

February 19, 2010

CIRCULAR LETTER TO ALL MEMBER COMPANIES

Re: Workers Compensation Insurance

Revisions to Forms Manual  
NCCI Item Filing P-1408

The North Carolina Rate Bureau has adopted and the North Carolina Commissioner of Insurance has approved the adoption of changes to the *Forms Manual of Workers Compensation and Employers Liability Insurance (Forms Manual)*. The approval is effective July 1, 2011.

These changes were proposed by NCCI in order to update the format for consistency with other NCCI manuals. The modifications to this manual and endorsement changes are attached.

These changes will be effective July 1, 2011. This filing was approved on behalf of all member carriers, and no company filing is required to adopt these changes.

Contact the Information Center at 919-582-1056 or [wcinfo@ncrb.org](mailto:wcinfo@ncrb.org), if you require additional information.

Sincerely,

Sue Taylor

Director of Insurance Operations

ST:dg

C-10-4

FILING MEMORANDUM

**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**

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**PURPOSE**

This item modifies NCCI's *Forms Manual of Workers Compensation and Employers Liability Insurance* to:

- Revise the General Information section as follows:
  - Update the format to be more consistent with other NCCI manuals
  - Remove references to Advisory Forms because endorsements filed by NCCI no longer have this designation
  - Expand the numbering for carrier-specific endorsements
- Revise several national and state-specific endorsements

**BACKGROUND**

NCCI recently reviewed the *Forms Manual* and determined that the General Information section required format revisions to be consistent with other NCCI manuals. Also, several carriers have expressed the need to expand the amount of numbers allocated for carrier-specific endorsements. In addition to using the number "99," carriers will have the option of using numbers "90" through "98" for carrier-specific endorsements. The numbering system, which is included in the General Information section, is revised to incorporate the update.

In addition, NCCI reviewed the accuracy of statutory citations referenced in many of the endorsements. As a result of this review, several endorsements are being revised. Finally, one endorsement (WC 89 06 20 C) is being withdrawn as there is no longer a need for it. A summary of the revisions to the applicable national and state endorsements are as follows:

National Endorsement Number and Name	Update Reason
WC 00 00 00 A—Workers Compensation and Employers Liability Insurance Policy Part Two—Employers Liability Insurance	<ul style="list-style-type: none"> <li>• Revise name of Act and statute section number</li> <li>• Minor editorial updates</li> </ul>
WC 00 00 01—Information Page Notes	<ul style="list-style-type: none"> <li>• Minor editorial updates</li> <li>• Remove independent bureau references, carriers should refer to the specific bureau requirements for the most current notes</li> <li>• Revise the name of Act and statute number</li> <li>• Update NCCI manual references</li> </ul>
WC 00 01 02—Federal Coal Mine Health and Safety Act Coverage Endorsement	Revise name of Act and statute section number
WC 00 01 09 A—Outer Continental Shelf Lands Act Coverage Endorsement	Revise statute section number

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WC 00 03 12—Voluntary Compensation and Employers Liability Coverage for Residence Employees Endorsement	<ul style="list-style-type: none"> <li>• Minor editorial updates</li> <li>• Revise schedule due to classification revision</li> </ul>
WC 00 03 14—Workers Compensation and Employers Liability Coverage for Residence Employees Endorsement	<ul style="list-style-type: none"> <li>• Minor editorial updates</li> <li>• Revise schedule due to classification revision</li> </ul>
WC 89 06 09 B—State Notes: Policy Termination/Cancelation/Reinstatement Notice	<ul style="list-style-type: none"> <li>• Revise title</li> <li>• Update Proof of Coverage (POC) terminology and include references to the POC Compliance Guide</li> <li>• Revise the spelling of “cancellation/cancelled” to NCCI’s current spelling standards</li> <li>• Minor editorial updates</li> <li>• Update address information</li> </ul>
WC 89 06 20 C—State Notes: Proof of Coverage Notice	Withdraw endorsement because there is no longer a need for this proof of coverage notice
NC-5000—Contracting Classification Premium Adjustment Program Workers Compensation Premium Credit Application	<ul style="list-style-type: none"> <li>• Update address information</li> <li>• Minor editorial updates</li> </ul>

