

**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 Premium	Rate Per \$100 Of Remuneration	Estimated Annual Premium

Total Estimated Annual Premium \$

Minimum Premium \$

Deposit Premium \$

All other terms and conditions of this policy remain unchanged.

**Notes:**

- 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.
- 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.
- 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.
- 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.
- Make appropriate entries to reflect applicable changes in item 4.
- 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.
- This endorsement must contain an attachment clause which identifies the company, insured, policy number and effective date of the endorsement.
- 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.