

**Bureau Filing No. 0502  
Attachment**

**PROPOSED REVISIONS**

**DELAWARE BASIC MANUAL**

Domestic Terrorism, Earthquake and Catastrophic Industrial Accidents

Exhibit 01 Section 1 – Underwriting Rules

Exhibit 02 Proposed Premium Calculation Algorithm

Exhibit 03 Section 3 – Endorsements

Exhibit 04 Section 4 – Retrospective Rating Plans – Delaware

Exhibit 05 Section 6 – Experience Rating Plan

Section 7 – Merit Rating Plan

Application for Workers Compensation Assigned Risk Plan – Proposed Effective 12/05

Application for Workers Compensation Assigned Risk Plan – Proposed Effective 01/06

**EXHIBIT 01**  
**Delaware Basic Manual Changes**  
Proposed Effective January 1, 2006

**SECTION 1 – UNDERWRITING RULES**

**RULE VI – RATING VALUES AND PREMIUM DETERMINATION**

**A. BUREAU RATING VALUES**

4. Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents (DTEC)

Premium for Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents 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 Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents. 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.

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents shall be separately stated on the Standard Policy and shall be designated to Statistical Code 9741.

**RULE XIV- AGRICULTURAL, DOMESTIC WORKERS- RESIDENCES**

**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. All Agriculture code rates are per \$100 of payroll. Terrorism Risk Insurance Act of 2002-Certified Losses (9740) and Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (9741) [does] do not apply to per capita classification premium charges.

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

**Proposed Premium Calculation Algorithm - Bureau Filing 0502**

<b>Line #</b>	<b>Item Name</b>	<b>Associated Statistical Code</b>	<b>Line #</b>	<b>Source &amp; Derivation</b>
(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)	Non-Ratable Classification Increased Limits Minimum Premium	9848	(37)	Carrier value
(38)	Non-Ratable Classification Increased Limits Minimum Premium Charge	9848	(38)	[(37)-(36)] if (36) < (37) and (34) > 0, otherwise zero

**Proposed Premium Calculation Algorithm - Bureau Filing 0502**

<b>Line-#</b>	<b>Item Name</b>	<b>Associated Statistical Code</b>	<b>Line #</b>	<b>Source &amp; Derivation</b>
(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.
(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)]

**Proposed Premium Calculation Algorithm - Bureau Filing 0502**

<b>Line #</b>	<b>Item Name</b>	<b>Associated Statistical Code</b>	<b>Line #</b>	<b>Source &amp; Derivation</b>
(55)	Assigned Risk Surcharge Factor <b>(DE)</b>	0277	(55)	May apply to some or all assigned risks based on plan and characteristics of individual insured
(56)	Assigned Risk Premium Surcharge <b>(DE)</b>	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
(64)	Expense Constant Charge	0900	(64)	Line (64) if applicable
(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 Wavier of Subrogation (flat charge)	9115	(69)	Carrier value(s)
(70)	Terrorism [Premium Charge] <b><u>Risk Insurance Act (TRIA) of 2002- Certified Losses</u></b>	9740	(70)	(Total payroll / 100) x carrier rating value)
(71)	<b><u>Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (DTEC)</u></b>	<b><u>9741</u></b>	<b><u>(71)</u></b>	<b><u>(Total payroll / 100) x carrier rating value)</u></b>
(72)	Total Policy Premium Subject to Employer Assessment		(72)	(64)+(67)-(68)+(69)+(70)+ <b><u>(71)</u></b>
(73)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(73)	Bureau value for the specific purpose of computing employer assessments
(74)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(74)	[(72)-(11)-(58)] x (73) 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.

**EXHIBIT 03**  
Delaware Basic Manual Changes  
Proposed Effective January 1, 2006

**SECTION 3**  
**ENDORSEMENTS**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**WC 00 04 21**

**DOMESTIC TERRORISM, EARTHQUAKES, AND CATASTROPHIC INDUSTRIAL  
ACCIDENTS PREMIUM ENDORSEMENT**

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of domestic terrorism, earthquakes and/or a catastrophic industrial accident.

