



Minnesota Workers' Compensation
Insurers Association, Inc.
7701 France Avenue South • Suite 450
Minneapolis, MN 55435-3200

November 20, 2001

ALL ASSOCIATION MEMBERS

Circular Letter 01-1373

**RE: Workers Compensation and Employers Liability Insurance Policy-
Policy Change Endorsement**

The Minnesota Department of Commerce has approved the above filing effective 12:01 A.M., January 1, 2002 applicable to new and renewal business only.

The purpose of this filing is to provide our members with a new and streamlined version of the Policy Information Page Endorsement (WC 89 06 00 A). Association staff, in cooperation with the Minnesota Department of Commerce, developed a Minnesota version of the Policy Information Page Endorsement (WC 22 06 00). The Minnesota form is similar in style to the original NCCI version.

In the alternative, if a carrier elects not to use the Minnesota Policy Information Page Endorsement (WC 22 06 00), additional, single page endorsements (WC 22 06 02 thru WC 22 06 19) were created to allow carriers to input data on each separate document.

The two endorsement options created will be the only acceptable format. A "free form" will not be acceptable. Equally important, send **ONLY** endorsements that apply in Minnesota. An endorsement will be invalid if **NOT** filed on the appropriate Minnesota form.

The attached exhibits illustrate the changes to the *Forms Manual* to implement the creation of the Minnesota Policy Information Page Endorsement (WC 22 06 00) and single page endorsements (WC 22 06 02 thru WC 22 06 19). Once printed, these endorsements will be available on our web site at www.mwcia.org. Also attached is the exhibit illustrating changes to the Minnesota Exception Pages of the *Basic Manual*.

Please direct any questions you may have concerning this item to one of our underwriters at 952-897-1737 or by e-mailing our office at info@mwcia.org.

A NOTICE TO MEMBERSHIP:

The Minnesota Department of Commerce requests that MWCIA remind its members that the above filing only applies automatically to insurance companies who have filed a Limited Power of Attorney with our Commerce Department. A properly executed Limited Power of Attorney authorizes MWCIA to make filings on behalf of individual insurance companies. Any insurance company who has not filed a Limited Power of Attorney must independently submit the changes represented in each filing item to the Minnesota Department of Commerce for their approval.

Original Printing

Effective January 1, 2002

POLICY CHANGE ENDORSEMENT

NAMED INSURED AND MAILING ADDRESS

AGENCY AND MAILING ADDRESS

Policy No.:

Policy Effective:

Endorsements Changed:

- | | |
|---|---|
| <input type="checkbox"/> Insured's Name (WC 22 06 02) | <input type="checkbox"/> Item 3.A. States (WC 22 06 11) |
| <input type="checkbox"/> Policy Number (WC 22 06 03) | <input type="checkbox"/> Item 3.B. Limits (WC 22 06 12) |
| <input type="checkbox"/> Effective Date (WC 22 06 04) | <input type="checkbox"/> Item 3.C. States (WC 22 06 13) |
| <input type="checkbox"/> Expiration Date (WC 22 06 05) | <input type="checkbox"/> Item 3.D. Endorsement Numbers (WC 22 06 14) |
| <input type="checkbox"/> Insured's Mailing Address (WC 22 06 06) | <input type="checkbox"/> Item 4. * Class, Rate, Other (WC 22 06 15) |
| <input type="checkbox"/> Experience Modification (WC 22 06 07) | <input type="checkbox"/> Interim Adjustment of Premium (WC 22 06 16) |
| <input type="checkbox"/> Producer's Name (WC 22 06 08) | <input type="checkbox"/> Carrier Servicing Office (WC 22 06 17) |
| <input type="checkbox"/> Change in Workplace of Insured (WC 22 06 09) | <input type="checkbox"/> Interstate/Intrastate Risk I.D. Number (WC 22 06 18) |
| <input type="checkbox"/> Insured's Legal Status (WC 22 06 10) | <input type="checkbox"/> Carrier Number (WC 22 06 19) |

Description of Change

*Item 4. Class, Rate, Other

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

Total Estimated Annual Premium \$

Minimum Premium \$

Deposit Premium \$

Change Effective Date:

Consideration for Change, if any:

Countersigned by: _____

Pursuant to Minn. Stat. § 60A.351, a policy may not be renewed at less favorable terms unless notice of the new terms is given at least 60 days prior to the expiration date.

