of an apartment or condominium complex operator is assigned to Code 880

Resident or On-Site Managers

Resident managers typically are retained in connection with residential apartment complexes, while on-site managers may be employed in connection with either residential or commercial properties. Resident managers usually receive compensation in the form of a salary and an apartment unit located at the site of the managed property. The duties of resident or on-site managers retained in connection with apartment complexes and similar multiple dwelling units may include but are not limited to: performing maintenance and repair work, showing apartments to prospective tenants, preparing lease or rental agreements, collecting rents, handling tenant complaints, inspecting vacated units for damage, coordinating maintenance and repair activities, acting as the liaison between tenants and management supervisors, and directly supervising the overall operations and/or maintenance staff of the property.

As a general rule, managers engaged in the above job duties should have their payroll assigned to either Code 971 or Code 880. However, managers who perform no maintenance/repair work or perform no direct supervision of the maintenance staff or do not supervise the overall operations of the complex may have their payroll assigned to Code 951. The duties of on-site managers retained in connection with commercial buildings are similar to those described above and are classified the same way.

Leasing Agents

Leasing agents are typically engaged in residential and/or commercial property leasing or real estate sales activities. Leasing agents are paid a commission based upon the total rent paid over the duration of the lease. Leasing agents show available space to prospective tenants and negotiate the terms of the lease, including the lease period, tenant improvements, payment schedules, and termination provisions. Leasing agents usually do not perform any property management activities.

Historically, leasing agents engaged exclusively in the aforementioned activities have been assigned to Code 951. Leasing agents who, in addition to leasing activities, perform property management operations, such as the direct supervision of employees engaged in the operation, maintenance or repair of properties, are assignable to either Code 971 or Code 880

Property Management Supervisors

Property management supervisors normally retain responsibility for several residential complexes, single-family residences and/or commercial buildings. Such persons primarily perform administrative duties in the office of the management firm but will also visit the various properties under management to ensure that the properties are being adequately maintained. The job duties of these employees involve entering into contractual arrangements with real estate property owners for the management of properties, obtaining new properties to be managed, negotiating contracts with firms specializing in the maintenance, repair or alteration of properties, hiring and dismissal of resident or on-site managers, handling the financial arrangements of the property, preparing financial reports, showing available space to potential tenants, renegotiating or extending leases, meeting with resident or on-site managers to discuss problems or complaints, periodically inspecting the physical appearance of the property to ensure that necessary maintenance and repair operations are being performed and to take note of additional needed repairs.

Property management supervisors do not:

- reside at or work from the site of the properties under management
- directly supervise maintenance or repair employees
- directly supervise the operation of the property

Employees exclusively engaged in the above job duties may have their payroll assigned to Code 951.

AUTOMOBILE DEALERSHIPS

With the understanding that the assignment of an employee's payroll may vary according to individual circumstances, the following guidelines have been developed to aid in the classification of employees of a typical auto dealership. Proper documentation on worksheets should be added when exceptions are made to these guidelines.

1. **Finance and Insurance (F&I) Manager and Employees** process automobile financing and payment schedule paperwork required by a bank or other financial institution on behalf of the customer. Their payroll is assignable to Code 953.
2. **Inventory Coordinators or Inventory Control Attendants** may physically check incoming or outgoing automobile inventory. These employees may move new or used automobiles from one lot location to another or to different locations within a single lot. They may also physically check the inventory on a regular basis by walking throughout the lot(s) to do a physical count of the automobiles and monitor them for damage or defects. Their payroll is assignable to Code 818. If job duties are limited to operating a computer in a physically separate office, Code 953 would apply.
3. **Inventory Clerks (either service or parts)** usually assist the appropriate manager in the compilation and/or recording of paperwork involved in keeping track of either repair/service work done by the service department or the sale/inventory of parts done by the parts department. If they work exclusively on a computer or handle the paperwork generated by the appropriate respective department, their payroll is assignable to Code 953. However, if they physically handle the parts or work in areas that are not physically separated from the parts or service areas, their payroll is assignable to Code 818. Sometimes these employees have job titles of parts clerk or service clerk.
4. **Service Writers/Service Advisors** have historically had their payroll assigned to Code 818 because of their job duties, as well as where they perform these job duties. However, as technology modernizes the automobile dealership industry, many job descriptions of dealership employees have changed. If a service writer performs any of the following job duties, the payroll of that employee is assignable to Code 818:
 - Physically inspecting the customer's automobile to determine what repair work is required.
 - Walking out to the car to write down the mileage from the odometer. This information is necessary because warranty work and adherence to the warranty schedule is keyed to the mileage an automobile has on it. An automobile dealership may not honor the warranty agreement unless all repairs and service have been completed by the dealership's own technicians.

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- Providing information or direction to service/repair employees (called mechanics or technicians) through direct interface in the service/repair area.
 - Pickup and delivery of parts.
 - Road testing the malfunctioning or the repaired vehicle, conducting a final inspection of the vehicle or physically handling ordered automobile parts.

Frequently, service writers work in a driveway/garage area. An operative hazard of an automobile dealership is the operation of a vehicle. In the above-mentioned area the automobiles are driven directly up to the service writers, and there is no floor-to-ceiling partition separating the writers from this hazard. Therefore, the employees in question do not meet the restrictive definition of a clerical office employee, and their payroll would be assignable to Code 818.

As an exception to the rule, the service writers may have their payroll assigned to Code 953 if they work in an area that is physically separated from other operations by floor-to-ceiling partitions and in which work of clerical office employees, as defined in the restrictive standard exception rule, is performed exclusively.

5. **Cashiers** who wait on customers should have their payroll assigned to Code 818. The cashier who works in an area where only office work is performed and that area is physically separate from the parts, body shop, service/repair, showroom or sales lot areas should be assigned to Code 953.
6. **Telephone Operators** should have their payroll assigned to Code 953 if they work in physically separate areas away from the parts, body shop, service/repair, showroom or sales lot areas.
7. **Greeters** working in the showroom direct walk-in customers to waiting salespersons. Their payroll should be assigned to Code 819.
8. **Title Clerks** process the paperwork involved in title and registration transfers. Their payroll is assignable to either Codes 953, 819 or 818 depending on where they perform these job duties.
9. **Automobile Salespersons** must have their payroll assigned to Code 819. This classification is analogous to Code 951, Outside Salespersons, which is the standard exception classification applicable to employees engaged in the outside solicitation of a firm's goods or services. Job duties inherent for automobile salesmen include:
 - They sell automobiles by talking with walk-in customers.
 - Their offices/work areas are in the showroom.
 - They may or may not take the customer out for a test drive.
 - They demonstrate the various features of the automobiles to the customers and may deliver the vehicle to the customer.
 - A regular part of their job duties includes time spent in the new/used automobile lot or showroom.
10. **Sales Managers** should have their payroll assigned to Code 819, even though they may not sell cars, if their areas of responsibility encompass the sales department and they are engaged in directly supervising the productivity, training and evaluation of the sales department.

They accomplish these goals by observing the salespeople in their interaction with the customer in the showroom or car lot. They constantly evaluate the performance of the salespeople and direct them by updating and improving their sales techniques. While individual salespeople may learn the results of their evaluation in the sales manager's office for reasons of confidentiality and privacy, the sales manager must regularly spend time in the car lot and/or showroom in order to accomplish his/her goals of effective management.

The payroll of the sales manager should be assigned to the same classification that is applicable to the group of employees he/she directly supervises. The term "directly supervises" is construed to mean that the education, training, evaluation and/or the provision of instructions is done face-to-face in the areas where the employee is working.

The exception to this rule is the case where the sales manager, due to the complexity or large size of the dealership, would delegate training, evaluation and direct supervision of employees to a supervisor/subordinate and where the job duties of the sales manager relegate him/her to exclusively working in the office.

11. **Parts Managers and Service Managers** should have their payroll assigned to Code 818. Parts managers may work in the parts department, provide direct supervision (as defined above) of employees, fill in for parts counter employees, physically handle parts, unload and stock parts in inventory and/or wait on customers or employee mechanics providing them with parts. Any of these activities are sufficient to place the parts manager in Code 818.

Service managers may work in the service area providing supervision and direction to employees, estimate service and repair cost by examining the car, and road test customer vehicles as a regular part of their job duties.

As noted above, the payroll of the manager should be assigned to the same classification that is applicable to the group of employees he/she directly supervises.

- 12. General Managers** should have their payroll assigned to either Codes 818, 819 or 953 depending upon their job duties. If the general manager directly supervises the parts, service, body shop or other operational areas of the dealership with the exception of the office or showroom/sales lot area or has regular job duties in those areas, that individual's payroll is assignable to Code 818.

In some automobile dealerships a general manager may have assumed the duties of a sales manager and is engaged in directly supervising the productivity, training and evaluation of the sales department, in which case Code 819 would be the appropriate classification for the general manager's payroll.

Finally, a general manager who is exclusively engaged in job duties that fall within the restrictive definition of Code 953 in Section 1 may have their payroll assigned to that classification.

- 13. Drivers/Car Jockeys** drive the new and/or used automobiles from one lot location to another or back and forth to positions within one location. They may wash and detail the car prior to the customer taking possession of the purchased automobile. They may drive cars from an automobile auction or a car wash to the lot location. These employees are miscellaneous employees whose job functions support the dealership's business, and their payroll is properly assignable to Code 818.
- 14. Automobile Rental Clerks** have job duties that include but are not necessarily limited to assigning vehicles, completing rental agreements, insurance and credit forms and collecting payment for the rental of automobiles. Their payroll is assignable to Code 819. Rental clerks may also demonstrate or move the automobile.
- 15. Leasing Managers:** The Bureau considers the leasing of a vehicle as analogous to "selling" the vehicle, as the leasing of the vehicle effectively means relinquishing possession of the vehicle to a customer on a more or less permanent basis. Therefore, a leasing agent or manager that demonstrates the features of the automobile should have their payroll assignable to Code 819. Leasing managers should have their payrolls assigned to Code 953 if their job duties are limited to making leasing arrangements over the telephone.

PREVAILING WAGE PAYMENTS

Prevailing wage statutes, including but not necessarily limited to the Davis-Bacon Act or the Pennsylvania Prevailing Wage Act stipulate that contractors under Federal or State government contracts, respectively, are required to pay specific minimum wage rates and specified fringe benefits that may be paid into an approved fund for distribution at a later date or paid directly to the employee. Where an employer is unionized, the payments will normally go into a fund. However, if the employer is not unionized, the payments will often be made directly to the employee.

CLASSIFICATION UNDERWRITING GUIDE

The Pennsylvania Classification Underwriting Guide has been prepared for the convenience of writers of Workers Compensation Insurance in Pennsylvania. The Guide lists activities of Pennsylvania employers and the appropriate classification code number for these operations. It should be noted, however, that these designated codes may be used only in conformance with the general and specific rules of this Manual. If the operations to be insured are not described by one or more classifications, the exact operations shall be stated in the policy, followed by the code number of the Manual classification to which the operations have been assigned. In such cases, the policy shall be controlled by all the limitations and conditions included in this Manual with respect to any classification whose code number is so assigned.

Unlike a number of other jurisdictions, the Pennsylvania classification system contemplates that a single classification shall be descriptive of all work performed by one employer. Necessarily, there are permissible deviations from that basic premise. The permitted deviations are printed in this Manual either under Section 1 (which formulates general underwriting procedures) or in Section 2 (which is specific as to the use of each classification).

Therefore, in the use of this Underwriting Guide, absolute dependence may not be placed on the indicated classification if other classifications are also to be used for the same employer.

If the Underwriting Guide is used within the limits of these inherent restrictions, it is believed that it will provide a more universal comprehension of the Pennsylvania classification system and, consequently, be a valuable factor in the assignment of proper classifications.

Abrasive Paper Or Cloth Preparation	255
Abrasive Shape Mfg.	513
Abrasive Wheel Mfg.	513
Academic Costumes Mfg. - Caps And Gowns	161
Accordion Door Mfg. - Fabric Or Plastic - No Woodworking	163
Accounting Firm	962
Acetylene Gas Machine Installation	675
Acetylene Gas Mfg.....	553
Acetylene Torch Mfg.	445
Acid Mfg.	551
Acoustical Ceiling Installation - Suspended Grid Type.....	649
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JANUARY			FEBRUARY			MARCH			APRIL			MAY			JUNE		
DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO
1	1	.003	1	32	.088	1	60	.164	1	91	.249	1	121	.332	1	152	.416
2	2	.005	2	33	.090	2	61	.167	2	92	.252	2	122	.334	2	153	.419
3	3	.008	3	34	.093	3	62	.170	3	93	.255	3	123	.337	3	154	.422
4	4	.011	4	35	.096	4	63	.173	4	94	.258	4	124	.340	4	155	.425
5	5	.014	5	36	.099	5	64	.175	5	95	.260	5	125	.342	5	156	.427
6	6	.016	6	37	.101	6	65	.178	6	96	.263	6	126	.345	6	157	.430
7	7	.019	7	38	.104	7	66	.181	7	97	.266	7	127	.348	7	158	.433
8	8	.022	8	39	.107	8	67	.184	8	98	.268	8	128	.351	8	159	.436
9	9	.025	9	40	.110	9	68	.186	9	99	.271	9	129	.353	9	160	.438
10	10	.027	10	41	.112	10	69	.189	10	100	.274	10	130	.356	10	161	.441
11	11	.030	11	42	.115	11	70	.192	11	101	.277	11	131	.359	11	162	.444
12	12	.033	12	43	.118	12	71	.195	12	102	.279	12	132	.362	12	163	.447
13	13	.036	13	44	.121	13	72	.197	13	103	.282	13	133	.364	13	164	.449
14	14	.038	14	45	.123	14	73	.200	14	104	.285	14	134	.367	14	165	.452
15	15	.041	15	46	.126	15	74	.203	15	105	.288	15	135	.370	15	166	.455
16	16	.044	16	47	.129	16	75	.205	16	106	.290	16	136	.373	16	167	.458
17	17	.047	17	48	.132	17	76	.208	17	107	.293	17	137	.375	17	168	.460
18	18	.049	18	49	.134	18	77	.211	18	108	.296	18	138	.378	18	169	.463
19	19	.052	19	50	.137	19	78	.214	19	109	.299	19	139	.381	19	170	.466
20	20	.055	20	51	.140	20	79	.216	20	110	.301	20	140	.384	20	171	.468
21	21	.058	21	52	.142	21	80	.219	21	111	.304	21	141	.386	21	172	.471
22	22	.060	22	53	.145	22	81	.222	22	112	.307	22	142	.389	22	173	.474
23	23	.063	23	54	.148	23	82	.225	23	113	.310	23	143	.392	23	174	.477
24	24	.066	24	55	.151	24	83	.227	24	114	.312	24	144	.395	24	175	.479
25	25	.068	25	56	.153	25	84	.230	25	115	.315	25	145	.397	25	176	.482
26	26	.071	26	57	.156	26	85	.233	26	116	.318	26	146	.400	26	177	.485
27	27	.074	27	58	.159	27	86	.236	27	117	.321	27	147	.403	27	178	.488
28	28	.077	28	59	.162	28	87	.238	28	118	.323	28	148	.405	28	179	.490
29	29	.079				29	88	.241	29	119	.326	29	149	.408	29	180	.493
30	30	.082				30	89	.244	30	120	.329	30	150	.411	30	181	.496
31	31	.085				31	90	.247				31	151	.414			

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Pro Rata Cancellation Table (Continued)

JULY			AUGUST			SEPTEMBER			OCTOBER			NOVEMBER			DECEMBER		
DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO
1	182	.499	1	213	.584	1	244	.668	1	274	.751	1	305	.836	1	335	.918
2	183	.501	2	214	.586	2	245	.671	2	275	.753	2	306	.838	2	336	.921
3	184	.504	3	215	.589	3	246	.674	3	276	.756	3	307	.841	3	337	.923
4	185	.507	4	216	.592	4	247	.677	4	277	.759	4	308	.844	4	338	.926
5	186	.510	5	217	.595	5	248	.679	5	278	.762	5	309	.847	5	339	.929
6	187	.512	6	218	.597	6	249	.682	6	279	.764	6	310	.849	6	340	.932
7	188	.515	7	219	.600	7	250	.685	7	280	.767	7	311	.852	7	341	.934
8	189	.518	8	220	.603	8	251	.688	8	281	.770	8	312	.855	8	342	.937
9	190	.521	9	221	.605	9	252	.690	9	282	.773	9	313	.858	9	343	.940
10	191	.523	10	222	.608	10	253	.693	10	283	.775	10	314	.860	10	344	.942
11	192	.526	11	223	.611	11	254	.696	11	284	.778	11	315	.863	11	345	.945
12	193	.529	12	224	.614	12	255	.699	12	285	.781	12	316	.866	12	346	.948
13	194	.532	13	225	.616	13	256	.701	13	286	.784	13	317	.868	13	347	.951
14	195	.534	14	226	.619	14	257	.704	14	287	.786	14	318	.871	14	348	.953
15	196	.537	15	227	.622	15	258	.707	15	288	.789	15	319	.874	15	349	.956
16	197	.540	16	228	.625	16	259	.710	16	289	.792	16	320	.877	16	350	.959
17	198	.542	17	229	.627	17	260	.712	17	290	.795	17	321	.879	17	351	.962
18	199	.545	18	230	.630	18	261	.715	18	291	.797	18	322	.882	18	352	.964
19	200	.548	19	231	.633	19	262	.718	19	292	.800	19	323	.885	19	353	.967
20	201	.551	20	232	.636	20	263	.721	20	293	.803	20	324	.888	20	354	.970
21	202	.553	21	233	.638	21	264	.723	21	294	.805	21	325	.890	21	355	.973
22	203	.556	22	234	.641	22	265	.726	22	295	.808	22	326	.893	22	356	.975
23	204	.559	23	235	.644	23	266	.729	23	296	.811	23	327	.896	23	357	.978
24	205	.562	24	236	.647	24	267	.732	24	297	.814	24	328	.899	24	358	.981
25	206	.564	25	237	.649	25	268	.734	25	298	.816	25	329	.901	25	359	.984
26	207	.567	26	238	.652	26	269	.737	26	299	.819	26	330	.904	26	360	.986
27	208	.570	27	239	.655	27	270	.740	27	300	.822	27	331	.907	27	361	.989
28	209	.573	28	240	.658	28	271	.742	28	301	.825	28	332	.910	28	362	.992
29	210	.575	29	241	.660	29	272	.745	29	302	.827	29	333	.912	29	363	.995
30	211	.578	30	242	.663	30	273	.748	30	303	.830	30	334	.915	30	364	.997
31	212	.581	31	243	.666				31	304	.833				31	365	1:000