The premium charge provides funding for the risk of earthquakes, catastrophic industrial accidents, and certain acts of domestic and foreign terrorism. It does not provide funding for acts of terrorism certified as such by the Terrorism Risk Insurance Act (TRIA) of 2002 but rather provides funding for all other acts of terrorism specifically excluded by TRIA.

For purposes of this endorsement, the following definitions apply:

Domestic terrorism: All acts of terrorism outside the scope of TRIA with aggregate workers compensation losses in excess of \$50 million.

Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity where aggregate workers compensation losses from the single event are in excess of \$50 million.

Catastrophic Industrial Accident: Any single event resulting in aggregate workers compensation losses in excess of \$50 million.

Schedule

Payroll

Rate

Premium

**EXHIBIT 04**  
**Delaware Basic Manual Changes**  
Proposed Effective January 1, 2006

**SECTION 4**  
**RETROSPECTIVE RATING PLANS - DELAWARE**

**PART ONE**  
**DESCRIPTION OF THE PLAN**

**II. DEFINITIONS**

**E. STANDARD PREMIUM**

For the purpose of this Plan, standard premium means the premium for the risk determined on the basis of [manual rates]carrier rating values, 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 the non-ratable elements listed in the manual rates and non-rateable 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.
6. Premium developed by the Terrorism Risk Insurance Act of 2002.
7. Premium developed by the Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents catastrophe provision located in the Basic Manual.



**EXHIBIT 05**  
**Delaware Basic Manual Changes**  
Proposed Effective January 1, 2006

**SECTION 6 – EXPERIENCE RATING PLAN**

**SECTION IV**  
**APPLICATION OF EXPERIENCE MODIFICATION**

- 1. Experience Modification.** An experience..... subject to experience rating.
- i. through vii. remain unchanged.
- viii. Premium under Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents

**SECTION 7 – MERIT RATING PLAN**

**SECTION IV**  
**APPLICATION OF MERIT RATING PLAN ADJUSTMENT**

- 1. Merit Rating Plan Adjustment.** A Merit Rating..... in the Merit Rating Plan.
- i) through vii) remain unchanged.
- viii) Premium under Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents



**APPLICATION FOR WORKERS COMPENSATION ASSIGNED RISK PLAN**

This application must be typed or printed and filed in duplicate.

Please answer all questions and requested information thoroughly. Omissions may result in delay of coverage. The undersigned employer hereby applies for workers compensation insurance in Delaware and expressly represents that such insurance is sought in good faith.

**IMPORTANT: NO** insurance is provided by this application. Coverage will be bound as of 12:01 A. M. the day following the Federal postmark time and date on the envelope in which the fully completed application is mailed (including the estimated annual or deposit premium), or the expiration of existing coverage, whichever is later. If there is no postmark, coverage will be effective 12:01 A.M. of the date of the receipt by the Bureau unless a later date is requested. Submission of an incomplete or incorrect application may delay the binding of coverage. Applications hand delivered to the Bureau will be effective as of 12:01 A.M. of the date following receipt by the Bureau unless a later date is requested.

**I. GENERAL INFORMATION**

Requested Effective 12:01 A.M.(Date) \_\_\_\_\_

1. Name of Employer \_\_\_\_\_

F.E.I.N. Required By Law

2. Federal Employers Identification Number \_\_\_\_\_

Social Security Number    -   -

3. Mailing Address \_\_\_\_\_

4. Principal Location Of Business (Required) \_\_\_\_\_

5. Other Delaware Locations \_\_\_\_\_

6. Payroll Office Address \_\_\_\_\_

7. Legal Status  Sole Proprietor  Partnership  Corporation  Other (explain): \_\_\_\_\_

8. Has there been a name change during the past three years:  Yes  No If yes, give previous name and date of change: \_\_\_\_\_

9. Are there operations in states other than Delaware?  Yes  No If yes, complete the following:  
 (If self-insured or uninsured, indicate under Insurance Carrier)