Original Printing**Effective January 1, 2002**

POLICY INFORMATION PAGE ENDORSEMENT

Insured's Name

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This endorsement effective on _____ at 12:01 A.M. standard time

For attachment to Policy No. _____

NCCI Carrier Code _____ Issued to _____

Policy effective date: _____ Policy expiration date _____

Premium _____ (if any)

Authorized Representative

The Insured's Name is changed to read:

INSURED NAME

FEIN NUMBER

UI NUMBER

All other terms and conditions of this policy remain unchanged.

Original Printing

Effective January 1, 2002

POLICY INFORMATION PAGE ENDORSEMENT

Policy Number

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This endorsement effective on _____ at 12:01 A.M. standard time

For attachment to Policy No. _____

NCCI Carrier Code _____ Issued to _____

Policy effective date: _____ Policy expiration date _____

Premium _____ (if any)

Authorized Representative

The Policy Number is changed to read:

All other terms and conditions of this policy remain unchanged.

Original Printing**Effective January 1, 2002**

POLICY INFORMATION PAGE ENDORSEMENT

Effective Date

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This endorsement effective on _____ at 12:01 A.M. standard time

For attachment to Policy No. _____

NCCI Carrier Code _____ Issued to _____

Policy effective date: _____ Policy expiration date _____

Premium _____ (if any)

Authorized Representative

The Effective Date is changed to read:

All other terms and conditions of this policy remain unchanged.

Original Printing

Effective January 1, 2002

POLICY INFORMATION PAGE ENDORSEMENT

Expiration Date

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This endorsement effective on _____ at 12:01 A.M. standard time

For attachment to Policy No. _____

NCCI Carrier Code _____ Issued to _____

Policy effective date: _____ Policy expiration date _____

Premium _____ (if any)

Authorized Representative

The Expiration Date is changed to read:

All other terms and conditions of this policy remain unchanged.

Original Printing

Effective January 1, 2002

POLICY INFORMATION PAGE ENDORSEMENT

Insured's Mailing Address

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This endorsement effective on _____ at 12:01 A.M. standard time

For attachment to Policy No. _____

NCCI Carrier Code _____ Issued to _____

Policy effective date: _____ Policy expiration date _____

Premium _____ (if any)

Authorized Representative

The Insured's Mailing Address is changed to read:

All other terms and conditions of this policy remain unchanged.

Original Printing

Effective January 1, 2002

POLICY INFORMATION PAGE ENDORSEMENT

Experience Modification

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This endorsement effective on _____ at 12:01 A.M. standard time

For attachment to Policy No. _____

NCCI Carrier Code _____ Issued to _____

Policy effective date: _____ Policy expiration date _____

Premium _____ (if any)

Authorized Representative

The Experience Modification is changed to read:

All other terms and conditions of this policy remain unchanged.

Original Printing

Effective January 1, 2002

POLICY INFORMATION PAGE ENDORSEMENT

Producer's Name

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This endorsement effective on _____ at 12:01 A.M. standard time

For attachment to Policy No. _____

NCCI Carrier Code _____ Issued to _____

Policy effective date: _____ Policy expiration date _____

Premium _____ (if any)

Authorized Representative

The Producer's Name is changed to read:

All other terms and conditions of this policy remain unchanged.

Original Printing**Effective January 1, 2002**

POLICY INFORMATION PAGE ENDORSEMENT

Change in Workplace of Insured

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This endorsement effective on _____ at 12:01 A.M. standard time

For attachment to Policy No. _____

NCCI Carrier Code _____ Issued to _____

Policy effective date: _____ Policy expiration date _____

Premium _____ (if any)

Authorized Representative

The Workplace of Insured is changed to read:

All other terms and conditions of this policy remain unchanged.

Original Printing

Effective January 1, 2002

POLICY INFORMATION PAGE ENDORSEMENT

Insured's Legal Status

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This endorsement effective on _____ at 12:01 A.M. standard time

For attachment to Policy No. _____

NCCI Carrier Code _____ Issued to _____

Policy effective date: _____ Policy expiration date _____

Premium _____ (if any)

Authorized Representative

The Insured's Legal Status is changed to read:

All other terms and conditions of this policy remain unchanged.

Original Printing

Effective January 1, 2002

POLICY INFORMATION PAGE ENDORSEMENT

Add States

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This endorsement effective on _____ at 12:01 A.M. standard time

For attachment to Policy No. _____

NCCI Carrier Code _____ Issued to _____

Policy effective date: _____ Policy expiration date _____

Premium _____ (if any)

Authorized Representative

Item 3.A is changed to add the following States:

All other terms and conditions of this policy remain unchanged.