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Short Rate Cancellation Table

Days In Policy	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy In Effect	Days In Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect
1	.05	18.2482	46	.23	1.8250
2	.06	10.9489	47	.23	1.7861
3	.07	8.5158	48	.24	1.8250
4	.07	6.3869	49	.24	1.7877
5	.08	5.8394	50	.24	1.7520
6	.08	4.8662	51	.24	1.7176
7	.09	4.6924	52	.25	1.7548
8	.09	4.1058	53	.25	1.7216
9	.10	4.0552	54	.25	1.6899
10	.10	3.6496	55	.26	1.7255
11	.11	3.6496	56	.26	1.6947
12	.11	3.3455	57	.26	1.6650
13	.12	3.3689	58	.26	1.6362
14	.12	3.1283	59	.27	1.6704
15	.13	3.1630	60	.27	1.6425
16	.13	2.9653	61	.27	1.6156
17	.14	3.0056	62	.27	1.5895
18	.14	2.8386	63	.28	1.6222
19	.15	2.8818	64	.28	1.5969
20	.15	2.7377	65	.28	1.5723
21	.16	2.7812	66	.29	1.6038
22	.16	2.6547	67	.29	1.5799
23	.17	2.6980	68	.29	1.5566
24	.17	2.5856	69	.29	1.5341
25	.17	2.4821	70	.30	1.5643
26	.18	2.5270	71	.30	1.5423
27	.18	2.4334	72	.30	1.5208
28	.18	2.3465	73	.30	1.5000
29	.18	2.2656	74	.31	1.5291
30	.19	2.3117	75	.31	1.5087
31	.19	2.2371	76	.31	1.4888
32	.19	2.1672	77	.32	1.5169
33	.20	2.2121	78	.32	1.4974
34	.20	2.1471	79	.32	1.4785
35	.20	2.0857	80	.32	1.4600
36	.20	2.0278	81	.33	1.4870
37	.21	2.0716	82	.33	1.4689
38	.21	2.0171	83	.33	1.4512
39	.21	1.9654	84	.34	1.4774
40	.21	1.9162	85	.34	1.4600
41	.22	1.9585	86	.34	1.4430
42	.22	1.9119	87	.34	1.4264
43	.22	1.8674	88	.35	1.4517
44	.23	1.9079	89	.35	1.4354
45	.23	1.8655	90	.35	1.4194

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Short Rate Cancellation Table (Continued)

Days in Policy Period	Short Rate Percentages	Factors to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factors to Apply to Earned Premium for Period Policy in Effect
91	.35	1.4038	136	.48	1.2882
92	.36	1.4283	137	.48	1.2788
93	.36	1.4129	138	.48	1.2696
94	.36	1.3979	139	.49	1.2867
95	.37	1.4216	140	.49	1.2775
96	.37	1.4068	141	.49	1.2684
97	.37	1.3923	142	.49	1.2595
98	.37	1.3781	143	.50	1.2762
99	.38	1.4010	144	.50	1.2674
100	.38	1.3870	145	.50	1.2586
101	.38	1.3733	146	.50	1.2500
102	.38	1.3598	147	.51	1.2663
103	.39	1.3820	148	.51	1.2578
104	.39	1.3688	149	.51	1.2493
105	.39	1.3557	150	.52	1.2653
106	.40	1.3774	151	.52	1.2569
107	.40	1.3645	152	.52	1.2487
108	.40	1.3519	153	.52	1.2405
109	.40	1.3395	154	.53	1.2562
110	.41	1.3605	155	.53	1.2481
111	.41	1.3452	156	.53	1.2401
112	.41	1.3362	157	.54	1.2554
113	.41	1.3243	158	.54	1.2475
114	.42	1.3447	159	.54	1.2396
115	.42	1.3330	160	.54	1.2319
116	.42	1.3215	161	.55	1.2469
117	.43	1.3414	162	.55	1.2392
118	.43	1.3301	163	.55	1.2316
119	.43	1.3189	164	.55	1.2241
120	.43	1.3079	165	.56	1.2388
121	.44	1.3273	166	.56	1.2313
122	.44	1.3164	167	.56	1.2240
123	.44	1.3057	168	.57	1.2384
124	.44	1.2951	169	.57	1.2311
125	.45	1.3140	170	.57	1.2238
126	.45	1.3036	171	.57	1.2167
127	.45	1.2933	172	.58	1.2308
128	.46	1.3117	173	.58	1.2237
129	.46	1.3016	174	.58	1.2167
130	.46	1.2916	175	.58	1.2097
131	.46	1.2817	176	.59	1.2236
132	.47	1.2996	177	.59	1.2167
133	.47	1.2899	178	.59	1.2098
134	.47	1.2802	179	.60	1.2235
135	.47	1.2708	180	.60	1.2167

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Short Rate Cancellation Table(Continued)

Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect
181	.60	1.2099	226	.70	1.1305
182	.60	1.2033	227	.70	1.1255
183	.61	1.2167	228	.70	1.1206
184	.61	1.2101	229	.71	1.1317
185	.61	1.2035	230	.71	1.1267
186	.61	1.1970	231	.71	1.1219
187	.61	1.1906	232	.71	1.1170
188	.62	1.2037	233	.72	1.1279
189	.62	1.1974	234	.72	1.1231
190	.62	1.1910	235	.72	1.1183
191	.62	1.1848	236	.72	1.1136
192	.63	1.1977	237	.72	1.1089
193	.63	1.1914	238	.73	1.1195
194	.63	1.1853	239	.73	1.1149
195	.63	1.1792	240	.73	1.1102
196	.63	1.1732	241	.73	1.1056
197	.64	1.1858	242	.74	1.1161
198	.64	1.1798	243	.74	1.1115
199	.64	1.1739	244	.74	1.1070
200	.64	1.1680	245	.74	1.1025
201	.65	1.1804	246	.74	1.0980
202	.65	1.1745	247	.75	1.1083
203	.65	1.1687	248	.75	1.1038
204	.65	1.1630	249	.75	1.0994
205	.65	1.1573	250	.75	1.0950
206	.66	1.1694	251	.76	1.1052
207	.66	1.1638	252	.76	1.1008
208	.66	1.1582	253	.76	1.0964
209	.66	1.1526	254	.76	1.0921
210	.67	1.1645	255	.76	1.0878
211	.67	1.1590	256	.77	1.0979
212	.67	1.1535	257	.77	1.0936
213	.67	1.1481	258	.77	1.0893
214	.67	1.1428	259	.77	1.0851
215	.68	1.1544	260	.77	1.0810
216	.68	1.1491	261	.78	1.0908
217	.68	1.1438	262	.78	1.0866
218	.68	1.1385	263	.78	1.0825
219	.69	1.1500	264	.78	1.0784
220	.69	1.1448	265	.79	1.0881
221	.69	1.1396	266	.79	1.0840
222	.69	1.1345	267	.79	1.0800
223	.69	1.1294	268	.79	1.0759
224	.70	1.1406	269	.79	1.0719
225	.70	1.1356	270	.80	1.0815

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Short Rate Cancellation Table (Continued)

Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect
271	.80	1.0775	316	.90	1.0396
272	.80	1.0735	317	.90	1.0363
273	.80	1.0696	318	.90	1.0330
274	.81	1.0790	319	.90	1.0298
275	.81	1.0751	320	.91	1.0380
276	.81	1.0712	321	.91	1.0347
277	.81	1.0673	322	.91	1.0315
278	.81	1.0635	323	.91	1.0283
279	.82	1.0728	324	.92	1.0364
280	.82	1.0689	325	.92	1.0332
281	.82	1.0651	326	.92	1.0301
282	.82	1.0614	327	.92	1.0269
283	.83	1.0705	328	.92	1.0238
284	.83	1.0667	329	.93	1.0318
285	.83	1.0630	330	.93	1.0286
286	.83	1.0593	331	.93	1.0255
287	.83	1.0556	332	.93	1.0224
288	.84	1.0646	333	.94	1.0303
289	.84	1.0609	334	.94	1.0272
290	.84	1.0572	335	.94	1.0242
291	.84	1.0536	336	.94	1.0211
292	.85	1.0625	337	.94	1.0181
293	.85	1.0589	338	.95	1.0259
294	.85	1.0553	339	.95	1.0229
295	.85	1.0517	340	.95	1.0198
296	.85	1.0481	341	.95	1.0169
297	.86	1.0569	342	.95	1.0139
298	.86	1.0534	343	.96	1.0216
299	.86	1.0498	344	.96	1.0186
300	.86	1.0463	345	.96	1.0156
301	.86	1.0429	346	.96	1.0127
302	.87	1.0515	347	.97	1.0203
303	.87	1.0480	348	.97	1.0174
304	.87	1.0446	349	.97	1.0145
305	.87	1.0411	350	.97	1.0116
306	.88	1.0497	351	.97	1.0087
307	.88	1.0462	352	.98	1.0162
308	.88	1.0429	353	.98	1.0133
309	.88	1.0395	354	.98	1.0105
310	.88	1.0361	355	.98	1.0076
311	.89	1.0445	356	.99	1.0150
312	.89	1.0412	357	.99	1.0122
313	.89	1.0379	358	.99	1.0094
314	.89	1.0346	359	.99	1.0065
315	.90	1.0429	360	.99	1.0038
			361	1.00	1.0111
			362	1.00	1.0083
			363	1.00	1.0055
			364	1.00	1.0027
			365	1.00	1.0000

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**GENERAL RULES
SECTION I – INSTRUCTIONS**

1. The Experience Rating Plan is intended to determine whether a specific risk presents a hazard for future insurance which is better or worse than the hazard of the average risk in the classification to which the risk has been assigned.
2. The rules of this Plan shall govern the experience rating procedure to be followed in connection with workers compensation and employers' liability Insurance.

These rules have been prepared as applicable to policies written or issued for a period not in excess of one year. When, however, policies are written for periods of more than one year, such policies shall be considered as consisting of consecutive units of twelve months, or if the period of coverage is not a multiple of twelve months, the first or last unit shall be considered as though it were a short term policy. If, however, coverage is written for a period that is more than one year but not more than one year and sixteen days, such entire period shall be considered as a unit of coverage. Each unit as defined above shall be subject separately to all of the rules and procedures specified in the Plan to the same degree as if it actually constituted a separate policy.

In the event the policy period for a long term policy is more than one year and sixteen days, and is not made up of complete twelve-month periods, an endorsement shall be attached to the policy specifying whether the first or last unit shall be considered as though it were a short term policy.

3. This Plan and all amendments thereto, unless otherwise specifically provided, shall be applied as of the first normal anniversary rating date of the risk, as established by the Bureau, which is on or after the effective date of any change in the rules or rating values of this Plan, but shall not otherwise be available to outstanding ratings.
4. It shall not be permissible by cancellation, or rewriting, or by the extension of the policy term, to alter an existing policy for the purpose of enabling the risk to qualify for, or avoid, application of this Plan.

SECTION II – DEFINITIONS

1. **Risk.** The term "risk" as used in this Plan shall mean
 - (a) A single legal entity.
 - (b) Two or more affiliates which qualify for combination under the rules of Section III of this Plan.
2. **Legal Entity.** The term "legal entity" or "entity" shall mean an individual, partnership, corporation, unincorporated association or fiduciary (e.g., trustee, receiver, executor or administrator). Divisions or similar units of a legal entity do not qualify as separate entities.
3. **Affiliate.** The term "affiliate" shall mean entities in each of which the same entity or group of entities own a majority interest.
4. **Experience.** For the purpose of this Plan, experience shall mean the record established by a risk under workers compensation and employers' liability Insurance, as disclosed by the losses incurred by the insurance carrier or carriers and the payrolls or other exposures segregated according to classification of operations.

If the classification assigned to a risk is revised or modified, for the purpose of this Plan the Bureau shall similarly reassign the classification of the experience period except that, if the revision is due to a change in operations, no part of the experience period prior to such operations change shall be affected.

Note: For special provisions applicable to self-insurers' data see Rule 6 of Section III.

5. **Appeals.** Any determination or decision of the Bureau for an individual risk under the Pennsylvania Experience Rating Plan may be appealed pursuant to RULE XVI, APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE, Section 1 of this Manual.

SECTION III – GENERAL PROVISIONS

1. **Eligibility Requirements.** A risk shall qualify for rating under this Plan if the premium developed by the audited payrolls or other exposures of the experience period, extended at current Bureau Loss Costs, is **\$10,000** or more.

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- (a) Eligibility requirements will be determined without consideration of Maritime Liability, Liability under the Federal Employers' Liability Act, Excess Limits and Additional Medical Coverage, the non-rateable element and seat surcharge for Aircraft Operation, the non-rateable element for Explosives Manufacturing, and Atomic Energy Projects.
 - (b) Risks shall be disqualified by a lapse of insurance of two years or more until they again qualify for experience rating following the lapse.

The application of Rules 2 and 3 of this section is subject to the provisions of Section V "Tabulation of Experience" of this Plan.

- 2. **Experience Period.** The experience period, except as otherwise provided in Rules 3 and 4 of this Section, shall be not more than three (3) years, commencing four (4) years prior and terminating one (1) year prior to the date for which an experience modification is to be established, but in no event shall be less than the one policy year (twelve months) commencing two (2) years prior and terminating one (1) year prior to the date for which an experience modification is to be established. Completed policy periods only shall be used and all such periods wholly within the experience period shall be used.
- 3. **Experience Period Extension.** If for any reason a part of the earliest policy period falls outside of the normal three (3) year maximum period, such earliest policy period shall be retained in full provided the entire experience period does not then exceed three and three-quarters (3¾) years, and shall be rejected in full if its retention serves to increase the experience period beyond three and three-quarters (3¾) years.

If the policy period immediately preceding the earliest policy period completely within the normal three year experience period is less than a twelve month period and has been used in only two previous ratings, then such short term policy period shall be retained in full provided the entire experience period does not then exceed three and three-quarters (3¾) years, and shall be rejected in full if its retention serves to increase the experience period beyond three and three-quarters (3¾) years.

- 4. **Multiple Policy Experience.** If the experience used in rating a risk involves two or more policies varying in expiration date, the experience period shall be determined for each entity separately in accordance with the foregoing rules, except that the experience for each non-controlling entity shall close with the completed policy period beginning more than one year and terminating not less than six months prior to the date for which an experience modification is to be established.
- 5. **Experience to be Used.** The entire experience of the risk (except as otherwise provided in Rule 1 of Section V of this Plan) incurred within the experience period on all its operations, whether such operations are normal to the business or otherwise, shall be reported and used in determining the experience modification. The Bureau may, at its discretion, verify any or all the data from which the experience modification is to be determined.

Experience developed on work let to and performed by an uninsured contractor shall be considered as the experience of the primary contractor or principal whose insurance carrier is liable for the payment of compensation under any provisions of the Pennsylvania Workers Compensation and Occupational Disease Acts, as respects such work.

- 6. **Self-Insurers' Data.** The experience of self-insurers may be accepted by the Bureau provided the experience on self-insured operations is submitted on the approved form, giving the required information with respect to payrolls and losses. Such statement shall be secured, verified and submitted by an interested carrier.

Self-insured experience shall not be used in rating a risk unless the operations that produced such experience are to be insured under a Standard Workers Compensation and Employers' Liability Policy.

- 7. **Administration of Property (Fiduciary and Non-Fiduciary).** Ownership interest shall be deemed to be vested in a fiduciary when a fiduciary is involved. However, "Fiduciary" shall not include a debtor in possession or a trustee under a revocable trust or a franchisor. Ownership interest held by an entity in a fiduciary capacity and ownership interest held by the same entity in a non-fiduciary capacity shall be deemed to be ownership by the same entity.

COMBINATIONS OR CHANGES OF STATUS

- 8. **Combination of Entities.**

- (a) Affiliates shall be combined for rating purposes if:
 - (i) The affiliates involved constitute the component parts of an enterprise performing a continuous and/or integrated process or operation, or
 - (ii) There is interchange of employment (other than office and salesmen) between two or more of the affiliates involved in the combination.

Separate policies may not be issued to affiliates, which are required to be combined under this rule.