State	Location	Insurance Carrier

**II. Insurance Record**

1. Has there been previous workers compensation insurance coverage in Delaware?  Yes  No

If "No", complete  New Business  Self-Insured  Other (explain); \_\_\_\_\_

If "Yes", Insurance Record - Three Previous Years:

State	Insurance Company	Policy Number	Policy Period		Premiums
			From	To	

2. Total audited payroll for each of the above policy periods:

Payroll	Policy Period	
	To	From

3. Do you owe any broker, agent, insurance company or state workers insurance fund unpaid premiums for workers compensation coverage?  Yes  No

If "Yes", coverage may be denied or canceled. Explain: \_\_\_\_\_

4. Is applicant a parent, affiliate or subsidiary, or under common ownership or management with any other entity subject to state workers compensation laws or other applicable federal law?  Yes  No

If "Yes", attach information identifying the entities involved and the workers compensation insurance or self insurance status.

**III. Two Insurance Companies Who Have Refused Insurance**

List below name of representative and telephone numbers of **two** companies who have refused coverage in the past sixty days. The representative named must be a full-time employee of the insurance company. Current carrier must be one of the carriers declining coverage. The DCRB may require verification of carrier's declination.

Insurance Company	Name of Representative	Telephone Number
Current Carrier:		

**IV. Corporate Officer**

List below name, title, duties, and approximate annual salary of officers. Officer's salary subject to a minimum/maximum of \$18,200/[\$104,000] \$106,600 respectively. **Note:** Officers electing exclusion must complete and attach Agreement by Executive Officer(s) form.

Name	Title	Duties	Approx. Annual Salary

**V. Delaware Law provides that sole proprietors or partners are not included under the Act but may elect coverage. Complete Sole Proprietors, Partners, Officers and other Coverage Endorsement (WC 00 03 10) - Complete, if applicable**

Name	Title	Duties	Approx. Annual Salary

**VI. Nature of Business, Location, Classifications and Payroll in Delaware**

Manufacturing  Mercantile  Contractor  Service  Farm  Other  \_\_\_\_\_

Explain nature of business /completely describe all operations at this or any other location. Give description of products and list of raw materials (**Do not** use manual phraseology for description).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Calculation of Estimated Annual Premium**

**Total Payroll Basis**

Manual Classification of:	Class Code	No. of Employees	Total Payroll	Rate	Premium
Employees By Location					
Increased Limits of Liability (if applicable)					
Officers covered: Payroll not included above					

Total Premium \_\_\_\_\_

**Experience Modification (Code 9898)** \_\_\_\_\_

Standard Premium \_\_\_\_\_

Merit Rating Adjustment (Code 988\_) \_\_\_\_\_

Workplace Safety Credit (Code 9880) \_\_\_\_\_

Construction Prem. Credit (Code 9046) \_\_\_\_\_

Surcharge (DIP) (Code 0277) \_\_\_\_\_

Deductible Credit (Code 9663) \_\_\_\_\_

Less Premium Discount (Code 0063) \_\_\_\_\_

Plus Expense Constant (Code 0900) [\$240] \$250

Terrorism Risk Ins. Act (Code 9740) \_\_\_\_\_

Total Estimated Annual Premium \_\_\_\_\_

Percentage of Annual Estimated Premium used to determine Deposit Premium \_\_\_\_\_

**(Enclose Agent's Or Employer's Certified Check in this Amount)** Deposit Premium \_\_\_\_\_

**VII. DEPOSIT PREMIUM**

Procedures to follow in determining the proper deposit premium are printed below. Failure to follow the deposit premium rule correctly may delay the effective date of coverage. Based on the deposit premium rule, the following method of premium payment has been determined:

Annual - 100%       Semi-annual - 75%       Quarterly - 50%       Monthly - 25%

Deposit premium is determined by taking a percentage of the annual premium. The percentage varies with the amount of the estimated annual premium. The "deposit premium" table is followed by the servicing carrier. Here is how it works:

Estimated Annual Premium	Interim Adjustment Basis	Minimum Deposit Percentage	Additional Payments During Year
Under \$ 1,000	Annual	100% of annual	None
At least \$ 1,000	Semi-annual	75% of annual	One
At least \$ 5,000	Quarterly	50% of annual	Three
At least \$25,000	Monthly	25% of annual	Eleven

An employer may pay the estimated annual premium as a deposit or may select any adjustment basis available. The servicing carrier, based on sound underwriting practices, has the right to make appropriate changes in the interim adjustment program which the employer has selected. The servicing carrier will give the reasons for any change. The DCRB cannot make changes to the Interim Adjustment Basis.

**Deposit Premium Payment**

Enclose agent's or employer's certified check. Coverage will not be bound without payment of deposit premium. Enclosed is Check No. \_\_\_\_\_ made payable to the **Delaware Compensation Rating Bureau, Inc.** in the amount of \$ \_\_\_\_\_.

**VIII. Applicant's Statement**

The undersigned employer hereby certifies that he has read and understands, the statements in this application. Furthermore, in consideration of the issuance of the policy of insurance he also certifies that the statements in this application are true and agrees:

1. To maintain a complete record of all payroll transactions in such form as the insurance company may reasonably require and that such record will be available to the company at the designated address.
2. To comply substantially with all laws, order, rules and regulations in force and effect made by the public authorities relating to the welfare, health and safety of employees.
3. To comply with all reasonable recommendations made by the insurance company relating to the welfare, health and safety of employees.

The undersigned employer also certifies he has had no difficulties with any broker, agent, insurance company or state workers insurance fund in regard to : (a) payroll records; (b) the amount of premium charges; (c) the payment of premium; (d) the carrying out of any recommendation made for the purpose of safeguarding its employees; (e) the handling of any claim or accident report except the following:

\_\_\_\_\_

This insurance is being afforded through the Delaware Workers Compensation Insurance Plan and not through the private market. Violation of any of these agreements, or failure to pay valid workers compensation premium charges, may result in cancellation of any policy of insurance under the Delaware Workers Compensation Insurance Plan.

Employer Name and Title \_\_\_\_\_ Date \_\_\_\_\_

Signature\* \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

\*Application must be signed by an officer or owner. E-mail address (optional) \_\_\_\_\_

**IX Agency and Producer**

Agency Name \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Delaware Agent License No. \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

Address \_\_\_\_\_ E-mail address \_\_\_\_\_

Producer \_\_\_\_\_  
Name Signature Date

Fed. Emp. I.D. No/Soc. Sec. No. \_\_\_\_\_



**APPLICATION FOR WORKERS COMPENSATION ASSIGNED RISK PLAN**

This application must be typed or printed and filed in duplicate.

Please answer all questions and requested information thoroughly. Omissions may result in delay of coverage. The undersigned employer hereby applies for workers compensation insurance in Delaware and expressly represents that such insurance is sought in good faith.

**IMPORTANT: NO insurance is provided by this application. Coverage will be bound as of 12:01 A. M. the day following the Federal postmark time and date on the envelope in which the fully completed application is mailed (including the estimated annual or deposit premium), or the expiration of existing coverage, whichever is later. If there is no postmark, coverage will be effective 12:01 A.M. of the date of the receipt by the Bureau unless a later date is requested. Submission of an incomplete or incorrect application may delay the binding of coverage. Applications hand delivered to the Bureau will be effective as of 12:01 A.M. of the date following receipt by the Bureau unless a later date is requested.**

**I. GENERAL INFORMATION**

Requested Effective 12:01 A.M.(Date) \_\_\_\_\_

1. Name of Employer \_\_\_\_\_

F.E.I.N. Required By Law

2. Federal Employers Identification Number \_\_\_\_\_

Social Security Number    -   -

3. Mailing Address \_\_\_\_\_

4. Principal Location Of Business (Required) \_\_\_\_\_

5. Other Delaware Locations \_\_\_\_\_

6. Payroll Office Address \_\_\_\_\_

7. Legal Status  Sole Proprietor  Partnership  Corporation  Other (explain): \_\_\_\_\_

8. Has there been a name change during the past three years:  Yes  No If yes, give previous name and date of change: \_\_\_\_\_