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**PROPOSAL**

This item proposes the revision of the General Information section of the *Forms Manual*. In addition, the following national and state endorsements be withdrawn and their corresponding updated version be adopted:

Current National Endorsement Number and Name	Proposed New National Endorsement Number and Name
WC 00 00 00 A—Workers Compensation and Employers Liability Insurance Policy Part Two—Employers Liability Insurance	WC 00 00 00 B—Workers Compensation and Employers Liability Insurance Policy Part Two—Employers Liability Insurance  <b>Note:</b> The entire Workers Compensation and Employers Liability Insurance Policy WC 00 00 00 A is proposed to be revised to WC 00 00 00 B. While only Part Two of the Workers Compensation and Employers Liability Insurance Policy requires an update, all of the parts of the policy require a revision to the endorsement number.
WC 00 00 01—Information Page Notes	WC 00 00 01 A—Information Page Notes

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WC 00 01 02—Federal Coal Mine Health and Safety Act Coverage Endorsement	WC 00 01 02 A—Federal Coal Mine Safety and Health Act Coverage Endorsement
WC 00 01 09 A—Outer Continental Shelf Lands Act Coverage Endorsement	WC 00 01 09 B—Outer Continental Shelf Lands Act Coverage Endorsement
WC 00 03 12—Voluntary Compensation and Employers Liability Coverage for Residence Employees Endorsement	WC 00 03 12 A—Voluntary Compensation and Employers Liability Coverage for Residence Employees Endorsement
WC 00 03 14—Workers Compensation and Employers Liability Coverage for Residence Employees Endorsement	WC 00 03 14 A—Workers Compensation and Employers Liability Coverage for Residence Employees Endorsement
WC 89 06 09 B—State Notes: Policy Termination/Cancelation/Reinstatement Notice	WC 89 06 09 C—Policy Termination/Cancellation/Reinstatement Notice  <b>Note:</b> This is a new endorsement in the following states: AK, AR, AZ, FL, IA, ME, NV, OK, OR, TN
WC 89 06 20 C—State Notes: Proof of Coverage Notice	N/A (WC 89 06 20 C is proposed to be withdrawn)
NC-5000—Contracting Classification Premium Adjustment Program Workers Compensation Premium Credit Application	NC-5000 A—Contracting Classification Premium Adjustment Program Workers Compensation Premium Credit Application

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## FILING MEMORANDUM

### ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE

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#### IMPACT

No premium impact is expected as a result of the proposed updates to NCCI's *Forms Manual*.

#### IMPLEMENTATION

The attached exhibits outline the changes proposed to NCCI's *Forms Manual*.

Below is a summary of the exhibits included in this filing package:

- **Exhibit 1** contains revisions to the General Information section.
- **Exhibits 2–10** contain revisions to national endorsements, as applicable. Some national endorsements may not be applicable in all states. For those endorsements that are not applicable in all states, a state listing of applicable states is provided above the endorsement title.
- **Exhibits 11–13** contain revisions to state-specific endorsements, as applicable.

This item will be effective at 12:01 a.m. on July 1, 2011, applicable to new and renewal policies as applicable in the voluntary and assigned risk markets.

#### Exceptions:

- In Hawaii, the effective date is determined upon regulatory approval of the individual carrier's election to adopt this change.
- In Virginia, this item will become effective for policies on and after 12:01 a.m. on July 1, 2010.

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## ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE

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### EXHIBIT 1 FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE RULES

This manual contains rules that have been approved by the state insurance regulators. These rules cover the following topics:

- Introduction
- Rule 1—Authorized Form/Endorsement Changes
- Rule 2—Form/Endorsement Filing
- Rule 3—Copyright
- Rule 4—Form/Endorsement Numbering System

#### INTRODUCTION

The use of each form in this ~~M~~manual is governed by these ~~R~~rules, the ~~R~~rules governing the *Basic Manual for Workers Compensation and Employers Liability Insurance*, the ~~N~~notes applicable to a form, and by such laws and administrative rules and regulations as may apply to these forms.