- (b) Affiliates which are not required to be combined under Rule 8(a) may be combined upon the mutual agreement of the risk and the carrier(s) involved. If such combination is agreed to, insurance may be provided either by a single policy insuring all affiliates, or by separate policies for each affiliate issued by one or more insurance carriers. In the latter case, the experience modification established for the entire risk shall apply on each policy to each affiliate. If all affiliates are not combined, then each affiliate not otherwise subject to Rule 8(a) shall be insured under a separate policy and rated on its own experience, providing it meets the qualifications for experience rating as specified in Rule 1 of this Section.
- (c) When one or more mandatory combinations of affiliates under Rule 8(a) exist, insurance for each such combination may be provided by a single policy. Each mandatory combination and any other affiliates which are not required to be a part of any mandatory combination pursuant to Rule 8(a) may be separately rated and separately insured. Exception: If any one or more affiliates not required to be combined under Rule 8(a) or mandatory combinations voluntarily choose to be insured under a single policy, then all affiliates shall be insured under a single policy and the experience modification established for the entire risk shall apply to each affiliate.

Example

Five legal entities are commonly owned. Company A and Company B have an interchange of employees. Company C and Company D have a continuity of operations. Company E is unrelated except through ownership.

By Rule 8(a), Company A and Company B must be combined for rating and must be covered by a single policy. Similarly, by Rule 8(a), Company C and Company D must be combined for rating and must be covered by a single policy. Company E may be separately rated and covered by a separate policy.

<u>Company</u>	<u>Rating</u>	<u>Policy</u>
Company A	Combined	Combined
Company B	A & B	Policy 1
Company C	Combined	Combined
Company D	C & D	Policy 2
Company E	Separate	Policy 3

If any combination of these separate policy coverages is elected, then all commonly owned entities must be combined for rating and must be covered by a single policy. Thus, if Companies A and B desire to be combined with Company E, they must also combine with Companies C and D, and all must be covered by a single policy.

- (d) If an entity owns a majority interest in another entity which, in turn, owns the majority interest in another entity, all entities so related shall be considered as being under the same ownership for the purposes of this rule, regardless of the number of entities in succession.
- (e) Separate legal entities organized for religious purposes within the same religious denomination shall not be combined for rating purposes; provided, however, that combination may be made as respects all such entities in each of which the same central authority appoints or controls the appointment of the board of trustees or similar body and exercises direct, complete and active control over the finances, properties, operations and activities.

In the term "majority interest," as used in this rule, "majority" shall mean more than 50%.

If an entity other than a partnership

- i. has issued voting stock, majority interest shall mean a majority of the issued voting stock;
- ii. has not issued voting stock, majority interest shall mean a majority of the members;
- iii. has not issued voting stock and has no members, majority interest shall mean a majority of the board of directors or comparable governing body.

If an entity is a partnership, majority interest shall be determined in accordance with the participation of each general partner in the profits of the partnership.

Note: If a combination of entities is required or has been elected, and if two or more different combinations are possible in accordance with the provisions of this rule, the combination involving the greatest number of entities shall be made. The experience of any entity used in such a combination shall not otherwise be used in combination with any other entity.

The experience to be used in a rating combination shall be subject to the provisions of the rule "Change of Ownership" of this Section.

- (f) Affiliates combined for rating voluntarily (i.e., not a mandatory combination), which wish to change their rating option and have each affiliate separately rated based on its individual experience, may petition the Bureau to do so. Upon Bureau approval, separate policies must be issued for each affiliate. Unless the Bureau is provided with the segregated experience needed to produce separate ratings for each affiliate in an acceptable format, each affiliate will continue to be rated using combined experience for any policy period(s) for which segregated experience is not available and its own separately reported experience for policy period(s) subsequent to the separation.

9. Ownership Changes.

- (a) For purposes of this Plan, a change in ownership includes any of the following:
 - (i) sale, transfer or conveyance of all or a portion of an entity's ownership interest
 - (ii) sale, transfer or conveyance of an entity's physical assets to a purchasing entity which takes over the operation of the selling entity and wherein the selling entity
 - (a) becomes entirely inactive with no employees or
 - (b) retains a few employees for the purpose of closing out its affairs prior to dissolution as a legal entity or
 - (c) retains a few clerical employees for the purpose of carrying on operations in connection with investment of its financial assets
 - (iii) merger or consolidation of two or more entities
 - (iv) formation of a new entity subsequent to the dissolution or non-operative capacity of an entity
 - (v) voluntary or court mandated establishment of a trustee or receiver, excluding a debtor in possession, a trustee under a revocable trust or franchisor
- (b) Continuation of Experience. Unless excluded under paragraph (c), the experience for any entity undergoing a change in ownership shall be transferred to the experience of the acquiring, surviving or new entity. The date of revision will be the later of the following two dates: 1) the anniversary rating date in effect at the time the Bureau receives a completed ERM-14 form outlining the ownership change or 2) the date on which the change in ownership occurred.
 - (i) Partial Sale: If an entity disposes of a part of its assets or operations but otherwise continues to operate its business, all experience incurred prior to the sale shall be used in future ratings of the entity.

NOTE: Future experience ratings of a risk shall retain all experience for any part of its operations which may have been discontinued or self-insured.

- (c) Exclusion of Experience. The experience of any entity undergoing a change in ownership shall be retained and used in future experience ratings unless one or both of the following requirements (i) and (ii) are met at the same time of the ownership change:
 - (i) A change in majority interest occurs and the change in majority interest is accompanied by a complete change in operation and function sufficient to result in a change of governing classification and the change in majority interest is accompanied by a change in the process and hazard of the operation
 - (ii) A change in majority interest occurs and the change in majority interest is accompanied by a change in employees such that all or a substantial portion of the employees of the new ownership are not retained from the prior ownership.
- (d) If the experience of an entity undergoing a change in ownership is to be excluded from future experience ratings for the entity, the experience modification no longer applies as of the date of the ownership change unless the entity is acquired by another entity which has an existing experience modification. In that case, the modification of the acquiring entity shall apply.
- (e) *Multiple Entities.* When two entities under substantially the same ownership have been insured under a single policy, and the ownership of one or both of them is changed so that there is no longer any connection between them, the procedure shall be as follows:

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- (i) If the experience of the entities has been combined for rating purposes during the entire experience period, the experience incurred prior to the change shall not be used for future ratings, unless
 - (a) the insurance carrier or carriers request that new modifications be established, and
 - (b) the Bureau is furnished with the experience required for the calculation of such modifications submitted in an acceptable format.
 - (ii) If the experience of the entities has been combined for less than two years at the time of the change, so that the experience for each entity is available during the period they were separately insured, the experience for each entity shall be used for the purpose of calculating new experience modifications.

When three or more entities under substantially the same ownership have been insured under a single policy, and the ownership of one of the entities has been changed so that there is no longer any connection between it and the remaining entities, the existing experience modification shall continue to apply to the entities whose ownership has not changed. The entity whose ownership has changed shall not be subject to experience modification unless it has been purchased by an entity which has an applicable experience modification.

When three or more entities under substantially the same ownership have been insured under a single policy and the ownership of two or more of the entities has been changed so that common ownership no longer is present, the experience incurred prior to the date of the change shall not be used for future ratings, unless

- (i) the insurance carrier or carriers request that new modifications be established, and
- (ii) the Bureau is furnished with the experience required for the calculation of such modifications submitted in an acceptable format.

(f) *Employee Leasing.* If (1) an entity terminates its employment relationship with all, or substantially all, its employees, and (2) all or substantially all such employees are thereafter employed by another entity which leases such employees to the original employer, the experience incurred prior to the termination of the original employment relationship shall be used in future ratings of the second entity.

10. Joint Ventures. When two or more risks associate for the purpose of undertaking one or more projects as a joint venture, the premium for the operation involved shall not be subject to experience modification until such time as the joint venture qualifies for experience rating in accordance with the provisions of Rule 1 of this Section, subject, however, to the following conditions:

- (1) The contracts shall be awarded in the name of the associated risks as a joint venture.
- (2) The joint ventures shall share responsibility for, and participate in the control, direction and supervision of all work undertaken.
- (3) The joint ventures shall maintain a common bank account, payroll and business records.
- (4) When the joint venture becomes subject to experience rating, all applicable experience modifications shall be based exclusively on the experience of the joint venture. The experience developed under a joint venture shall be excluded from the future rating of the individual ventures.

**SECTION IV
APPLICATION OF EXPERIENCE MODIFICATION**

1. Experience Modification. An experience modification for a qualified risk shall be determined annually (except as provided in Rules 3 and 4 of this Section) and shall be effective as of the normal anniversary rating date of the risk. No more than one experience modification shall apply to a risk at the same time. Subject to the exceptions noted below, the experience modification shall be applied to the premium developed by the use of carrier rates in force on the effective date of the experience modification.

EXCEPTIONS:

Premiums Not Subject to Experience Rating:

The following are not subject to experience rating:

- i. Expense Constants.
 - ii. The policy minimum premium.
 - iii. Premium under the National Defense Projects Rating Plan.
 - iv. Premium under Rule 1 of the Atomic Energy Procedure.
 - v. The surcharge premium under Rule 2 of the Atomic Energy Procedure.
 - vi. The seat surcharge premium for Aircraft Operation.
 - vii. Premium under Terrorism Risk Insurance Act-2002 –Certified Losses
- 2. Period and Operations Affected.** The experience modification shall be effective for a period of twelve months (except as provided in Rules 3 and 4 of this Section) and shall apply to all the operations of the risk, regardless of whether the current or any new operations are assigned to the same classifications as were used in establishing such modification.
- 3. Single Policy Risk.** If a risk is covered by a single policy, the following procedure shall apply:
- (a) The experience modification effective as of the normal anniversary rating date shall apply for the full term of the policy which becomes effective on such date and also for the full term of any policy which becomes effective within three months after such date.
 - (b) If a policy is written for a period of one year, but is extended for a period of not more than 16 days, the carrier rates and experience modification in effect as of the normal termination date shall remain in effect until the termination date of the extended policy. The carrier rates and experience modification which would have become effective as of the normal anniversary rating date shall apply for a period of one year from the effective date of the renewal policy.
 - (c) If a policy is written for a period of one year, but is extended for a period of more than 16 days but not in excess of 60 days, the authorized rates and experience modification shall apply as of the normal anniversary rating date for the unexpired portion of the extended policy period, and shall also apply for a period of one year from the effective date of the renewal policy.
 - (d) If a policy becomes effective on a date more than three months after the normal anniversary rating date:
 - i. the outstanding experience modification shall apply to the new policy for the period corresponding to the unexpired term of the rating.
 - ii. a new experience modification then shall apply for the unexpired term of the outstanding policy.
 - iii. thereafter, a new modification shall apply annually as of a new normal anniversary rating date. The new normal anniversary rating date shall be the date twelve months after the effective date of the outstanding policy.
- 4. Multiple Policy Risk.** If a risk is covered by several policies (as provided in Rule 8 of Section III of this Plan) which differ as to inception dates, the following procedure shall apply:

A single experience modification shall be computed to be effective for a period of twelve months beginning on a normal anniversary rating date to be established by the Bureau. The Bureau may, however, authorize the application of an existing experience modification for a period not to exceed fifteen months or a new experience modification for a period greater than three months and less than twelve months for the purpose of establishing a new normal anniversary rating date. Any policy effective prior to the normal anniversary rating date established by the Bureau shall be cancelled as of such date and rewritten for a period of twelve months. Any policy effective subsequent to the normal anniversary rating date established by the Bureau shall be written to expire concurrently with the next ensuing normal anniversary rating date or shall be cancelled as of that date.

Any policies subject to this rule which are extended beyond the normal period of twelve months shall be subject to the provisions of Rules 3(b) and 3(c) of this Section.

**SECTION V
TABULATION OF EXPERIENCE**

- 1. Experience Used for Rating.** The experience used for rating purposes shall be the individual risk experience valued at least three months prior to the rating date and reported in accordance with the provisions of the Pennsylvania Workers' Compensation Statistical Plan. It shall include Voluntary Compensation insurance, but shall exclude Maritime Employments

and Employments under the Federal Employers' Liability Act. It shall also exclude the exposure and any losses under **Code 9108 Passenger Seat Surcharge**.

2. **Rating Forms.** To determine the experience modification, the prescribed experience shall be tabulated by the Bureau on approved rating form.
3. **Payrolls.** The audited payrolls or other exposures for each classification for the experience period shall be tabulated by policy years.
4. **Losses.** Incurred losses shall be tabulated by policy years in the manner indicated below.
 - (a) Losses as reported (indemnity, medical and total) shall be shown for each policy year. Losses incurred shall be on a gross basis before the application of the deductible, when such coverage is provided.
 - (b) Losses which are subject to average or limiting values, as provided in Rule 5 of this Section, shall be listed individually, showing the total cost of each case as reported and as used for rating purposes. Multiple injury accidents shall be identified in the appropriate column of the rating form.

Exception: All claims reported with Catastrophe Code No. 48 shall be excluded from experience rating calculations. Refer to Pennsylvania Workers Compensation Statistical Plan Manual, Section 2, C. 11. for definition of losses included under Catastrophe Code No. 48.

5. **Limitation on Total Losses Employed in a Rating.** To prevent unreasonable increases in rate for accidents whose occurrence or severity is a matter of chance, a scale of values has been determined and is to be used in place of the actual cost of such accidents when the actual cost exceeds the limiting value. No single accident, whether to one or more persons, shall be used for rating purposes at a value greater than that shown in Table B, column (3).

Exceptions: Multiple injury accidents in the Explosives and Ammunitions Mfg. Classifications (Exception: Code 4777, Explosives Distribution), shall be used for rating purposes at not more than twice the value of Table B, column (3) if two persons are injured, at not more than three times if three persons are injured and at not more than four times if four or more persons are injured.

6. **Moral Responsibility.** No loss shall be excluded from the experience of a risk on the ground that the employer was not morally responsible for the accident that caused such loss.
7. **Revision of Losses.** It shall not be permissible to revise values because of department or judicial decision or because of developments in the nature of injury between two valuation dates. Provided, however, that:
 - (a) in cases where loss values are included or excluded through mistake other than error of judgment
 - (b) where a claim is declared non-compensable (see note below)
 - (c) where the claimant or carrier has recovered in an action against a third party
 - (d) where a claim should have been reported with Catastrophe Code No. 48

it shall be permissible to submit a revised reporting requesting adjustment of the affected rating or ratings, provided such request is made within 24 months (see below) of the expiration of the period to which the experience modification applied.

If a case is expected to be open longer than 24 months, upon written application, properly filed with the Bureau by the insured, a further extension of 24 months may be granted, provided such request is made within 24 months of the expiration of the period to which the experience modification applied. Such application shall give notice to the Bureau that one of the allowable conditions (see above) for loss revision is still pending a final decision. In this event, the Bureau's files for the risk involved will be preserved.

Note: For purposes of this rule, the term "non-compensable" refers to:

- i. an official ruling specifically holding that a claimant is not entitled to benefits under the provisions of the Pennsylvania Workers Compensation or Occupational Disease Act.
- ii. a case where no claim was filed during the period of limitation provided by the Pennsylvania Workers Compensation or Occupational Disease Act for the filing of such claim and the carrier therefore closes the case.

- iii. a case where the carrier contends, prior to the valuation date, that a claimant is not entitled to benefits under the Pennsylvania Workers' Compensation or Occupational Disease Act and the claim is officially closed because of the claimant's failure to prosecute his claim.

8. Third Party Cases.

- (a) Pending Cases. When a negligence claim or suit has been instituted by a claimant against a third party, the procedure shall be as follows:

If the claim or suit against the third party has not been settled or finally adjudicated, the incurred loss shall be included in the rating, since failure to recover against a third party is no bar to compensation and the insurance carrier may eventually be obliged to indemnify the claimant in whole or in part for the loss sustained.

- (b) Settled Cases. In cases where the carrier has received reimbursement under subrogation rights, or where the injured employee or his dependents have recovered from a third party, the procedure shall be as follows:

In cases where the total incurred cost prior to recovery is less than the accident limitation value shown in Table B, column (3), only the net loss shall be used in the rating. In cases where the total incurred cost prior to recovery exceeds the accident limitation value shown in Table B, column (3), the amount to be used in the rating shall be such proportion of the limiting value as the net loss bears to the total incurred cost prior to recovery.

**SECTION VI
RATING PROCEDURE**

1. **Actual Losses.** Actual Losses (A), as tabulated in accordance with the provisions of Rules 4 and 5 of Section V, shall be used in the rating.
2. **Expected Losses.** Expected Losses (E) shall be determined from the application of the appropriate Expected Loss Factor, shown in Table A, to the payrolls or other exposures for each classification for the experience period.
3. **Credibility.** The Credibility (C) of the experience of the risk shall correspond to Expected Losses (E), as shown in Table B.
4. **Maximum Value Charge.** A limitation charge (L) reflecting the loss dollars eliminated by the Maximum Value placed on One Accident, shall be included in calculating the modification. The Charge times Credibility, or L x C, shall be determined by entering Table B at the level of Expected Losses for the experience period.
5. **Experience Modification.** The Experience Modification (M) shall be determined from the formula:

$$M = \frac{AC + ELC + E(1.000 - C)}{E}$$

The experience modification shall be rounded to three decimal places.