Original Printing

Effective January 1, 2002

POLICY INFORMATION PAGE ENDORSEMENT

Employer Limits

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This endorsement effective on _____ at 12:01 A.M. standard time

For attachment to Policy No. _____

NCCI Carrier Code _____ Issued to _____

Policy effective date: _____ Policy expiration date _____

Premium _____ (if any)

Authorized Representative

Item 3.B. The Employer Limits is changed to read:

All other terms and conditions of this policy remain unchanged.

Original Printing

Effective January 1, 2002

POLICY INFORMATION PAGE ENDORSEMENT

Change in State

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This endorsement effective on _____ at 12:01 A.M. standard time

For attachment to Policy No. _____

NCCI Carrier Code _____ Issued to _____

Policy effective date: _____ Policy expiration date _____

Premium _____ (if any)

Authorized Representative

Item 3.C. State is changed to read:

All other terms and conditions of this policy remain unchanged.

Original Printing

Effective January 1, 2002

POLICY INFORMATION PAGE ENDORSEMENT

Endorsement Numbers

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This endorsement effective on _____ at 12:01 A.M. standard time

For attachment to Policy No. _____

NCCI Carrier Code _____ Issued to _____

Policy effective date: _____ Policy expiration date _____

Premium _____ (if any)

Authorized Representative

Item 3.D. Endorsement Number is changed to read:

All other terms and conditions of this policy remain unchanged.

Original Printing**Effective January 1, 2002****POLICY INFORMATION PAGE ENDORSEMENT**

Class, Rate, Other Change

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This endorsement effective on _____ at 12:01 A.M. standard time

For attachment to Policy No. _____

NCCI Carrier Code _____ Issued to _____

Policy effective date: _____ Policy expiration date _____

Premium _____ (if any)

Authorized Representative

Item 4. Class, Rate, Other:

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

Total Estimated Annual Premium \$

Minimum Premium \$

Deposit Premium \$

Change Effective Date:

Consideration for Change, if any:

Pursuant to Minn. Stat. § 60A.351, a policy may not be renewed on less favorable terms unless notice of the new terms is given at least 60 days prior to the expiration date

All other terms and conditions of this policy remain unchanged.

Original PrintingEffective January 1, 2002**POLICY INFORMATION PAGE ENDORSEMENT**

Interim Adjustment of Premium

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This endorsement effective on _____ at 12:01 A.M. standard time

For attachment to Policy No. _____

NCCI Carrier Code _____ Issued to _____

Policy effective date: _____ Policy expiration date _____

Premium _____ (if any)

Authorized Representative

Interim Adjustment of Premium:

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

Total Estimated Annual Premium \$

Minimum Premium \$

Deposit Premium \$

Change Effective Date:

Consideration for Change, if any:

Pursuant to Minn. Stat. § 60A.351, a policy may not be renewed at less favorable terms unless notice of the new terms is given at least 60 days prior to the expatriation date

All other terms and conditions of this policy remain unchanged.

Original Printing

Effective January 1, 2002

POLICY INFORMATION PAGE ENDORSEMENT

Carrier Servicing Office

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This endorsement effective on _____ at 12:01 A.M. standard time

For attachment to Policy No. _____

NCCI Carrier Code _____ Issued to _____

Policy effective date: _____ Policy expiration date _____

Premium _____ (if any)

Authorized Representative

The Carrier Servicing Office is changed to read:

All other terms and conditions of this policy remain unchanged.

Original Printing

Effective January 1, 2002

POLICY INFORMATION PAGE ENDORSEMENT

Interstate/Intrastate Risk I.D. Number

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This endorsement effective on _____ at 12:01 A.M. standard time

For attachment to Policy No. _____

NCCI Carrier Code _____ Issued to _____

Policy effective date: _____ Policy expiration date _____

Premium _____ (if any)

Authorized Representative

The Interstate/Intrastate Risk ID Number is changed to read:

All other terms and conditions of this policy remain unchanged.