~~The National Council on Compensation Insurance, Inc. no longer designates forms as “Standard” or “Advisory.” Some regulatory authorities, however, request NCCI to place a “Standard” designation on some forms to indicate their intention that such forms not be changed. Because some older forms still contain a designation as “Standard” or “Advisory,” these Rules discuss the two types of designations.~~

#### ~~II. STANDARD FORMS~~ AUTHORIZED FORM/ENDORSEMENT CHANGES

A. Authorized changes to a ~~Standard~~ form or endorsement are listed below:

1. Options and changes authorized by the ~~R~~rules or ~~N~~notes of this ~~M~~manual.
2. Changes made by separate endorsement if in accord with the applicable ~~R~~rules of the *Basic Manual for Workers Compensation and Employers Liability Insurance* and approved, if required, by the proper authority.
3. Attachment and execution clauses.
4. Size and style of type.
5. Format of provisions, but not their sequence.
6. Location of a Schedule on an endorsement.
7. Special provisions applicable to the members or policyholders of a mutual or participating stock insurer or a reciprocal association. Such provisions may be printed as Paragraph “F” of Part Six—Conditions of the Policy, on the policy jacket, at the end of the policy, or on an endorsement.

An insurer making any of these changes to a ~~Standard~~ form or endorsement is responsible for obtaining approval from the proper authority, if required.

#### ~~III. ADVISORY FORMS~~

~~Advisory Forms may be used as printed in this Manual or may be changed. An insurer using an Advisory form, whether changed or not, is responsible for obtaining approval from the proper authority, if required.~~

#### ~~IV. FORM/ENDORSEMENT FILING~~

A. ~~National Council~~ NCCI States

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**EXHIBIT 1 (CONT'D)  
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
RULES**

The laws of most states require the Workers Compensation and Employers Liability Insurance Policy and Endorsement Forms to be filed with an insurance department or other authority for approval. Before using any NCCI-filed endorsement, refer to NCCI's *Filing Guide for Rates and Forms* for endorsement/form filing procedures. NCCI files forms on behalf of its affiliates in the following jurisdictions:

Alabama	Maryland
Alaska	Mississippi
Arizona	Missouri
Arkansas	Montana
Colorado	Nebraska
Connecticut	Nevada
District of Columbia	New Hampshire
Florida	New Mexico
Georgia	Oklahoma
Hawaii	Oregon
Idaho	Rhode Island
Illinois	South Carolina
Iowa	South Dakota
Kansas	Tennessee
Kentucky	Utah
Louisiana	Vermont
Maine	Virginia
	West Virginia <sup>1</sup>

<sup>1</sup> ~~This manual applies in this state; however, the West Virginia Workers Compensation System will be a competitive market on July 1, 2008.~~

**B. Independent States**

~~In the states listed below, I~~Independent administrative bureaus file forms on behalf of their members in the states listed below, except as noted:

California*	New Jersey*
<u>Delaware</u>	New York*
Indiana	North Carolina



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EXHIBIT 1 (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
RULES

Massachusetts

Pennsylvania

Michigan\*\*

Texas\*\*\*

Minnesota\*

Wisconsin

\* Carriers must file forms with the appropriate agency or bureau in California, Minnesota, New Jersey, and New York. Insurers must file to use all forms, including Standard Forms, with the WCIRB in California.

\*\* In Michigan, the administrative bureau is authorized to file forms for the residual market.

\*\*\* Authorized Texas forms are announced by the Texas Department of Insurance.

C. Monopolistic State Fund States

State workers compensation insurance may be written only by the state insurance fund in:

North Dakota

Washington

Ohio

Wyoming

Coverages other than the state workers compensation insurance may be written in these states as indicated by endorsement N notes.

RULE 3—V. COPYRIGHT

Any insurer may use a copyrighted NCCI form during the period that the insurer is an NCCI affiliate. Such forms must display the notice of copyright as it appears in this Manual.