**SECTION VII
SCHEDULE RATING PLAN**

1. The loss and/or expense components or an insured risk's premium may, at the option of the underwriting carrier, be adjusted in accordance with provisions of this plan to reflect defined characteristics of the risk which, in the sole judgment of the underwriting carrier, are not adequately reflected in prior experience of the insured risk.
2. At the option of the underwriting carrier, this plan may be applied to any risk regardless of premium size.
3. All statistical reporting requirements of the Pennsylvania Compensation Rating Bureau and the Pennsylvania Insurance Department, including provisions of the Pennsylvania Statistical Plan Manual, Annual Calls for Financial Data Experience and Pennsylvania Special Schedule W, are applicable to business written in accordance with this plan and must be complied with by carriers using this plan.
4. Schedule rating credits or debits must be applied as a percentage factor to premium computed after experience modification (if the insured is eligible for experience rating) and before carrier premium discounts and expense constants if applicable.

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5. Schedule rating adjustments for any given risk shall be based on information contained in the carrier's files and records when the credit or debit is determined, and such supporting information must be retained in the carrier's files and records for such risk throughout the period of time in which the policy is subject to audit under provisions of the policy.
 6. Acceptance of a policy by an insured shall constitute agreement with the amount of schedule rating credit or debit, if applicable, or with the absence of any such credit or debit, if not applicable. Upon request of the insured, a carrier shall make available documentation supporting the derivation of any proposed schedule rating credit or debit.
 7. Upon request of the Pennsylvania Insurance Department or the Pennsylvania Compensation Rating Bureau, a carrier shall make available documentation supporting the derivation of a credit or debit for any specified risk or risks.
 8. No schedule rating credit or debit may be effective prior to the underwriting insurer's receipt of information for a risk supporting the schedule rating credit or debit in question. No schedule rating credit or debit may be changed mid-term without the mutual agreement of the insured risk and the underwriting carrier.
 9. The following risk characteristics are eligible under this plan for assignment of credits or debits subject to the maximum ranges set forth below:

Risk Characteristic	Allowable Range of Credits or Debits
Features of Workplace Maintenance or Operation	-10% to +10%
Risk Elements Not Addressed in Classification Plan	-10% to +10%
Availability of Medical Facilities in or Near Workplace	-5% to +5%
Safety Equipment/Devices Present in/Missing From Workplace	-5% to +5%
Extraordinary Safety Programs Applicable to Workplace	-5% to +5%
Qualifications of Employees	-10% to +10%
Accommodations/Cooperation with Carrier by Management	-5% to +5%
Considerations Related to Policy Expenses	-5% to +5%
Other Risk Characteristics Not Addressed Above (Specify)	-10% to +10%

10. The maximum schedule rating credit permissible for any risk under this plan is -25 percent. The maximum schedule rating debit permissible for any risk under this plan is +25%.

Table B
PENNSYLVANIA EXPERIENCE RATING PLAN

Expected Losses	Credibility "C"	Maximum Value of one Accident	Weighted Maximum Value Charge "L" * "C"
(1)	(2)	(3)	(4)
10,527 or less	0.0500	49,980	0.017
10,528	0.0550	50,273	0.019
11,592	0.0600	50,538	0.021
12,667	0.0650	50,808	0.022
13,753	0.0700	51,079	0.024
14,852	0.0750	51,357	0.026
15,962	0.0800	51,634	0.027
17,084	0.0850	51,915	0.029
18,219	0.0900	52,200	0.031
19,366	0.0950	52,489	0.032
20,526	0.1000	52,780	0.034
21,699	0.1050	53,076	0.035
22,885	0.1100	53,375	0.037
24,085	0.1150	53,676	0.038
25,297	0.1200	53,979	0.040
26,524	0.1250	54,288	0.041
27,765	0.1300	54,600	0.043
29,020	0.1350	54,917	0.044
30,290	0.1400	55,236	0.046
31,574	0.1450	55,559	0.047
32,874	0.1500	55,885	0.049
34,189	0.1550	56,216	0.050
35,519	0.1600	56,550	0.052
36,866	0.1650	56,889	0.053
38,228	0.1700	57,231	0.054
39,607	0.1750	57,579	0.056
41,003	0.1800	57,929	0.057
42,416	0.1850	58,285	0.058
43,846	0.1900	58,645	0.060
45,294	0.1950	59,009	0.061
46,760	0.2000	59,378	0.062
48,245	0.2050	59,751	0.063
49,748	0.2100	60,130	0.065
51,270	0.2150	60,513	0.066
52,812	0.2200	60,900	0.067
54,373	0.2250	61,293	0.068
55,955	0.2300	61,691	0.070
57,557	0.2350	62,094	0.071
59,180	0.2400	62,502	0.072
60,825	0.2450	62,916	0.073
62,492	0.2500	63,336	0.074

Table B
PENNSYLVANIA EXPERIENCE RATING PLAN

Expected Losses		Credibility	Maximum Value	Weighted
		"C"	of one	Maximum
			Accident	Value
				Charge
				"L" * "C"
(1)		(2)	(3)	(4)
64,181	65,891	0.2550	63,761	0.075
65,892	67,626	0.2600	64,191	0.076
67,627	69,385	0.2650	64,628	0.077
69,386	71,167	0.2700	65,071	0.078
71,168	72,975	0.2750	65,520	0.079
72,976	74,807	0.2800	65,975	0.081
74,808	76,666	0.2850	66,436	0.081
76,667	78,550	0.2900	66,904	0.082
78,551	80,462	0.2950	67,379	0.083
80,463	82,400	0.3000	67,860	0.084
82,401	84,367	0.3050	68,348	0.085
84,368	86,363	0.3100	68,844	0.086
86,364	88,387	0.3150	69,346	0.087
88,388	90,442	0.3200	69,855	0.088
90,443	92,527	0.3250	70,373	0.089
92,528	94,643	0.3300	70,898	0.089
94,644	96,791	0.3350	71,431	0.090
96,792	98,972	0.3400	71,972	0.091
98,973	101,187	0.3450	72,522	0.092
101,188	103,435	0.3500	73,080	0.093
103,436	105,719	0.3550	73,646	0.093
105,720	108,038	0.3600	74,222	0.094
108,039	110,394	0.3650	74,806	0.095
110,395	112,788	0.3700	75,400	0.095
112,789	115,220	0.3750	76,003	0.096
115,221	117,691	0.3800	76,616	0.096
117,692	120,203	0.3850	77,239	0.097
120,204	122,756	0.3900	77,872	0.098
122,757	125,352	0.3950	78,516	0.098
125,353	127,991	0.4000	79,170	0.099
127,992	130,674	0.4050	79,835	0.099
130,675	133,403	0.4100	80,512	0.100
133,404	136,179	0.4150	81,200	0.100
136,180	139,003	0.4200	81,900	0.100
139,004	141,877	0.4250	82,612	0.101
141,878	144,801	0.4300	83,337	0.101
144,802	147,777	0.4350	84,075	0.101
147,778	150,806	0.4400	84,825	0.102
150,807	153,890	0.4450	85,589	0.102
153,891	157,031	0.4500	86,367	0.102
157,032	160,229	0.4550	87,160	0.103
160,230	163,487	0.4600	87,967	0.103

Table B
PENNSYLVANIA EXPERIENCE RATING PLAN

Expected Losses		Credibility "C"	Maximum Value of one Accident	Weighted Maximum Value Charge "L" * "C"
(1)		(2)	(3)	(4)
163,488	166,807	0.4650	88,789	0.103
166,808	170,189	0.4700	89,627	0.103
170,190	173,635	0.4750	90,481	0.103
173,636	177,149	0.4800	91,351	0.103
177,150	180,731	0.4850	92,238	0.103
180,732	184,383	0.4900	93,142	0.103
184,384	188,108	0.4950	94,064	0.103
188,109	191,909	0.5000	95,005	0.103
191,910	195,786	0.5050	95,964	0.103
195,787	199,743	0.5100	96,944	0.103
199,744	203,781	0.5150	97,943	0.103
203,782	207,905	0.5200	98,963	0.103
207,906	212,115	0.5250	100,005	0.103
212,116	216,416	0.5300	101,069	0.103
216,417	220,810	0.5350	102,156	0.103
220,811	225,300	0.5400	103,267	0.102
225,301	229,889	0.5450	104,401	0.102
229,890	234,580	0.5500	105,561	0.102
234,581	239,378	0.5550	106,748	0.101
239,379	244,285	0.5600	107,961	0.101
244,286	249,305	0.5650	109,202	0.101
249,306	254,443	0.5700	110,471	0.100
254,444	259,703	0.5750	111,771	0.100
259,704	265,089	0.5800	113,102	0.099
265,090	270,605	0.5850	114,465	0.099
270,606	276,257	0.5900	115,861	0.098
276,258	282,049	0.5950	117,292	0.098
282,050	287,986	0.6000	118,758	0.097
287,987	294,075	0.6050	120,261	0.096
294,076	300,322	0.6100	121,803	0.096
300,323	306,731	0.6150	123,385	0.095
306,732	313,310	0.6200	125,008	0.094
313,311	320,066	0.6250	126,676	0.094
320,067	327,006	0.6300	128,388	0.093
327,007	334,137	0.6350	130,146	0.092
334,138	341,468	0.6400	131,954	0.092
341,469	349,006	0.6450	133,813	0.091
349,007	356,762	0.6500	135,725	0.090
356,763	364,744	0.6550	137,692	0.089
364,745	372,962	0.6600	139,717	0.088
372,963	381,428	0.6650	141,803	0.088
381,429	390,152	0.6700	143,952	0.087

Table B
PENNSYLVANIA EXPERIENCE RATING PLAN

Expected Losses		Credibility "C"	Maximum Value of one Accident	Weighted Maximum Value Charge "L" * "C"
(1)		(2)	(3)	(4)
390,153	399,146	0.6750	146,167	0.086
399,147	408,424	0.6800	148,451	0.085
408,425	417,999	0.6850	150,807	0.084
418,000	427,885	0.6900	153,240	0.083
427,886	438,098	0.6950	155,753	0.082
438,099	448,654	0.7000	158,349	0.081
448,655	459,572	0.7050	161,033	0.080
459,573	470,869	0.7100	163,810	0.079
470,870	482,565	0.7150	166,685	0.078
482,566	494,684	0.7200	169,661	0.077
494,685	507,247	0.7250	172,747	0.075
507,248	520,279	0.7300	175,947	0.074
520,280	533,809	0.7350	179,267	0.073
533,810	547,863	0.7400	182,715	0.072
547,864	562,474	0.7450	186,298	0.071
562,475	577,676	0.7500	190,025	0.070
577,677	593,504	0.7550	193,904	0.069
593,505	609,999	0.7600	197,945	0.067
610,000	627,203	0.7650	202,158	0.066
627,204	645,164	0.7700	206,553	0.065
645,165	663,932	0.7750	211,145	0.064
663,933	683,562	0.7800	215,945	0.063
683,563	704,117	0.7850	220,968	0.061
704,118	725,662	0.7900	226,231	0.060
725,663	748,271	0.7950	231,751	0.059
748,272	772,024	0.8000	237,546	0.058
772,025	797,012	0.8050	243,639	0.057
797,013	823,332	0.8100	250,053	0.056
823,333	851,095	0.8150	256,814	0.055
851,096	880,422	0.8200	263,951	0.054
880,423	911,448	0.8250	271,496	0.052
911,449	944,327	0.8300	279,484	0.051
944,328	979,230	0.8350	287,958	0.050
979,231	1,016,348	0.8400	296,961	0.049
1,016,349	1,055,901	0.8450	306,546	0.048
1,055,902	1,098,135	0.8500	316,770	0.047
1,098,136	1,143,332	0.8550	327,700	0.047
1,143,333	1,191,817	0.8600	339,411	0.046
1,191,818	1,243,961	0.8650	343,000	0.046
1,243,962	1,300,195	0.8700	343,000	0.046
1,300,196	1,361,019	0.8750	343,000	0.046
1,361,020	1,427,020	0.8800	343,000	0.046

Table B
PENNSYLVANIA EXPERIENCE RATING PLAN

Expected Losses		Credibility	Maximum Value	Weighted
		"C"	of one	Maximum
			Accident	Value
				Charge
				"L" * "C"
(1)		(2)	(3)	(4)
1,427,021	1,498,888	0.8850	343,000	0.047
1,498,889	1,577,441	0.8900	343,000	0.047
1,577,442	1,663,658	0.8950	343,000	0.047
1,663,659	1,758,717	0.9000	343,000	0.048
1,758,718	1,861,278	0.9050	343,000	0.048
1,861,279	1,966,785	0.9100	343,000	0.048
1,966,786	2,075,352	0.9150	343,000	0.048
2,075,353	2,187,262	0.9200	343,000	0.049
2,187,263	2,302,844	0.9250	343,000	0.049
2,302,845	2,422,485	0.9300	343,000	0.049
2,422,486	2,546,646	0.9350	343,000	0.049
2,546,647	2,675,880	0.9400	343,000	0.050
2,675,881	2,810,867	0.9450	343,000	0.050
2,810,868	2,952,450	0.9500	343,000	0.050
2,952,451	3,101,703	0.9550	343,000	0.050
3,101,704	3,260,025	0.9600	343,000	0.051
3,260,026	3,429,305	0.9650	343,000	0.051
3,429,306	3,612,190	0.9700	343,000	0.051
3,612,191	3,812,607	0.9750	343,000	0.051
3,812,608	4,036,840	0.9800	343,000	0.052
4,036,841	4,296,161	0.9850	343,000	0.052
4,296,162	4,615,194	0.9900	343,000	0.052
4,615,195	5,078,568	0.9950	343,000	0.053
5,078,569	and over	1.0000	343,000	0.053

GENERAL RULES

SECTION I – INSTRUCTIONS

1. The Merit Rating Plan is intended to grant premium discounts or assess premium surcharges to employers which do not qualify under the uniform Experience Rating Plan. Premium discounts or surcharges under this Plan shall be based on the number of compensable employee lost-time injuries incurred by each risk during the most recent two year period for which statistics are available. Claims to be counted under this Plan are defined in Section V - Tabulation of Experience.
2. The rules of this Plan shall govern the merit rating procedure to be followed in connection with workers compensation and employers' liability insurance. These rules have been prepared as applicable to policies written or issued for a period not in excess of one year. When, however, policies are written for periods of more than one year, such policies shall be considered as consisting of consecutive units of twelve months, or, if the period of coverage is not a multiple of twelve months, the first or last unit shall be considered as though it were a short term policy. If, however, coverage is written for a period that is more than one year but not more than one year and sixteen days, such entire period shall be considered as a unit of coverage. Each unit as defined above shall be subject separately to all of the rules and procedures specified in the Plan to the same degree as if it actually constituted a separate policy.

In the event the policy period for a long-term policy is more than one year and sixteen days and is not made up of complete 12-month periods, an endorsement shall be attached to the policy specifying whether the first or last unit shall be considered as though it were a short term policy.

3. This Plan and all amendments thereto, unless otherwise specifically provided, shall be applied as of the first normal anniversary rating date of the risk, as established by the Bureau, which is on or after the effective date of any change in the rules or rating values of this Plan but shall not otherwise be available to outstanding ratings.
4. It shall not be permissible by cancellation or rewriting or by the extension of the policy term to alter an existing policy for the purpose of enabling the risk to qualify for or avoid application of this Plan.
5. **Appeals.** Any determination or decision of the Bureau for an individual risk under the Pennsylvania Merit Rating Plan may be appealed pursuant to Rule XVI, APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE, Section 1 of this Manual.

SECTION II – DEFINITIONS

1. **Risk.** The term "risk" as used in this Plan shall mean
 - a) A single legal entity.
 - b) Two or more affiliates which qualify for combination under the rules of Section III of this Plan.
2. **Legal Entity.** The term "legal entity" or "entity" shall mean an individual, partnership, corporation, unincorporated association or fiduciary (e.g., trustee, receiver, executor or administrator). Divisions or similar units of a legal entity do not qualify as separate entities.
3. **Affiliate.** The term "affiliate" shall mean entities in each of which the same entity or group of entities owns a majority interest.
4. **Experience.** For the purpose of this Plan experience shall mean the record established by a risk under Workers Compensation and Employers' Liability Insurance, as disclosed by the losses incurred by the insurance carrier or carriers and the payrolls or other exposures segregated according to classification of operations. If the classification assigned to a risk is revised or modified, for the purpose of this Plan the Bureau shall similarly reassign the classification of the experience period except that, if the revision is due to a change in operations, no part of the experience period prior to such operations change shall be affected.
5. **Compensable Employee Lost-Time Injury.** The term "compensable employee lost-time injury" for purposes of this Plan shall mean any claim having either an indemnity benefit payment or a case reserve for future indemnity benefit payments.

All claims reported with Catastrophe Code No. 48 shall be excluded from merit rating calculations.

6. **Merit Rating Plan Discount.** The term "Merit Rating Plan discount" for purposes of this Plan shall mean a reduction in the subject premium developed by the use of the carrier rates in force on the normal anniversary rating date applicable to the policy to which the Merit Rating Plan is applied.

7. **Merit Rating Plan Surcharge.** The term "Merit Rating Plan surcharge" for purposes of this Plan shall mean an increase in the subject premium developed by the use of the carrier rates in force on the normal anniversary rating date applicable to the policy to which the Merit Rating Plan is applied.
8. **Merit Rating Plan Adjustment.** The term "Merit Rating Plan adjustment" for purposes of this Plan shall mean either a Merit Rating Plan discount or a Merit Rating Plan surcharge.
9. **Subject Premium.** The term "subject premium" for purposes of this Plan shall mean the premium developed by the use of carrier rates in force on the normal anniversary rating date of the policy to which the Merit Rating Plan is applied, exclusive of exceptions listed in Section IV, Paragraph 1.