9. Are there operations in states other than Delaware?  Yes  No If yes, complete the following:  
 (If self-insured or uninsured, indicate under Insurance Carrier)

State	Location	Insurance Carrier

**II. Insurance Record**

1. Has there been previous workers compensation insurance coverage in Delaware?  Yes  No

If "No", complete  New Business  Self-Insured  Other (explain); \_\_\_\_\_

If "Yes", Insurance Record - Three Previous Years:

State	Insurance Company	Policy Number	Policy Period		Premiums
			From	To	

2. Total **audited** payroll for each of the above policy periods:

Payroll	Policy Period	
	To	From

3. Do you owe any broker, agent, insurance company or state workers insurance fund unpaid premiums for workers compensation coverage?  Yes  No

If "Yes", coverage may be denied or canceled. Explain: \_\_\_\_\_

4. Is applicant a parent, affiliate or subsidiary, or under common ownership or management with any other entity subject to state workers compensation laws or other applicable federal law?  Yes  No

If "Yes", attach information identifying the entities involved and the workers compensation insurance or self insurance status.

**III. Two Insurance Companies Who Have Refused Insurance**

List below name of representative and telephone numbers of **two** companies who have refused coverage in the past sixty days. The representative named must be a full-time employee of the insurance company. Current carrier must be one of the carriers declining coverage. The DCRB may require verification of carrier's declination.

Insurance Company	Name of Representative	Telephone Number
Current Carrier:		

**IV. Corporate Officer**

List below name, title, duties, and approximate annual salary of officers. Officer's salary subject to a minimum/maximum of \$18,200/\$106,600 respectively. **Note:** Officers electing exclusion must complete and attach Agreement by Executive Officer(s) form.

Name	Title	Duties	Approx. Annual Salary

**V. Delaware Law provides that sole proprietors or partners are not included under the Act but may elect coverage. Complete Sole Proprietors, Partners, Officers and other Coverage Endorsement (WC 00 03 10) - Complete, if applicable**

Name	Title	Duties	Approx. Annual Salary

**VI. Nature of Business, Location, Classifications and Payroll in Delaware**

Manufacturing  Mercantile  Contractor  Service  Farm  Other  \_\_\_\_\_

Explain nature of business /completely describe all operations at this or any other location. Give description of products and list of raw materials (**Do not** use manual phraseology for description).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Calculation of Estimated Annual Premium**

**Total Payroll Basis**

Manual Classification of:	Class Code	No. of Employees	Total Payroll	Rate	Premium
Employees By Location					
Increased Limits of Liability (if applicable)					
Officers covered: Payroll not included above					

Total Premium \_\_\_\_\_

**Experience Modification (Code 9898)** \_\_\_\_\_

Standard Premium \_\_\_\_\_

Merit Rating Adjustment (Code 988\_) \_\_\_\_\_

Workplace Safety Credit (Code 9880) \_\_\_\_\_

Construction Prem. Credit (Code 9046) \_\_\_\_\_

Surcharge (DIP) (Code 0277) \_\_\_\_\_

Deductible Credit (Code 9663) \_\_\_\_\_

Less Premium Discount (Code 0063) \_\_\_\_\_

Plus Expense Constant (Code 0900) \$250

Terrorism Risk Ins. Act (Code 9740) \_\_\_\_\_

[Domestic Terrorism, Earthquake  
Catastrophic Industrial Accidents (9741)] \_\_\_\_\_

Total Estimated Annual Premium \_\_\_\_\_

Percentage of Annual Estimated Premium used to determine Deposit Premium \_\_\_\_\_

**(Enclose Agent's Or Employer's Certified Check in this Amount)** Deposit Premium \_\_\_\_\_