Original Printing

Effective January 1, 2002

POLICY INFORMATION PAGE ENDORSEMENT

Carrier Number

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

This endorsement effective on _____ at 12:01 A.M. standard time

For attachment to Policy No. _____

NCCI Carrier Code _____ Issued to _____

Policy effective date: _____ Policy expiration date _____

Premium _____ (if any)

Authorized Representative

The Carrier Number is changed to read:

All other terms and conditions of this policy remain unchanged

EXHIBIT I

BASIC MANUAL

PART ONE – RULES

CURRENT NCCI PHRASEOLOGY:

RULE I - GENERAL

D. Policy and Endorsement Forms Manual

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

PROPOSED MINNESOTA EXCEPTION PHRASEOLOGY:

RULE I - GENERAL

D. Policy and Endorsement Forms Manual

The following forms and endorsements are applicable for use in Minnesota:

<u>FORM/ENDORSEMENT#</u>	<u>VERSION SUFFIX</u>	<u>DESCRIPTION</u>
Forms -		
WC000000	A	WORKERS COMP & EMPLOYERS LIAB. INS POLICY
WC000001	A	INFORMATION PAGE
WC890609	B	POLICY TERMINATION/CANCELLATION/REINSTATEMENT NOTICE
Endorsements -		
WC000101	A	DEFENSE BASE ACT COVERAGE
WC000102		FEDERAL COAL MINE HEALTH & SAFETY ACT COVERAGE
WC000104		FEDERAL EMPLOYERS' LIABILITY ACT COVERAGE
WC000106	A	LONGSHOREMEN'S & HARBOR WORKERS COMP ACT COVERAGE
WC000108	A	NONAPPROPRIATED FUND INSTRUMENTALITIES ACT COVERAGE
WC000109	A	OUTER CONTINENTAL SHELF LANDS ACT COVERAGE
WC000111		MIGRANT SEASONAL AGRICULTURAL WORKER PROTECT ACT
WC000201	A	MARITIME COVERAGE
WC000203		VOLUNTARY COMPENSATION MARITIME COVERAGE
WC000204		LIMITED MARITIME COVERAGE ENDORSEMENT
WC000301	A	ALTERNATE EMPLOYER
WC000302		DESIGNATED WORKPLACES EXCLUSION
WC000303	B	EMPLOYERS LIABILITY COVERAGE
WC000304		INSURANCE COMPANY AS INSURED
WC000305		JOINT VENTURE AS INSURED
WC000307		MEDICAL BENEFITS REIMBURSEMENT
WC000308		PARTNERS, OFFICERS, AND OTHERS EXCLUSION
WC000309	A	RURAL ELECTRIFICATION ADMINISTRATION
WC000310		SOLE PROPRIETORS, PARTNERS, OFFICERS, OTHERS COVERAGE
WC000311	A	VOL. COMP & EMPLOYERS LIABILITY COVERAGE
WC000313		WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS
WC000315		DOMESTIC & AGRICULTURAL WORKERS EXCLUSION
WC000324		WORKERS COMP INS PLAN – OTHER STATES ENDORSEMENT
WC000401	A	AIRCRAFT PREMIUM
WC000403		EXPERIENCE RATING MODIFICATION FACTOR
WC000405		POLICY PERIOD
WC000406	A	PREMIUM DISCOUNT
WC000409		PREMIUM DETERMINATION – FORMER SELF INSURERS 1
WC000410		PREMIUM DETERMINATION – FORMER SELF INSURERS 2

Refer to the *Forms Manual of Workers' Compensation & Employers Liability Insurance* for complete descriptions of coverage and instructions on the use of specific policy forms and endorsements or visit the Minnesota Workers' Compensation Insurers Association, Inc.'s website @ www.mwcia.org.

EXHIBIT I

BASIC MANUAL

PART ONE – RULES

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PROPOSED MINNESOTA EXCEPTION PHRASEOLOGY:

RULE I - GENERAL

D. Policy and Endorsement Forms Manual

The following forms and endorsements are applicable for use in Minnesota:

<u>FORM/ENDORSEMENT#</u>	<u>VERSION SUFFIX</u>	<u>DESCRIPTION</u>
WC000412		CONTINGENT EXPERIENCE RATING MODIFICATION FACTOR
WC000414		NOTIFICATION OF CHANGE IN OWNERSHIP
WC000419		PREMIUM DUE DATE ENDORSEMENT
WC000503	A	RETRO PREMIUM RATING OPTS V ONE YEAR PLAN
WC000504	A	RETRO PREMIUM RATING OPTS V THREE YEAR PLAN
WC000505	A	RETRO PREM. RTG OPTS V LONG TERM CONSTRUCT PROJECT
WC000508		RETRO PREMIUM AVIATION EXCLUSION
WC000509	A	RETRO PREMIUM CHANGES
WC000510		RETRO PREM. NONRATABLE CATASTROPHE ELEMENT/SURCHARGE
WC000511		RETRO PREMIUM SHORT FORM
WC000512	A	RETRO PREMIUM ONE YEAR PLAN MULTIPLE LINES
WC000513	A	RETRO PREMIUM THREE YEAR PLAN MULTIPLE LINES
WC000514	A	RETRO PREM. LONG TERM CONSTRUCT PROJECT MULT LINES
WC000515		RETROSPECTIVE PREMIUM FLEXIBILITY OPTIONS
WC000603		BENEFITS DEDUCTIBLE
WC220000		MINNESOTA AMENDATORY ENDORSEMENT
WC220401		MINNESOTA CONTRACTING PREMIUM ADJUSTMENT PROGRAM
WC220402		MINNESOTA ANNIVERSARY RATING DATE ENDORSEMENT
WC220600		MINNESOTA POLICY CHANGE ENDORSEMENT
WC220601	B	MINNESOTA CANCELLATION ENDORSEMENT
WC220602		MINNESOTA POLICY INFORMATION PAGE ENDORSEMENT- INSURED'S NAME
WC220603		MINNESOTA POLICY INFORMATION PAGE ENDORSEMENT- POLICY NUMBER
WC220604		MINNESOTA POLICY INFORMATION PAGE ENDORSEMENT- EFFECTIVE DATE
WC220605		MINNESOTA POLICY INFORMATION PAGE ENDORSEMENT- EXPIRATION DATE
WC220606		MINNESOTA POLICY INFORMATION PAGE ENDORSEMENT- INSURED'S MAIL ADDRESS
WC220607		MINNESOTA POLICY INFORMATION PAGE ENDORSEMENT- EXPERIENCE MOD
WC220608		MINNESOTA POLICY INFORMATION PAGE ENDORSEMENT- PRODUCER'S NAME
WC220609		MINNESOTA POLICY INFORMATION PAGE ENDORSEMENT- CHANGE IN WORKPLACE
WC220610		MINNESOTA POLICY INFORMATION PAGE ENDORSEMENT- INSURED'S LEGAL STATUS
WC220611		MINNESOTA POLICY INFORMATION PAGE ENDORSEMENT- ADD STATES
WC220612		MINNESOTA POLICY INFORMATION PAGE ENDORSEMENT- EMPLOYER LIMITS
WC220613		MINNESOTA POLICY INFORMATION PAGE ENDORSEMENT- CHANGE IN STATE
WC220614		MINNESOTA POLICY INFORMATION PAGE ENDORSEMENT- ENDORSEMENT NUMBERS
WC220615		MINNESOTA POLICY INFORMATION PAGE ENDORSEMENT- CLASS, RATE, OTHER
WC220616		MINNESOTA POLICY INFORMATION PAGE ENDORSEMENT- INTERIM ADJUST PREMIUM
WC220617		MINNESOTA POLICY INFORMATION PAGE ENDORSEMENT- CARRIER SERV OFFICE
WC220618		MINNESOTA POLICY INFORMATION PAGE ENDORSEMENT- INTER/INTRA RISK ID

Refer to the *Forms Manual of Workers' Compensation & Employers Liability Insurance* for complete descriptions of coverage and instructions on the use of specific policy forms and endorsements or visit the Minnesota Workers' Compensation Insurers Association, Inc.'s website @ www.mwcia.org.

EXHIBIT I

BASIC MANUAL

PART ONE – RULES

CURRENT NCCI PHRASEOLOGY:

RULE I - GENERAL

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PROPOSED MINNESOTA EXCEPTION PHRASEOLOGY:

RULE I - GENERAL

D. Policy and Endorsement Forms Manual

The following forms and endorsements are applicable for use in Minnesota:

<u>FORM/ENDORSEMENT#</u>	<u>VERSION SUFFIX</u>	<u>DESCRIPTION</u>
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WC220619

MINNESOTA POLICY INFORMATION PAGE ENDORSEMENT- CARRIER NUMBER

Refer to the *Forms Manual of Workers' Compensation & Employers Liability Insurance* for complete descriptions of coverage and instructions on the use of specific policy forms and endorsements or visit the Minnesota Workers' Compensation Insurers Association, Inc.'s website @ www.mwcia.org.