Note: For special provisions applicable to self-insurers' data see Rule 5 of Section III.

SECTION III – GENERAL PROVISIONS

1. **Eligibility Requirements.** A risk shall qualify for application of the Merit Rating Plan if **BOTH** of the following conditions are met:
 - a) The risk does not qualify for experience rating, and
 - b) The risk has exposure greater than zero during each year of the Merit Rating Plan experience period as defined herein.
 - i) Eligibility requirements will be determined without consideration of maritime liability, liability under the Federal Employers' Liability Act, excess limits and additional medical coverage, the non-rateable element and seat surcharge for aircraft operation, the non-rateable element for explosives manufacturing, and atomic energy projects.
 - ii) Risks shall be disqualified by a lapse of insurance of two years or more until they again qualify for merit rating following the lapse.

The application of Rule 2 of this section is subject to the provisions of Section V "Tabulation of Experience" of this Plan.

2. **Merit Rating Plan Experience Period.** The experience period for purposes of the Merit Rating Plan shall be not more than two (2) years, commencing three (3) years prior and terminating one (1) year prior to the date for which a Merit Rating Plan adjustment is to be established but in no event shall be less than one policy year (12 months) commencing two (2) years prior and terminating one (1) year prior to the date for which merit rating is to be established. Completed policy periods only shall be used, and all such periods wholly within the experience period shall be used.
3. **Multiple Policy Experience.** If the experience used in rating a risk involves two or more policies varying in expiration date, the experience period shall be determined for each entity separately in accordance with the foregoing rules, except that the experience for each non-controlling entity shall close with the completed policy period beginning more than one year and terminating not less than six months prior to the date for which a Merit Rating Plan adjustment is to be established.
4. **Experience to be Used.** The entire experience of the risk (except as otherwise provided in Rule I of Section V of this Plan) incurred within the experience period on all its operations, whether such operations are normal to the business or otherwise, shall be reported and used in determining the Merit Rating Plan adjustment. The Bureau may, at its discretion, verify any or all the data from which the Merit Rating Plan adjustment is to be determined.

Experience developed on work let to and performed by an uninsured contractor shall be considered as the experience of the primary contractor or principal whose insurance carrier is liable for the payment of compensation under any provision of the Pennsylvania Workers Compensation and Occupational Disease Acts, as respects such work.

5. **Self-Insurers' Data.** The experience of self-insurers may be accepted by the Bureau provided the experience on self-insured operations is submitted on the approved form, giving the required information with respect to payrolls and losses. Such statement shall be secured, verified and submitted by an interested carrier.

Self-insured experience shall not be used in applying the Merit Rating Plan to a risk unless the operations that produced such experience are to be insured under a Standard Workers Compensation and Employers' Liability Policy.

- 6. **Administration of Property (Fiduciary and Non-Fiduciary).** Ownership interest shall be deemed to be vested in a fiduciary when a fiduciary is involved. However, "Fiduciary" shall not include a debtor in possession or a trustee under a revocable trust or a franchisor. Ownership interest held by an entity in a fiduciary capacity and ownership interest held by the same entity in a non-fiduciary capacity shall be deemed to be ownership by the same entity.

COMBINATIONS OR CHANGES OF STATUS

7. Combination of Entities

- a) Affiliates shall be combined for merit rating purposes if:
 - i) The affiliates involved constitute the component parts of an enterprise performing a continuous and/or integrated process or operation, or
 - ii) There is interchange of employment (other than office and salesmen) between two or more of the affiliates.

Separate policies may not be issued to affiliates which are required to be combined under this rule.

- b) Affiliates which are not required to be combined under Rule 8 (a) may be combined upon the mutual agreement of the risk and the carrier(s) involved. If such combination is agreed to, insurance may be provided either by a single policy insuring all affiliates or by separate policies for each affiliate issued by one or more insurance carriers. In the latter case the Merit Rating Plan adjustment established for the entire risk shall apply on each policy to each affiliate. If all affiliates are not combined, then each affiliate not otherwise subject to Rule 8 (a) shall be insured under a separate policy and merit-rated based on its own experience, providing it meets the qualification for merit rating as specified in Rule 1 of this section.
- c) When one or more mandatory combinations of affiliates under Rule 8. (a) exist, insurance for each such combination may be provided by a single policy. Each mandatory combination and any other affiliates which are not required to be a part of any mandatory combination pursuant to Rule 8. (a) may be separately merit-rated and separately insured. Exception: If any one or more affiliates not required to be combined under Rule 8. (a) or mandatory combinations voluntarily choose to be insured under a single policy, then all affiliates shall be insured under a single policy and the Merit Rating Plan adjustment established for the entire risk shall apply to each affiliate.

Example

Five legal entities are commonly owned. Company A and Company B have an interchange of employees. Company C and Company D have a continuity of operations. Company E is unrelated except through ownership.

By Rule 8. (a) Company A and Company B must be combined for merit rating and must be covered by a single policy. Similarly, by Rule 8. (a) Company C and Company D must be combined for merit rating and must be covered by a single policy. Company E may be separately merit-rated and covered by a separate policy.

<u>Company</u>	<u>Merit Rating</u>	<u>Policy</u>
Company A	Combined	Combined
Company B	A & B	Policy 1
Company C	Combined	Combined
Company D	C & D	Policy 2
Company E	Separate	Policy 3

If any combination of these separate policy coverages is elected, then all commonly-owned entities must be combined for merit rating and must be covered by a single policy. Thus, if Companies A and B desire to be combined with Company E, they must also combine with Companies C and D, and all must be covered by a single policy.

- d) If an entity owns a majority interest in another entity which, in turn, owns the majority interest in another entity, all entities so related shall be considered as being under the same ownership for the purposes of this rule, regardless of the number of entities in succession.
- e) Separate legal entities organized for religious purposes within the same religious denomination shall not be combined for merit rating purposes, provided, however, that combination may be made as respects all such entities in each of

which the same central authority appoints or controls the appointment of the board of trustees or similar body and exercises direct, complete and active control over the finances, properties, operations and activities.

In the term "majority interest," as used in this rule, "majority" shall mean more than 50 percent.

If an entity other than a partnership

- i) has issued voting stock, majority interest shall mean a majority of the issued voting stock.
- ii) has not issued voting stock, majority interest shall mean a majority of the members.
- iii) has not issued voting stock and has no members, majority interest shall mean a majority of the board of directors or comparable governing body.

If an entity is a partnership, majority interest shall be determined in accordance with the participation of each general partner in the profits of the partnership.

Note: If a combination of entities is required or has been elected and if two or more different combinations are possible in accordance with the provisions of this rule, the combination involving the greatest number of entities shall be made. The experience of any entity used in such a combination shall not be used in combination with any other entity. The experience to be used in any combination for purposes of the Merit Rating Plan shall be subject to the provisions of the Rule 8, "Ownership Changes," of this section.

- f) Affiliates, combined for purposes of merit rating voluntarily (i.e., not a mandatory combination), which wish to change their merit rating option and have each affiliate separately merit-rated based on its individual experience, may petition the Bureau to do so. Upon Bureau approval, separate policies must be issued for each affiliate. Unless the Bureau is provided with the segregated experience needed to produce separate Merit Rating Plan adjustments for each affiliate in an acceptable format, each affiliate will continue to be subject to the Merit Rating Plan using combined experience for any policy period(s) for which segregated experience is not available and its own separately reported experience for policy period(s) subsequent to the separation.

8. Ownership Changes.

- a) For purposes of this Plan a change in ownership includes any of the following:
 - i) sale, transfer or conveyance of all or a portion of an entity's ownership interest.
 - ii) sale, transfer or conveyance of an entity's physical assets to a purchasing entity which takes over the operation of the selling entity and wherein the selling entity
 - a) becomes entirely inactive with no employees or
 - b) retains a few employees for the purpose of closing out its affairs prior to dissolution as a legal entity or
 - c) retains a few clerical employees for the purpose of carrying on operations in connection with investment of its financial assets.
 - iii) merger or consolidation of two or more entities.
 - iv) formation of a new entity subsequent to the dissolution or non-operative capacity of an entity
 - v) voluntary or court-mandated establishment of a trustee or receiver, excluding a debtor in possession, a trustee under a revocable trust or franchiser.
- b) *Continuation of Experience.* Unless excluded under paragraph (c), the experience for any entity undergoing a change in ownership shall be transferred to the experience of the acquiring, surviving or new entity. The date of revision will be the later of the following two dates: 1) the anniversary rating date in effect at the time the Bureau receives a completed ERM-14 Form outlining the ownership change or 2) the date on which the change in ownership occurred.
 - i) *Partial Sale.* If an entity disposes of a part of its assets or operations but otherwise continues to operate its business, all experience incurred prior to the sale shall be used in future Merit Rating Plan adjustments of the entity.

Note: Future Merit Rating Plan adjustments of a risk shall retain all experience for any part of its operations which may have been discontinued or self-insured.

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- c) *Exclusion of Experience.* The experience of any entity undergoing a change in ownership shall be retained and used in future Merit Rating Plan adjustments unless one or both of the following requirements (i) and (ii) are met at the same time of the ownership change.
 - i) A change in majority interest occurs, and the change in majority interest is accompanied by a complete change in operation and function sufficient to result in a change of governing classification, and the change in majority interest is accompanied by a change in the process and hazard of the operation.
 - ii) A change in majority interest occurs, and the change in majority interest is accompanied by a change in employees such that all or a substantial portion of the employees of the new ownership are not retained from the prior ownership.
 - d) If the experience of an entity undergoing a change in ownership is to be excluded from future Merit Rating Plan adjustments for the entity, the Merit Rating Plan adjustment no longer applies as of the date of the ownership change unless the entity is acquired by another entity which has an existing Merit Rating Plan adjustment. In that case the Merit Rating Plan adjustments of the acquiring entity shall apply.
 - e) *Multiple Entities.* When two entities under substantially the same ownership have been insured under a single policy and the ownership of one or both of them is changed so that there is no longer any connection between them, the merit rating procedure shall be as follows:

- i) If the experience of the entities has been combined for merit rating purposes during the entire experience period, the experience incurred prior to the change shall not be used for future merit rating plan adjustment, unless
 - a) the insurance carrier or carriers request that a new Merit Rating Plan adjustment be established, and
 - b) the Bureau is furnished with the experience required for the calculation of a Merit Rating Plan adjustment submitted in an acceptance format.
- ii) If the experience of the entities has been combined for less than two years at the time of the change, so that the experience for each entity is available during the period they were separately insured, the experience for each entity shall be used for the purpose of calculating a new Merit Rating Plan adjustment.

When three or more entities under substantially the same ownership have been insured under a single policy and the ownership of one of the entities has been changed so that there is no longer any connection between it and the remaining entities, the existing Merit Rating Plan adjustment shall continue to apply to the entities whose ownership has not changed. The entity whose ownership has changed shall not be subject to merit rating unless it has been purchased by an entity which has an applicable Merit Rating plan adjustment.

When three or more entries under substantially the same ownership have been insured under a single policy and the ownership of two or more of the entities has been changed so that common ownership is no longer present, the experience incurred prior to the date of the change shall not be used for future Merit Rating Plan adjustments, unless

- a) the insurance carrier or carriers request that a new Merit Rating Plan adjustment be established, and
 - b) the Bureau is furnished with the experience required for the calculation of a Merit Rating Plan adjustment submitted in an acceptable format.
- f) *Employee Leasing.* If (1) an entity terminates its employment relationship with all, or substantially all, its employees, and (2) all substantially all of such employees are thereafter employed by another entity which leases such employees to the original employer, the experience incurred prior to the termination of the original employment relationship shall be used in future merit rating plan adjustments of the second entity.

9. **Joint Ventures.** When two or more risks associate for the purpose of undertaking one or more projects as a joint venture, the premium for the operation involved shall not be subject to merit rating until such time as the joint venture qualifies in accordance with the provisions of Rule 1 of this section, subject, however, to the following conditions:

- a) The contracts shall be awarded in the name of the associated risks as a joint venture.
- b) The joint ventures shall share responsibility for and participate in the control, direction and supervision of all work undertaken.

- c) The joint ventures shall maintain a common bank account, payroll and business records.
- d) When the joint venture becomes subject to merit rating, all applicable Merit Rating Plan adjustments shall be based exclusively on the experience of the joint venture. The experience developed under a joint venture shall be excluded from the future Merit Rating Plan adjustments of the individual ventures.

**SECTION IV
APPLICATION OF MERIT RATING PLAN ADJUSTMENT**

1. **Merit Rating Plan Adjustment.** A Merit Rating Plan adjustment for a qualified risk shall be determined annually (except as provided in Rules 3 and 4 of this section) and shall be effective as of the normal anniversary rating date of the risk. No more than one Merit Rating Plan adjustment shall apply to a risk at the same time. Subject to the exceptions noted below, the Merit Rating Plan adjustment shall be applied to the premium developed by the use of carrier rates in force on the effective date of the Merit Rating Plan adjustment.

EXCEPTIONS:

- a) Premiums Not Subject to the Merit Rating Plan:

The following are not subject to the Merit Rating Plan:

- i) Expense constants
- ii) The policy minimum premium
- iii) Premium under the National Defense Projects Rating Plan
- iv) Premium under Rule 1 of the Atomic Energy Procedure
- v) The surcharge premium under Rule 2 of the Atomic Energy Procedure
- vi) The seat surcharge premium for aircraft operation
- vii) Premium under Terrorism Risk Insurance Act-2002 – Certified Losses

2. **Period and Operations Affected.** The Merit Rating Plan adjustment shall be effective for a period of 12 months (except as provided in Rules 3 and 4 of this section) and shall apply to all the operations of the risk, regardless of whether the current or any new operations are assigned to the same classifications as were used in establishing the Merit Rating Plan adjustment.
3. **Single Policy Risk.** If a risk is covered by a single policy, the following procedure shall apply:
 - a) The Merit Rating Plan adjustment effective as of the normal anniversary rating date shall apply for the full term of the policy which becomes effective on such date and also for the full term of any policy which becomes effective within three months after such date.
 - b) If a policy is written for a period of one year but is extended for a period of not more than 16 days, the carrier rates and Merit Rating Plan adjustment in effect as of the normal termination date shall remain in effect until the termination date of the extended policy. The carrier rates and Merit Rating Plan adjustment which would have become effective as of the normal anniversary rating date shall apply for a period of one year from the effective date of the renewal policy.
 - c) If a policy is written for a period of one year but is extended for a period of more than 16 days but not in excess of 60 days, the carrier rates and the Merit Rating Plan adjustment shall apply as of the normal anniversary rating date for the unexpired portion of the extended policy period and shall also apply for a period of one year from the effective date of the renewal policy.
 - d) If a policy becomes effective on a date more than three months after the normal anniversary rating date,
 - i) the outstanding Merit Rating Plan adjustment shall apply to the new policy for the period corresponding to the unexpired term of the rating.
 - ii) a new Merit Rating Plan adjustment then shall apply for the unexpired term of the outstanding policy.

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- iii) thereafter, a new Merit Rating Plan adjustment shall apply annually as of a new normal anniversary rating date. The new normal anniversary rating date shall be the date 12 months after the effective date of the outstanding policy

- 4. **Multiple Policy Risk.** If a risk is covered by several policies (as provided in Rule 8. of Section III of this Plan) which differ as to inception dates, the following procedure shall apply:

A single Merit Rating Plan adjustment shall be computed to be effective for a period of twelve months beginning on a normal anniversary rating date to be established by the Bureau. The Bureau may, however, authorize the application of an existing Merit Rating Plan adjustment for a period not to exceed fifteen months or a new Merit Rating Plan adjustment for a period greater than three months and less than twelve months for the purpose of establishing a new normal anniversary rating date. Any policy effective prior to the normal anniversary rating date established by the Bureau shall be canceled as of such date and rewritten for a period of twelve months. Any policy effective subsequent to the normal anniversary rating date established by the Bureau shall be written to expire concurrently with the next ensuing normal anniversary rating date or shall be canceled as of that date. Any policies subject to this rule which are extended beyond the normal period of twelve months shall be subject to the provisions of Rules 3(b) and 3(c) of this section.

**SECTION V
TABULATION OF EXPERIENCE**

- 1. **Experience Used for the Merit Rating Plan.** The experience used for purposes of the Merit Rating Plan shall be the individual risk experience valued at least three months prior to the rating date and reported in accordance with the provisions of the Pennsylvania Workers' Compensation Statistical Plan. It shall include voluntary compensation insurance but shall exclude maritime employments and employments under the Federal Employees' Liability Act. It shall also exclude the exposure and any losses under Code 9108, Passenger Seat Surcharge.
- 2. **Merit Rating Plan Forms.** To determine the Merit Rating Plan adjustment the prescribed experience shall be tabulated by the Bureau on approved Merit Rating Plan forms.
- 3. **Payrolls.** The audited payrolls or other exposures for each classification for the experience period shall be tabulated by policy years.
- 4. **Losses.** Incurred losses or claims reported for all policy periods considered in qualifying a risk for the Merit Rating Plan shall be tabulated in the following manner:
 - a) Claims having no indemnity benefit payment or case reserve for indemnity benefit payment shall be excluded from the experience tabulation for purposes of the Merit Rating Plan. Losses as reported (indemnity, medical and total) shall be shown for each policy year. Losses incurred shall be on a gross basis, before the application of the deductible when such coverage is provided.
 - b) All claims not excluded from the experience tabulation for purposes of the Merit Rating Plan by virtue of sections (a) above shall be listed in the experience tabulation with the following information:
 - Policy number
 - Policy effective date
 - Claim number or number of claims
 - Indemnity loss amount
 - Date of loss

All claims reported with Catastrophe Code No. 48 shall be excluded from merit rating calculations.