Exception:

If the affiliate uses NCCI forms with changes or other materials, or if it is impractical to display the notice of copyright on each form, as may happen in the case of machine-issued policies, the policy shall must prominently display the following notice:

“Includes copyright material of the National Council on Compensation Insurance, Inc. used with its permission.

© 1996 Copyright (insert appropriate year) National Council on Compensation Insurance, Inc. All Rights Reserved.”

RULE 4—VI. STANDARD POLICY AND FORM/ENDORSEMENT NUMBERING SYSTEM

The policy and endorsements contained in this Manual have each possess a unique identifying number. This number should must be included on all forms.

“WC 00 00 00 AB” is the number which that represents the workers compensation and employers liability policy.

“WC 00 00 01 A” is the number which that represents the Information Page.

**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**

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**EXHIBIT 1 (CONT'D)  
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
RULES**

All endorsements are assigned numbers which denote the type and purpose of the endorsement. The number consists of either eight or nine characters. They represent the following:

**A. Line of Insurance—WC**

The first two characters are WC. These establish that the form pertains to workers compensation and employers liability insurance.

**B. General/State**

The second set of characters identifies the endorsement as a general, state, or company endorsement. General endorsements are designated as "00." Miscellaneous endorsements, notices, and related transactions are designated as "89." State endorsements are designated by the appropriate state codes, which are as follows:

<b>STATE</b>	<b>CODE</b>	<b>STATE</b>	<b>CODE</b>
Alabama	01	Montana	25
Alaska	54	Nebraska	26
Arizona	02	Nevada	27
Arkansas	03	New Hampshire	28
California	04	New Jersey	29
Colorado	05	New Mexico	30
Connecticut	06	New York	31
<u>Delaware</u>	07	North Carolina	32
Dist. of Col.	08	North Dakota	33
Florida	09	Ohio	34
Georgia	10	Oklahoma	35
Hawaii	52	Oregon	36
Idaho	11	Pennsylvania	37
Illinois	12	Rhode Island	38
Indiana	13	South Carolina	39
Iowa	14	South Dakota	40
Kansas	15	Tennessee	41
Kentucky	16	Texas	42
Louisiana	17	Utah	43
Maine	18	Vermont	44
Maryland	19	Virginia	45
Massachusetts	20	Washington	46
Michigan	21	West Virginia	47
Minnesota	22	Wisconsin	48

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**EXHIBIT 1 (CONT'D)  
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
RULES**

<b>STATE</b>	<b>CODE</b>	<b>STATE</b>	<b>CODE</b>
Mississippi	23	Wyoming	49
Missouri	24		

The numbers “90” through “99” ~~have~~ been reserved for use by companies on their own endorsements.

**C. Type**

The third set of characters identifies the type of endorsement, i.e., premium as opposed to coverage. The number and types are as follows:

- 01—Federal Coverages and Exclusions
- 02—Maritime Coverages and Exclusions
- 03—Other Coverages and Exclusions
- 04—Premium
- 05—Retrospective Premium
- 06—Miscellaneous