- 5. **Moral Responsibility.** No loss shall be excluded from the experience of a risk on the ground that the employer was not morally responsible for the accident that caused such loss.
- 6. **Revision of Losses.** It shall not be permissible to revise values because of department or judicial decision or because of developments in the nature of injury between two valuation dates. Provided, however, that
 - a) in cases where loss values are included or excluded through mistake other than error of judgment
 - b) where a claim is declared non-compensable (see note below)

- c) where the claimant or carrier has recovered in an action against a third party
- d) where a claim should have been reported with Catastrophe Code No. 48

It shall be permissible to submit a revised reporting requesting adjustment of the affected Merit Rating Plan adjustment or adjustments, provided such request is made within 24 months of the expiration of the period to which the merit rating applied.

If a case involving subrogation is expected to be open longer than 24 months after the expiration of any period(s) to which the merit rating applied, upon written application, properly filed with the Bureau by the insured, a further extension of 24 months may be granted, provided such request is made within 24 months of the expiration of the period to which the merit rating applied. Such application shall give notice to the Bureau that a third-party subrogation claim is still open, pending judicial decision. In this event, the Bureau's files for the risk involved will be preserved for a period of 24 additional months.

Note: For purposes of this rule, the term "non-compensable" refers to:

- i) an official ruling specifically holding that a claim is not entitled to benefits under the provisions of the Pennsylvania Workers Compensation or Occupational Disease Act.
- ii) a case where no claim was filed during the period of limitation provided by the Pennsylvania Workers Compensation or Occupational Disease Act
for the filing of such claim and the carrier therefore closes the case.
- iii) a case where the carrier contends prior to the evaluation date that a claimant is not entitled to benefits under the Pennsylvania Workers Compensation or Occupational Disease Act and the claim is officially closed because of the claimant's failure to prosecute his claim.

**SECTION VI
MERIT RATING PLAN PROCEDURE**

1. **Merit Rating Plan Adjustments.** For each risk qualified under Section III of Merit Rating Plan claims listed in the experience tabulation under Section V, Paragraph 4 of the Merit Rating Plan shall be counted. Merit Rating Plan adjustments shall apply based on the following criteria:
 - a) No compensable employee lost-time injuries — 5 percent (5.0%) discount.
 - b) One (1) compensable employee lost-time injury — No discount or surcharge. Manual rates apply.
 - c) Two (2) or more compensable employee lost-time injuries — 5 percent (5.0%) surcharge.

The Rating Bureau will determine the appropriate Merit Rating Plan adjustment factors and notify the carrier.

EXAMPLES

EXAMPLE A

Merit Rating Plan Adjustment Effective Date 08/09/96		
(1) <u>Experience Period to be used for qualifying</u>	(2) <u>Employer's Policy History</u>	(3) <u>Period used to determine Merit Rating Adjustment</u>
08/09/94 to 08/09/95 08/09/93 to 08/09/94	08/09/96 to 08/09/97 08/09/95 to 08/09/96 08/09/94 to 08/09/95 06/11/93 to 06/11/94	08/09/94

This employer's merit rating effective date has been established to be 8/09/96. This anniversary rating date requires the experience period begin as of 8/09/93 as shown in Column 1. The employer's policy history shows that the risk has experience data within only two years of the experience period as shown in Column 2. Though a portion of the 06/11/93 policy period falls within the 08/09/93 to 08/09/94 experience period, the 6/11/93 policy extends beyond the experience period and thus cannot be used in the determination of the merit rating plan adjustment, per Column 3. Thus this risk does not qualify for merit rating adjustment effective 08/09/96.

EXAMPLE B

Merit Rating Plan Adjustment Effective Date 12/09/96		
(1) <u>Experience Period to be used for qualifying</u>	(2) <u>Employer's Policy History</u>	(3) <u>Period used to determine Merit Rating Adjustment</u>
12/09/94 to 12/09/95 12/09/93 to 12/09/94	12/09/96 to 12/09/97 12/09/95 to 12/09/96 12/09/94 to 12/09/95	12/09/94

This employer's merit rating effective date has been established to be 12/09/96. This anniversary rating date requires the experience period begin as of 12/09/93 as shown in Column 1. The employer's policy history shows that the risk has experience data within only one year of the experience period as shown in Column 2. Thus this risk does not qualify for merit rating plan adjustment effective 12/09/96.

EXAMPLE C

Merit Rating Plan Adjustment Effective Date 10/17/96		
(1) <u>Experience Period to be used for qualifying</u>	(2) <u>Employer's Policy History</u>	(3) <u>Period used to determine Merit Rating Adjustment</u>
10/17/94 to 10/17/95 10/17/93 to 10/17/94	10/17/96 to 10/17/97 10/17/95 to 10/17/96 09/28/94 to 12/15/94 09/28/93 to 09/28/94	09/28/94 to 12/15/95

This employer's merit rating effective date has been established to be 10/17/96. This anniversary rating date requires that the experience period begin as of 10/17/93 as shown in Column 1. The employer's policy history shows that the risk has experience data within each year of the experience periods required for eligibility as shown in Column 2. Thus, merit rating plan adjustment will be based on the three month policy which fall within the experience period per Column 3. The risk qualifies for merit rating adjustment effective 10/17/96.

EXAMPLE D

Merit Rating Plan Adjustment Effective Date 11/01/96		
(1) <u>Experience Period to be used for qualifying</u>	(2) <u>Employer's Policy History</u>	(3) <u>Period used to determine Merit Rating Adjustment</u>
11/01/94 to 11/01/95 11/01/93 to 11/01/94	11/01/96 to 11/01/97 11/01/95 to 11/01/96 11/01/94 to 11/01/95 11/01/93 to 11/01/94	11/01/94 to 11/01/95 11/01/93 to 11/01/94

This employer's merit rating effective date has been established to be 11/01/96. This anniversary rating date requires that the experience period begin as of 11/01/93 as shown in Column 1. The employer's policy history shows that the risk has separate policy periods which have experience data within each year of the experience period required for eligibility as shown in Column 2. Thus, merit rating plan adjustment will be based on 24 months of experience per Column 3. The risk qualifies for merit rating adjustment effective 11/01/96.

EXAMPLE – EMPLOYER SUBJECT TO MERIT RATING PLAN

**PENNSYLVANIA COMPENSATION RATING BUREAU
MERIT RATING CALCULATION**

Carrier:	Any Insurance Co.
Insured:	ABC Associates
Bureau File No. .	2299XXX
Policy No.	WCxx1200311
Effective Period	09/08/96 – 09/08/97

CODE 9885 – Credit

No lost-time claims. This risk qualifies for a Merit Rating Plan **discount** of 5%.

EXAMPLE – EMPLOYER NOT SUBJECT TO MERIT RATING PLAN

**PENNSYLVANIA COMPENSATION RATING BUREAU
MERIT RATING CALCULATION**

Carrier: Any Insurance Co.
Insured: ABC Associates
Bureau File No. . 2299XXX
Policy No. WCxx1200311
Effective Period 09/08/96 – 09/08/97

CODE 9884 – Neutral

Based on the lost-time claims indicated below, the risk is not subject to a Merit Rating Plan adjustment.

Policy Number	Policy Effective Date	Claim Number	Date of Injury	Indemnity Amount
WC00199920001	090893	29991100	091593	1,870

EXAMPLE – EMPLOYER SUBJECT TO MERIT RATING PLAN SURCHARGE

**PENNSYLVANIA COMPENSATION RATING BUREAU
MERIT RATING CALCULATION**

Carrier: Any Insurance Co.
Insured: ABC Associates
Bureau File No. . 2299XXX
Policy No. WCxx1200311
Effective Period 09/08/96 – 09/08/97

CODE 9886 – Surcharge

Based on the lost-time claims indicated below, the risk is not subject to a Merit Rating Plan surcharge of 5 percent.

Policy Number	Policy Effective Date	Claim Number	Date of Injury	Indemnity Amount
WC00199920001	090893	29991100	091593	1,870
WC00199920001	090893	29991101	121193	2,991
WC00199920002	090894	39991100	100194	15,019

The Bureau's electronic Manual highlights all changes from previous language. For changes previously announced by Bureau Circular, highlighted language in the electronic Manual provides a link(s) to the pertinent Bureau Circular announcement(s). No Circular announcement accompanied the change linked to this message.



Pennsylvania Compensation Rating Bureau

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January 30, 2003

BUREAU CIRCULAR NO. 1454

To All Members of the Bureau:

Re: **APRIL 1, 2003 LOSS COST REVISION APPROVAL**

By action dated January 30, 2003 the Insurance Commissioner has approved revised loss costs and related rating values **effective on a new and renewal basis** as of 12:01 a.m., **April 1, 2003**.

While the approved loss costs are consistent with the overall loss cost indication submitted under Proposal C-345 (an overall average decrease of 2.41 percent from existing loss costs), the approved loss costs differ from those in the original filing in the following respects:

- Hepatitis C loadings for Classification Codes 807, 985, 993 and 994 have been **approved at amended levels lower than those originally submitted with the filing.**
- Offsets for credits granted under the Certified Safety Committee Program have been **approved at amended levels higher than those originally submitted with the filing** in recognition of the effects of S. B. 813, which removed the five-year limit on credits under this program.
- Manual language changes and a new endorsement form necessary for compliance with the provisions of S. B. 813 have been submitted as amendments to the filing and have been approved effective December 9, 2002, consistent with the date of signature of that legislation. The various Manual language additions or revisions originally included in Proposal C-345 have been approved as originally submitted.

For reference purposes a complete table of approved loss costs and expected loss factors for use in the uniform Experience Rating Plan has been attached to this circular. In addition, copies of this circular and the accompanying tables are available in various locations within the Bureau's website (www.pcrb.com).

The Manual loss costs set forth in the attachment include all of the following provisions and/or adjustments:

- Offset for Experience Rating Plan off-balance
- Offset for Merit Rating Plan off-balance
- Loadings in construction classifications for effect of Pennsylvania Construction Classification Premium Adjustment Program (PCCPAP) credits
- Provision for the Office of the Small Business Advocate's portion of the Administration Fund
- Offsets for the effects of credits granted under the Certified Safety Committee Program

The items listed above are included in current loss costs in Pennsylvania and continue to be included in the approved values effective April 1, 2003.

In addition to loss costs and expected loss factors the following rating values as included in Proposal C-345 and approved by the Insurance Commissioner effective April 1, 2003 are provided in attachments to this circular for informational purposes.

- Excess loss (pure premium) factors
- Small deductible loss elimination ratios
- State and hazard group relativities
- Optional retrospective rating plan loss development factors
- Employer assessment factor (0.0280)

In addition to revisions to the above noted rating values the following approved revisions to Manual language effective April 1, 2003 are of note:

- *Revisions to Designated Auditable Payrolls for corporate officers, taxicab drivers and auxiliary or special school police as follows:*
 - o Corporate officers minimum weekly payroll – revised from \$300 to \$350 per week
 - o Corporate officers maximum weekly payroll - revised from \$1,600 to \$1,650 per week
 - o Taxicab drivers for leased cabs where no payroll is available - revised from \$32,200 to \$33,100 per annum
 - o Auxiliary or special school police - minimum payroll revised from \$3,200 to \$3,300 per year

Manual revisions reflecting approval of Proposal C-345 with respect to rating values and rules effective April 1, 2003 will be updated on our website (www.pcrb.com) at a later date.

Questions regarding the approved April 1, 2003 Loss Cost Filing may be directed to me at Extension 210 or to Michael Doyle, Chief Actuary, at Extension 213.

Timothy L. Wisecarver
President

kg
D

**LOSS COSTS AND EXPECTED LOSS FACTORS
FOR PENNSYLVANIA WORKERS COMPENSATION INSURANCE**
Approved Effective Date: April 1, 2003 on New and Renewal Business

CODE NO	LOSS COST	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
005	18.66	9.46	11.46	12.55	III
007	6.60	3.34	4.05	4.44	III
009	27.08	13.73	16.64	18.22	III
025	5.46	2.69	3.22	3.49	III
028	4.55	2.23	2.68	2.90	III
050	3.29	1.62	1.94	2.10	III
051	3.35	1.65	1.98	2.14	III
055	4.90	2.41	2.89	3.13	III
059	4.01	1.97	2.37	2.56	III
101	2.90	1.42	1.75	1.90	III
103	1.53	0.75	0.92	1.00	II
104	3.89	1.90	2.35	2.54	II
105	4.17	2.04	2.53	2.73	III
106	6.44	3.15	3.90	4.22	II
107	3.86	1.89	2.34	2.52	II
108	4.38	2.15	2.65	2.87	II
109	5.42	2.65	3.28	3.55	III
110	3.73	1.82	2.26	2.44	II
111	4.54	2.22	2.75	2.97	II
112	9.83	4.81	5.95	6.43	II
113	2.35	1.15	1.42	1.54	II
114	10.21	5.00	6.18	6.68	III
115	2.06	1.01	1.25	1.35	II
119	6.60	3.23	3.99	4.32	II
130	5.03	2.46	3.04	3.29	III
132	2.58	1.26	1.56	1.69	II
134	4.23	2.07	2.56	2.77	II
135	3.17	1.55	1.92	2.07	II
136	2.73	1.33	1.65	1.78	II
139	4.02	1.97	2.43	2.63	II
141	4.90	2.40	2.97	3.20	II
142	2.48	1.22	1.50	1.63	II
161	3.31	1.62	2.01	2.17	II
163	3.60	1.76	2.18	2.35	II
165	4.99	2.44	3.02	3.26	II
166	2.88	1.41	1.74	1.88	II
185	3.89	1.90	2.35	2.54	II
187	3.86	1.89	2.34	2.52	II
189	2.35	1.15	1.42	1.54	II
191	3.31	1.62	2.01	2.17	II

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**LOSS COSTS AND EXPECTED LOSS FACTORS
FOR PENNSYLVANIA WORKERS COMPENSATION INSURANCE**
Approved Effective Date: April 1, 2003 on New and Renewal Business

CODE NO	LOSS COST	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
201	4.25	2.08	2.57	2.78	II
204	3.52	1.72	2.13	2.30	II
205	3.05	1.49	1.85	2.00	II
221	2.92	1.43	1.77	1.91	II
222	4.05	1.98	2.45	2.65	II
225	4.13	2.02	2.50	2.70	II
227	3.80	1.86	2.30	2.48	II
255	3.22	1.58	1.95	2.11	II
257	4.69	2.29	2.84	3.07	II
261	4.29	2.10	2.60	2.81	II
263	4.18	2.05	2.53	2.74	II
265	4.22	2.07	2.56	2.76	II
275	2.92	1.43	1.77	1.91	II
276	4.05	1.98	2.45	2.65	II
281	3.02	1.48	1.83	1.98	II
282	5.82	2.85	3.52	3.81	III
291	3.22	1.58	1.95	2.11	II
297	3.02	1.48	1.83	1.98	II
301	7.79	3.81	4.71	5.09	III
305	5.88	2.88	3.56	3.85	II
306	4.63	2.26	2.80	3.03	II
311	4.19	2.05	2.54	2.74	II
319	4.31	2.11	2.61	2.82	II
323	2.87	1.40	1.74	1.88	II
327	3.30	1.62	2.00	2.16	II
402	5.93	2.90	3.59	3.88	III
403	3.53	1.73	2.13	2.31	II
404	4.47	2.19	2.71	2.93	III
406	4.68	2.29	2.83	3.06	III
407	4.12	2.02	2.49	2.70	II
411	5.88	2.88	3.56	3.85	III
413	6.26	3.07	3.79	4.10	III
415	4.78	2.34	2.89	3.13	III
416	9.96	4.87	6.03	6.52	II
421	7.58	3.71	4.59	4.96	III
425	8.18	4.00	4.95	5.35	III
427	4.28	2.10	2.59	2.80	III
429	5.44	2.66	3.30	3.56	III
431	7.54	3.69	4.56	4.93	II
433	4.39	2.15	2.66	2.87	II

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**LOSS COSTS AND EXPECTED LOSS FACTORS
FOR PENNSYLVANIA WORKERS COMPENSATION INSURANCE**
Approved Effective Date: April 1, 2003 on New and Renewal Business

CODE NO	LOSS COST	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
435	5.67	2.77	3.43	3.71	II
441	1.90	0.93	1.15	1.24	II
445	3.52 a	1.72	2.13	2.30	II
447	5.54 b	2.71	3.35	3.62	III
449	4.00	1.96	2.42	2.62	II
451	5.19	2.54	3.14	3.40	II
454	4.24	2.08	2.57	2.78	II
456	4.29	2.10	2.60	2.81	II
457	3.86	1.89	2.34	2.52	II
458	3.03	1.48	1.83	1.98	II
459	1.75	0.86	1.06	1.14	I
461	3.75	1.83	2.27	2.45	II
463	2.32	1.14	1.41	1.52	II
465	3.54	1.73	2.14	2.31	III
467	3.71	1.81	2.24	2.43	II
471	2.35	1.15	1.42	1.54	II
472	2.01	0.98	1.22	1.31	II
473	2.72	1.33	1.64	1.78	II
474	0.96	0.47	0.58	0.63	II
475	3.06	1.50	1.85	2.00	III
476	1.65	0.81	1.00	1.08	II
477	3.33	1.63	2.02	2.18	II
483	1.55	0.76	0.94	1.01	II
485	1.81	0.88	1.09	1.18	II
486	3.34	1.64	2.02	2.19	II
487	2.16	1.06	1.31	1.41	II
488	1.52	0.74	0.92	0.99	II
489	1.20	0.59	0.73	0.79	II
491	3.53	1.73	2.13	2.31	II
493	3.52	1.72	2.13	2.30	II
495	5.19	2.54	3.14	3.40	II
497	2.01	0.98	1.22	1.31	II
499	3.06	1.50	1.85	2.00	III
501	3.72	1.82	2.25	2.43	III
502	4.26	2.09	2.58	2.79	I
506	2.64	1.29	1.60	1.72	II
507	4.18	2.05	2.53	2.74	III
509	6.77	3.31	4.10	4.43	III
511	6.94	3.40	4.20	4.54	III
512	4.10	2.01	2.48	2.68	III

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

a OD: \$0.33 Supplemental is not subject to experience rating. Code as 0067.

b OD: \$0.21 Supplemental is not subject to experience rating. Code as 0066.

**LOSS COSTS AND EXPECTED LOSS FACTORS
FOR PENNSYLVANIA WORKERS COMPENSATION INSURANCE
Approved Effective Date: April 1, 2003 on New and Renewal Business**

CODE NO	LOSS COST	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
513	4.32 c	2.12	2.62	2.83	II
514	6.93	3.39	4.19	4.53	III
535	3.85	1.88	2.33	2.52	II
536	6.15	3.01	3.72	4.02	II
544	11.14	5.45	6.74	7.29	III
551	3.85	1.88	2.33	2.52	IV
553	1.18	0.58	0.72	0.77	III
555	0.95	0.46	0.57	0.62	II
563	3.06	1.50	1.85	2.00	II
571	3.04	1.49	1.84	1.99	II
573	3.98	1.95	2.41	2.60	III
581	2.62	1.28	1.58	1.71	III
587	3.06	1.50	1.85	2.00	II
601	8.54	4.11	4.93	5.34	III
602	4.70	2.24	2.69	2.92	III
603	7.01	3.27	3.92	4.25	III
605	8.17	3.91	4.69	5.09	III
606	12.51	5.97	7.17	7.77	III
607	9.44	4.59	5.51	5.96	III
608	6.25	2.98	3.58	3.88	III
609	5.53	2.67	3.20	3.47	III
611	11.72	5.55	6.67	7.22	III
615 d	13.51	6.44	7.73	8.37	IV
0152	1.45				IV
617	6.03	2.88	3.46	3.74	III
645	7.62	3.59	4.31	4.67	III
646	5.47	2.61	3.13	3.40	III
647	8.83	4.25	5.11	5.53	II
648	6.08	2.90	3.48	3.77	III
649	3.12	1.43	1.72	1.87	III
651	8.58	4.09	4.91	5.32	III
652	9.27	4.53	5.44	5.89	III
653	8.15	3.87	4.64	5.03	III
654	9.43	4.43	5.31	5.76	III
655	18.68	8.58	10.30	11.15	IV

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

0152 Associated classes - both codes must be applied. The second code is not subject to experience rating and applies to the full payroll of the associated class.

c OD: \$0.31 Supplemental is not subject to experience rating. Code as 0176.

d OD: \$1.27 Supplemental applies when coverage for Federal black lung is provided. It is not subject to experience rating. Code as 0164.

**LOSS COSTS AND EXPECTED LOSS FACTORS
FOR PENNSYLVANIA WORKERS COMPENSATION INSURANCE**
Approved Effective Date: April 1, 2003 on New and Renewal Business

CODE NO	LOSS COST	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
656	8.73	4.17	5.01	5.43	III
657	11.52	5.52	6.63	7.18	IV
658	9.76	4.60	5.52	5.98	III
659	18.09	8.59	10.31	11.17	III
660	2.38	1.15	1.38	1.49	III
661	4.52	2.09	2.51	2.72	III
662	3.86	1.90	2.28	2.47	II
663	5.02	2.38	2.86	3.10	III
664	4.28	2.02	2.42	2.63	III
665	9.12	4.39	5.27	5.71	III
666	6.23	2.97	3.57	3.87	III
667	2.36	1.13	1.35	1.47	III
668	5.75	2.71	3.25	3.52	II
669	7.54	3.61	4.33	4.69	III
670	5.58	2.66	3.19	3.45	III
673	5.86	2.81	3.37	3.65	III
674	5.64	2.74	3.29	3.56	III
675	5.36	2.58	3.09	3.35	III
676	5.18	2.47	2.96	3.21	III
677	7.41	3.54	4.25	4.61	III
679	11.94	5.70	6.85	7.42	III
681	5.52	2.66	3.19	3.45	III
682	18.02	8.66	10.40	11.26	III
691	5.53	2.67	3.20	3.47	III
693	8.58	4.09	4.91	5.32	III
695	4.52	2.09	2.51	2.72	III
709	2.42	1.19	1.43	1.55	III
716	3.67	1.80	2.16	2.34	III
718	3.58	1.76	2.11	2.29	III
721	12.06	5.90	7.30	7.89	III
744	1.74	0.85	1.05	1.14	II
751	1.37	0.67	0.83	0.90	III
752	0.78	0.38	0.47	0.51	III
753	3.17	1.55	1.92	2.07	III
755	1.26	0.62	0.76	0.83	III
757	1.54	0.75	0.93	1.00	III
759	5.97	2.92	3.61	3.91	III
801	7.38	3.74	4.54	4.97	II
803	18.13	9.19	11.14	12.20	III
804	3.25	1.65	2.00	2.19	III

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**LOSS COSTS AND EXPECTED LOSS FACTORS
FOR PENNSYLVANIA WORKERS COMPENSATION INSURANCE
Approved Effective Date: April 1, 2003 on New and Renewal Business**

CODE NO	LOSS COST	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
805	5.29	2.68	3.25	3.56	III
806	12.03	6.10	7.39	8.09	III
807	6.63	3.34	4.05	4.43	III
808	7.13	3.62	4.38	4.80	III
809	5.25	2.66	3.23	3.53	III
810	6.22	3.15	3.82	4.19	III
0162	1.27				III
811	8.38	4.25	5.15	5.64	III
812	6.87	3.48	4.22	4.62	III
813	7.21	3.66	4.43	4.85	II
814	4.14	2.10	2.54	2.79	II
815	4.03	2.04	2.48	2.71	III
816	2.94	1.49	1.81	1.98	II
817	7.24	3.67	4.45	4.87	III
818	3.09	1.57	1.90	2.08	III
819	0.65	0.33	0.40	0.43	III
821	6.86	3.48	4.21	4.61	III
825	4.45	2.26	2.74	3.00	II
855	6.41	3.25	3.94	4.32	III
857	8.80	4.46	5.40	5.92	III
858	8.12	4.12	4.99	5.46	III
859	9.78	4.96	6.01	6.58	III
860	9.64	4.89	5.92	6.48	III
861	6.64	3.36	4.08	4.46	III
862	8.82	4.47	5.42	5.93	II
865	5.23	2.65	3.21	3.52	II
867	7.21	3.66	4.43	4.85	II
877	2.25	1.14	1.38	1.52	II
879	3.54	1.79	2.17	2.38	II
880	5.42	2.75	3.33	3.65	II
881	3.57	1.81	2.19	2.40	II
882	6.66	3.37	4.09	4.48	II
883	2.16	1.10	1.33	1.45	II
884	1.11	0.56	0.68	0.75	II
885	3.79	1.92	2.33	2.55	II
886	2.62	1.33	1.61	1.76	II
887	1.13	0.57	0.69	0.76	II
889	0.29	0.15	0.18	0.20	II
890	0.48	0.25	0.30	0.33	II
891	1.19	0.60	0.73	0.80	II
892	0.99	0.50	0.61	0.67	II

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

0162 Associated classes - both codes must be applied. The second code is not subject to experience rating and applies to the full payroll of the associated class.

**LOSS COSTS AND EXPECTED LOSS FACTORS
FOR PENNSYLVANIA WORKERS COMPENSATION INSURANCE**
Approved Effective Date: April 1, 2003 on New and Renewal Business

CODE NO	LOSS COST	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
893	0.70	0.35	0.43	0.47	II
894	1.35	0.69	0.83	0.91	II
895	0.64	0.32	0.39	0.43	II
896	2.71	1.37	1.66	1.82	II
897	2.15	1.09	1.32	1.45	II
898	3.42	1.74	2.10	2.30	II
899	2.00	1.01	1.23	1.35	II
903	0.42	0.22	0.26	0.29	II
907	6.59	3.34	4.05	4.43	II
910	11.33	5.75	6.96	7.63	II
911	7.01	3.55	4.31	4.72	II
914	2.25	1.14	1.38	1.52	II
915	4.33	2.20	2.66	2.92	II
916	2.31	1.17	1.42	1.56	II
917	2.81	1.42	1.72	1.89	II
918	3.49	1.77	2.15	2.35	II
919	2.25	1.14	1.38	1.52	II
920	0.77	0.39	0.47	0.52	II
922	5.07	2.57	3.11	3.41	II
923	3.54	1.79	2.17	2.38	II
924	5.00	2.53	3.07	3.36	II
925	2.57	1.30	1.58	1.73	II
926	3.57	1.81	2.19	2.40	II
927	1.36	0.69	0.84	0.92	II
928	2.16	1.10	1.33	1.45	II
929	6.20	3.14	3.81	4.17	II
932	1.19	0.60	0.73	0.80	II
933	5.77	2.92	3.54	3.88	II
934	3.02	1.53	1.86	2.03	II
935	1.60	0.81	0.98	1.07	II
936	0.39	0.20	0.24	0.27	II
937	16.36	8.30	10.05	11.01	II
939	5.58	2.83	3.43	3.75	III
940	6.58	3.33	4.04	4.42	II
941	2.85	1.44	1.75	1.92	II
942	4.12	2.09	2.53	2.77	II
943	6.99	3.54	4.29	4.70	II
944	2.51	1.27	1.54	1.69	II
945	3.08	1.56	1.89	2.07	II
946	4.59	2.32	2.82	3.09	II
947	6.82	3.46	4.19	4.59	II

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**LOSS COSTS AND EXPECTED LOSS FACTORS
FOR PENNSYLVANIA WORKERS COMPENSATION INSURANCE**
Approved Effective Date: April 1, 2003 on New and Renewal Business

CODE NO	LOSS COST	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
948	2.42	1.23	1.49	1.63	II
949	1.06	0.54	0.65	0.71	II
951	0.65	0.33	0.40	0.43	III
952	1.05	0.53	0.65	0.71	III
953	0.29	0.15	0.18	0.20	II
954	3.35	1.70	2.06	2.26	IV
955	0.64	0.32	0.39	0.43	III
956	0.26	0.13	0.16	0.18	III
957	0.44	0.23	0.27	0.30	III
958	2.04	1.03	1.25	1.37	III
959	2.08	1.05	1.28	1.40	II
960	4.97	2.52	3.05	3.34	II
961	1.24	0.63	0.76	0.84	III
962	0.14	0.07	0.09	0.10	III
963	0.51	0.26	0.31	0.34	II
964	2.74	1.39	1.68	1.84	II
965	0.64	0.32	0.39	0.43	II
966	3.28	1.66	2.02	2.21	III
967	1.83	0.93	1.12	1.23	III
968	1.66	0.84	1.02	1.11	II
969	2.76	1.40	1.69	1.86	III
970	8.18	4.15	5.03	5.50	II
971	5.43	2.76	3.34	3.66	II
973	3.64	1.84	2.23	2.45	II
974	3.31	1.68	2.04	2.23	II
975	2.41	1.22	1.48	1.62	II
976	1.60	0.81	0.98	1.07	II
977	0.99	0.50	0.61	0.67	I
978	3.43	1.74	2.11	2.31	III
979	5.30	2.69	3.26	3.57	II
980	5.71	2.89	3.51	3.84	III
982	3.76 e				III
983	7.93	4.02	4.87	5.33	II
984	0.35	0.18	0.22	0.24	III
985	4.09	2.05	2.49	2.73	III
986	1.56	0.79	0.96	1.05	II
987	1.20	0.61	0.74	0.81	II
988	0.38	0.19	0.24	0.26	II
992	5.25	2.66	3.23	3.53	III

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

e Per person per week. A partial workweek is to be counted as a full workweek.
Not subject to Experience or Retrospective Rating.

**LOSS COSTS AND EXPECTED LOSS FACTORS
FOR PENNSYLVANIA WORKERS COMPENSATION INSURANCE**
Approved Effective Date: April 1, 2003 on New and Renewal Business

CODE NO	LOSS COST	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
993	2,031.92 f	866.03	1,049.35	1,149.29	III
994	g	h	h	h	IV
995	8.94	4.53	5.49	6.01	III
996	1,708.21 ii	866.03	1,049.35	1,149.29	IV
997	0.99	0.50	0.61	0.67	II
999	5.51	2.79	3.38	3.70	II
0006	4.35	2.21	2.67	2.93	II
0008	2.60	1.32	1.59	1.75	II
0011	3.77	1.91	2.31	2.53	II
0012	6.06	3.07	3.72	4.08	II
0013	6.38	3.24	3.92	4.30	II
0016	3.86	1.96	2.37	2.60	II
0034	5.67	2.87	3.48	3.81	II
0036	5.45	2.77	3.35	3.67	II
0083	6.47	3.28	3.98	4.36	III
0170	3.11	1.58	1.91	2.09	II
4771	5.40	2.65	3.27	3.54	IV
0771	1.44				IV
4775	4.37	2.14	2.65	2.86	IV
0775	0.71				IV
4777	11.34	5.75	6.97	7.63	III
7405	1.75	0.89	1.07	1.18	III
7445	0.37				IV
7413	1.93	0.98	1.19	1.30	IV
7453	0.40				IV
7421 j	2.33	1.18	1.43	1.57	III
7424	5.51	2.79	3.38	3.70	IV
7428	3.33	1.69	2.05	2.24	II
9108 k	76.83				I

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

 Associated classes - both codes must be applied. The second code is not subject to experience rating and applies to the full payroll of the associated class.

f Per ambulance corps.

g See appropriate page of Section 2, proposed effective 4/1/03.

h Apply the following percentages (A-1 = 46.84%, A-2 = 56.76%, A-3 = 62.16%) to annual loss cost from the appropriate page of Section 2.

i Per hazardous materials response team.

j Code 9108 may also apply.

k Not subject to experience rating

**LOSS COSTS AND EXPECTED LOSS FACTORS
FOR PENNSYLVANIA WORKERS COMPENSATION INSURANCE
Approved Effective Date: April 1, 2003 on New and Renewal Business**

CODE NO	LOSS COST	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE *			HAZARD GROUP
		A-1	A-2	A-3	
Per Capita					
0901	17.62	8.93	10.82	11.85	I
0902	1.61	0.81	0.99	1.08	I
0908	82.72	41.94	50.81	55.65	I
0909	71.55	36.27	43.95	48.14	II
0912	265.31	134.51	162.98	178.50	II
0913	343.27	174.03	210.87	230.96	II
A Rated					
9985	A	A	A	A	
0133	A	A	A	A	

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**PENNSYLVANIA
VOLUNTEER FIREMEN**

CODE 994

SCHEDULE OF ANNUAL LOSS COSTS
Approved Effective Date: April 1, 2003

Population	Annual Loss Cost	Population	Annual Loss Cost
Up to 300	1,217	6,501 to 7,000	5,084
301 to 500	1,495	7,001 to 7,500	5,269
501 to 700	1,739	7,501 to 8,000	5,453
701 to 1,000	2,008	8,001 to 8,500	5,631
1,001 to 1,500	2,362	8,501 to 9,000	5,806
1,501 to 2,000	2,744	9,001 to 9,500	5,976
2,001 to 2,500	3,070	9,501 to 10,000	6,141
2,501 to 3,000	3,359	10,001 to 15,000	7,048
3,001 to 3,500	3,613	15,001 to 20,000	8,616
3,501 to 4,000	3,853	20,001 to 25,000	10,159
4,001 to 4,500	4,077	25,001 to 30,000	11,683
4,501 to 5,000	4,290	30,001 to 35,000	13,182
5,001 to 5,500	4,499	35,001 to 40,000	14,664
5,501 to 6,000	4,697	40,001 to 45,000	16,119
6,001 to 6,500	4,893	45,001 to 50,000	17,549
		For each additional 5,000 population.....	1,435

PENNSYLVANIA COMPENSATION RATING BUREAU
 Effective April 1, 2003
 Excess Loss Factors

Per Accident Limit	Hazard Group			
	I	II	III	IV
\$10,000	0.715	0.720	0.796	0.847
\$15,000	0.658	0.663	0.753	0.813
\$20,000	0.614	0.620	0.718	0.784
\$25,000	0.576	0.587	0.688	0.757
\$30,000	0.543	0.556	0.660	0.731
\$35,000	0.514	0.526	0.635	0.706
\$40,000	0.485	0.501	0.611	0.683
\$50,000	0.442	0.459	0.571	0.642
\$75,000	0.355	0.374	0.488	0.565
\$100,000	0.297	0.314	0.423	0.501
\$125,000	0.252	0.272	0.375	0.453
\$150,000	0.219	0.240	0.337	0.410
\$175,000	0.193	0.212	0.300	0.374
\$200,000	0.172	0.188	0.273	0.343
\$225,000	0.155	0.170	0.248	0.314
\$250,000	0.141	0.155	0.227	0.289
\$275,000	0.127	0.141	0.209	0.266
\$300,000	0.118	0.131	0.195	0.251
\$325,000	0.109	0.122	0.182	0.237
\$350,000	0.103	0.114	0.172	0.224
\$375,000	0.097	0.108	0.162	0.213
\$400,000	0.092	0.102	0.154	0.203
\$425,000	0.088	0.097	0.146	0.194
\$450,000	0.084	0.093	0.140	0.186
\$475,000	0.081	0.089	0.134	0.179
\$500,000	0.078	0.086	0.130	0.173
\$600,000	0.069	0.076	0.115	0.154
\$700,000	0.064	0.070	0.105	0.141
\$800,000	0.059	0.065	0.097	0.131
\$900,000	0.055	0.061	0.090	0.123
\$1,000,000	0.0521	0.0576	0.0860	0.1171
\$2,000,000	0.0316	0.0345	0.0510	0.0665
\$3,000,000	0.0240	0.0262	0.0376	0.0486
\$4,000,000	0.0200	0.0216	0.0304	0.0388
\$5,000,000	0.0173	0.0191	0.0261	0.0332
\$6,000,000	0.0151	0.0172	0.0235	0.0293
\$7,000,000	0.0135	0.0154	0.0210	0.0260
\$8,000,000	0.0122	0.0138	0.0195	0.0237
\$9,000,000	0.0113	0.0125	0.0182	0.0218
\$10,000,000	0.0105	0.0114	0.0171	0.0203

PENNSYLVANIA COMPENSATION RATING BUREAU
 MISCELLANEOUS RATING VALUES
 EFFECTIVE APRIL 1, 2003

SMALL DEDUCTIBLE PROGRAM
Loss Elimination Ratios

Deductible Level	Hazard Group			
	I	II	III	IV
\$ 1,000	7.5%	7.3%	3.5%	1.4%
\$ 5,000	21.9%	21.8%	15.8%	12.4%
\$ 10,000	29.8%	29.4%	21.1%	16.9%

STATE AND HAZARD GROUP RELATIVITIES

Hazard Group	Factor
I	1.012
II	0.881
III	0.687
IV	0.527

RETROSPECTIVE DEVELOPMENT FACTORS
(No Loss Limitation)

First Adjustment	RDF =	0.4037
Second Adjustment	RDF =	0.2757
Third Adjustment	RDF =	0.1968

EMPLOYER ASSESSMENT FACTOR

0.0280



Pennsylvania Compensation Rating Bureau

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February 4, 2003

BUREAU CIRCULAR NO. 1456

To All Members of the Bureau:

Re: **ADDITIONAL INFORMATION – MANUAL LANGUAGE AMENDMENTS**

APRIL 1, 2003 LOSS COST REVISION APPROVAL

As detailed in Bureau Circular No. 1454 of January 30, 2003, the Insurance Commissioner has approved Proposal C-345, the April 1, 2003 Loss Cost Filing. Please refer to that circular for details of this approval.

This circular will provide detail for the various Manual language additions or revisions originally included in the filing that were approved as originally submitted.

1) Revisions to Section 1, Rule IV – Classifications

This rule has been revised to articulate prevailing Bureau practices pertaining to questions of employment status.

The Manual revisions are shown below with deleted wording bracketed and new wording underlined.

SECTION 1

CHANGES

RULE IV – CLASSIFICATIONS

C. ASSIGNMENT OF CLASSIFICATIONS

9. [Classification Appeals] Carrier Determinations of Employment Status

[The Bureau assignment of an individual risk to a particular classification may be appealed pursuant to Rule XVI, APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE, Section 1 of this Manual.] A carrier's determination of a person's employment status (including but not necessarily limited to questions regarding a person's designation as an

employee, independent contractor, uninsured subcontractor, leased employee or temporary staff) is not subject to the Bureau's review or approval. Where a carrier's determination of a person's employment status results in a request for authorization of a different or additional classification(s), such request must be made in writing. The Bureau will determine the applicability of any requested classification(s) in accordance with the classification guidelines set forth in this Manual. Classifications so approved by the Bureau shall be applied to any policy to which the carrier's determination of the person's employment status applies, if such policy expired or was terminated not more than 12 months before the date on which the Bureau received the carrier's written request.

This rule for determining the policy(ies) to which the approved classification(s) shall be assigned will apply regardless of whether the authorization of the classification(s) increases or decreases premium for the affected policy(ies). This rule shall govern in the event this rule conflicts with any other rule in this Manual.

10. [Mercantile Business/Stores] Classification Appeals

[For mercantile businesses, such as stores or dealers, the single applicable store or dealer classification is determined separately for each location.] The Bureau's assignment of an individual employer to a particular classification may be appealed pursuant to Rule XVI, APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE, Section 1 of this Manual.

11. Mercantile Businesses/Stores

For mercantile businesses, such as stores or dealers, the single applicable store or dealer classification is determined separately for each location.

2) Revisions to Sections 2 and 5 – Classes 993 and 994

These revisions have been made to recognize workers compensation insurance options made available to volunteer fire departments, volunteer fire companies and/or volunteer ambulance corps by virtue of an opinion provided by the Department of Labor & Industry.

The Manual revisions are shown below with deleted wording bracketed and new wording underlined.

SECTION 2

CHANGES

993 VOLUNTEER AMBULANCE CORPS.

The per Corps (Company) charge shall be applied on a per location basis, regardless of the number of ambulances garaged at each location.

[This classification may be used only on a policy covering Class 980.]

994 Firefighter - VOLUNTEER FIRE COMPANY

[This classification may be used only on a policy covering Class 980.]

SECTION 5

Rulings and Interpretations

This entire Ruling and Interpretation entry is new wording.

VOLUNTEER FIRE DEPARTMENTS AND/OR VOLUNTEER FIRE COMPANIES – WORKERS' COMPENSATION INSURANCE OPTIONS

In Pennsylvania the municipality in which a volunteer fire department(s) and/or volunteer fire company(ies) is based is generally construed to be the statutory employer of the members of the volunteer fire department or volunteer fire company who perform the services of a volunteer firefighter, and for that reason it has been the practice for the municipality in which the volunteer fire department(s) and/or volunteer fire company(ies) is based to provide workers' compensation insurance coverage for such members. The Department of Labor and Industry (Department) has rendered a written opinion on whether a volunteer fire department and/or volunteer fire company may be separately insured pursuant to the Department's review of the Pennsylvania Workers' Compensation Act (Act), Section 601 (a)(1), and the interpretative case law thereon. The Department's opinion states that there is nothing in the language of the Act or the case law accompanying Section 601 (a)(1) that indicates a volunteer fire department and/or company would be prohibited from obtaining a workers' compensation policy separate from that of the municipality in which it is based. In other words, in the Department's opinion a volunteer fire department and/or volunteer fire company may purchase a workers' compensation insurance policy that is separate from the workers' compensation policy of the municipality in which it is based. The Department's opinion also states that the above analysis applies to volunteer ambulance corps or volunteer rescue or lifesaving squads, because there is no language in Section 601 (a)(2) or (a)(3) of the Act or in the case law thereon that prohibits a volunteer ambulance corps or a volunteer rescue or lifesaving squad from obtaining workers' compensation insurance separate from the municipality in which it is based.

The classification applicable to a separate workers' compensation insurance policy purchased by a volunteer fire department and/or volunteer fire company for volunteers/members covered by such policy would be Code 994. The classification applicable to a separate workers' compensation insurance policy purchased for the volunteers/members of a volunteer ambulance corps or volunteer rescue or lifesaving squad would be Code 993.

If an entity (typically a volunteer fire department and/or volunteer fire company) provides fire, ambulance or rescue and lifesaving squad services in combination and that entity purchases a single, separate workers' compensation policy, then each service provided must be separately classified. In such instances the applicable classifications for the single, separate workers' compensation policy would be both Codes 993 and 994.

If an entity (again typically a volunteer fire department and/or volunteer fire company) has a policy for its employees (e.g., bartenders for a social club or food servers and/or bartenders for a banquet hall), Code 993 and/or Code 994 may be added to that policy for the coverage of the volunteer firefighters and/or volunteer ambulance corps and/or volunteer rescue or lifesaving squad persons.

Where the firefighting service is provided by a combination of volunteer firefighters and paid firefighters insured by a policy purchased by the municipality in which the volunteer fire department or volunteer fire company and the paid firefighters are based, the municipality's

volunteer firefighting premium is prorated pursuant to the procedure delineated in the Section 2 rating value listing pages. The volunteer firefighting premium charge shall be prorated in the same manner in the event a policy separate from the municipality's policy is purchased for the (Code 994) volunteer fire fighting exposure. When ambulance or rescue lifesaving service is provided by an independent, non-municipal entity staffed by a combination of paid ambulance, rescue or lifesaving persons and volunteer ambulance, rescue or lifesaving persons, assign Code 807 to the payroll of the paid ambulance, rescue or lifesaving persons and Code 993 for the volunteers. The Code 993 per corps premium shall be prorated in the same manner cited above for firefighting service provided by the combination of volunteer firefighters and paid firefighters.

THE MUNICIPALITY IN WHICH A VOLUNTEER FIRE DEPARTMENT AND/OR VOLUNTEER FIRE COMPANY IS BASED WILL GENERALLY BE CONSTRUED TO REMAIN THE VOLUNTEERS' STATUTORY EMPLOYER

In the event that a volunteer fire department and/or volunteer fire company does not purchase a separate workers' compensation policy for its volunteers/members or in the event that such separately purchased policy lapses, is canceled or otherwise ceases to be effective for any reason, then the municipality in which the volunteer fire department and/or volunteer fire company is based should secure workers' compensation insurance coverage for the volunteer fire department's and/or volunteer fire company's volunteers/members. This same provision would also apply to volunteer ambulance corps or rescue or lifesaving squads.

The Bureau expresses no opinion as to the potential liability of a municipality for workers' compensation benefits or otherwise to members of a volunteer fire company, ambulance corps or rescue or lifesaving squad when there exists separate workers' compensation coverage for such members pursuant to another entity's insurance.

MUNICIPALITY IN WHICH A VOLUNTEER FIRE DEPARTMENT AND/OR VOLUNTEER FIRE COMPANY IS BASED DEFINED

The term "the municipality in which the volunteer fire department and/or volunteer fire company is based" shall be defined as any incorporated political subdivision of the Commonwealth smaller than a county (e.g., city, borough, township or town) wherein a volunteer fire department and/or volunteer fire company is headquartered. This definition also applies to volunteer ambulance corps or volunteer rescue or lifesaving squads.

In the event of a merger of two or more previously separate volunteer fire departments and/or volunteer fire companies garaged in two or more separately incorporated political subdivisions, the municipality in which a volunteer fire department and/or volunteer fire company is based shall be that participating incorporated political subdivision designated by the parties as the headquarters of the new, merged volunteer fire departments and/or volunteer fire companies. This procedure also applies to merged volunteer ambulance corps or volunteer rescue or lifesaving squads.

SUMMARY OF THE DEPARTMENT OF LABOR AND INDUSTRY'S
(DEPARTMENT) OPINION

The following is a summary of the Department's opinion, and it is based in part on discussions with the Department after the Department issued the opinion. You should not rely on this summary as advice concerning the legal obligation of a person to maintain workers' compensation coverage.

The Pennsylvania Compensation Rating Bureau has asked the Department for an opinion with respect to whether a volunteer fire department and/or volunteer fire company may obtain workers' compensation coverage as an actual employer separate from the coverage of the municipality in which the volunteer fire department and/or volunteer fire company is based. A second issue is whether a volunteer ambulance corps or a volunteer rescue or lifesaving squad may also pursue workers' compensation coverage separate from the municipality in which it is based. In the Department's opinion a volunteer fire department and/or volunteer fire company or a volunteer ambulance corps or volunteer rescue or lifesaving squad may separately obtain workers' compensation insurance as an employer independently from the municipality in which it is based.

There is nothing in the language of the Act or the case law accompanying Section 601 (a)(1) of the Act that indicates a volunteer fire department and/or volunteer fire company would be *prohibited* (emphasis in the original) from obtaining workers' compensation coverage separate from the municipality in which such department or company is based. The Commonwealth Court in one case sets forth that "volunteer fire fighters may have two employers for the purposes of the Act, the actual employer under whose supervision the fireman was working at the time of injury, and the statutory employer, i.e. the municipality upon whom rests the responsibility for providing workmen's compensation benefits under Section 601." Temple v. Milmont Fire Co., 525 A.2d 848, 850 (PA Cmwlth. 1987). Even though Temple does not require a volunteer fire department to obtain workers' compensation insurance separate from the municipality in which it is based, it certainly does not prohibit the volunteer fire department and/or volunteer fire company from doing so as an employer. See id.

The same analysis applies to volunteer ambulance corps or volunteer rescue or lifesaving squads – no language in the Act or in the case law accompanying Section 601 (a)(2) or (a)(3) *prohibits* (emphasis in the original) a volunteer ambulance corps or a volunteer rescue or lifesaving squad from attempting to obtain workers' compensation insurance separate from the municipality in which such corps or squad is based. The only indication the Department found that a volunteer ambulance corps or a volunteer rescue or life saving squad and a volunteer fire department and/or volunteer fire company would be treated differently in some respect is found in Scrima v. Swissvale Area Emergency Services, 599 A.2d 301 (Pa Cmwlth. 1991). The Commonwealth Court in Scrima declined to expand the rule that volunteer fire department and/or volunteer fire companies are entitled to governmental immunity to include volunteer ambulance corps or volunteer rescue or lifesaving squads.¹ However, the fact that governmental immunity cannot be applied to a volunteer ambulance corps or a volunteer rescue or life saving squad does not prohibit the volunteer ambulance corps or the volunteer rescue or life saving squad from obtaining workers' compensation separate from the workers'

¹ The Court in Temple reiterated the holding in Zern v. Muldoon, 516 A.2d 799 (Pa. Cmwlth. 1986) and Wilson v. Dravosburg Volunteer Fire Department, 516 A.2d 100 (Pa Cmwlth. 1986) that volunteer fire department and/or volunteer fire companies are "local agencies" entitled to governmental immunity under 42 Pa. C. S. 8541. See Temple, 525 A. 2d at 851.

compensation coverage of the municipality in which the volunteer ambulance corps or the volunteer rescue or life saving squad is based. It may even provide an additional argument in support of why a volunteer ambulance corps or a volunteer rescue or life saving squad should be permitted to obtain workers' compensation insurance coverage separate and apart from that of the municipality in which they are based. If the volunteer ambulance corps or volunteer rescue or life saving squad does not have governmental immunity, having separate workers' compensation coverage could give it an additional layer of protection against liability.

3) Revisions to Section 1, Rule IX – Special Conditions or Operations Affecting Coverage and Addition of Endorsement WC 37 04 04 B

This rule has been revised to be consistent with S.B. 813. A new endorsement form (copy attached) has been developed for use under the terms of this new law. These revisions and the new endorsement form are **effective December 9, 2002** on a new and renewal basis for policies having normal anniversary rating dates on or after that date to be consistent with the effective date of S.B. 813.

The Manual revisions are shown below with deleted wording bracketed and new wording underlined.

SECTION 1

RULE IX – SPECIAL CONDITIONS OR OPERATIONS AFFECTING COVERAGE

I. CERTIFIED SAFETY COMMITTEE CREDIT PROGRAM

1. Act 44 of 1993 mandates that the Department of Labor and Industry develop certification criteria for the operation of safety committees. (For certification criteria contact Pennsylvania Department of Labor and Industry.)
2. A 5% rate credit shall apply to the policy period beginning with the next normal anniversary rating date ~~[limited to five years]~~established by the Pennsylvania Compensation Rating Bureau and shall not apply to the policy period in effect when the certification is issued.
3. ~~[This credit can be applied five times to each Pennsylvania employer.]~~The 5% rate credit shall continue if the employer annually submits certification renewal affidavits acceptable to the Department of Labor and Industry.
4. Use Endorsement WC 37 04 04 B Certified Safety Committee Endorsement – Pennsylvania to show credit on appropriate policy.

Questions regarding these Manual revisions can be addressed to the Classification Department, Extension 460. Questions regarding the Certified Safety Committee Credit Program or the endorsement form should be addressed to Betty Ann Campbell, Extension 218 or bcampbell@pcrb.com.

These Manual revisions, as well as those reflecting approval of Proposal C-345 with respect to rating values effective April 1, 2003, will be updated on our website (<http://www.pcrb.com>) at a later date.

Timothy L. Wisecarver
President

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Remember to visit our web site at www.pcrb.com for more information about this and other topics.

WC 37 04 04B

CERTIFIED SAFETY COMMITTEE ENDORSEMENT – PENNSYLVANIA

The employer has received a certificate from the Pennsylvania Department of Labor and Industry specifying that the employer has established a safety committee in conformance with the Department's criteria.

This policy is subject to a 5% rate credit to recognize the certification of the safety committee. An employer must submit certification renewal affidavits annually to the Department of Labor and Industry in order to qualify for continuation of the 5% annual premium credit.

Note: This credit shall not apply to the policy period in effect when the certification is issued. The credit must be applied to the policy period beginning with the next normal anniversary rating date.