**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**

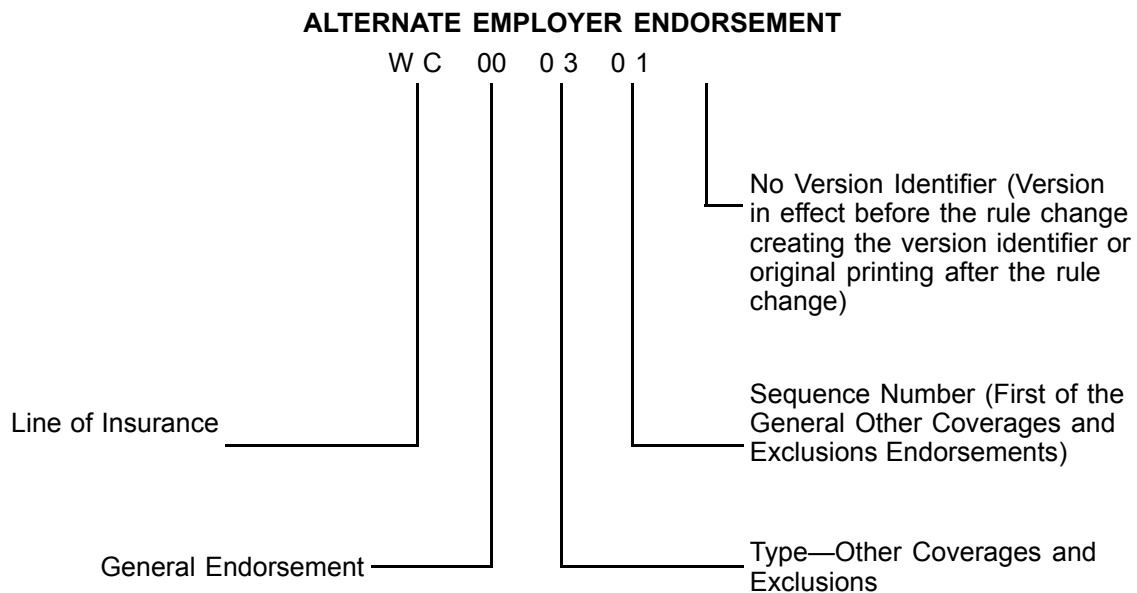
**EXHIBIT 1 (CONT'D)  
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
RULES**

**D. Sequence Number**

The fourth set of characters is the unique identifying number ~~which~~ that differentiates an endorsement from others in the same series. A multi-paged endorsement will have only one number.

**E. Version Identifier**

The last character identifies the version of the policy and each endorsement. The identifying number of the version of the policy and each endorsement that was in effect prior to the rule change creating the version identifier contains only eight characters. The original printing of an endorsement effective after the rule change will also contain only eight characters. Each subsequent version of the policy and endorsements will contain a ninth character. This character will sequentially identify each subsequent reprint of the policy and endorsements from A through Z (reprints 1 through 26).

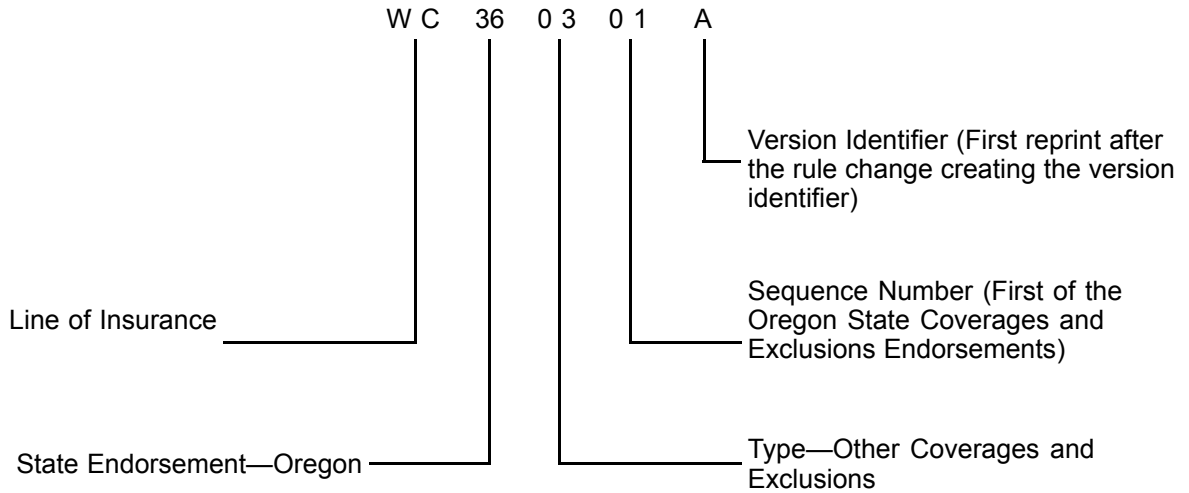


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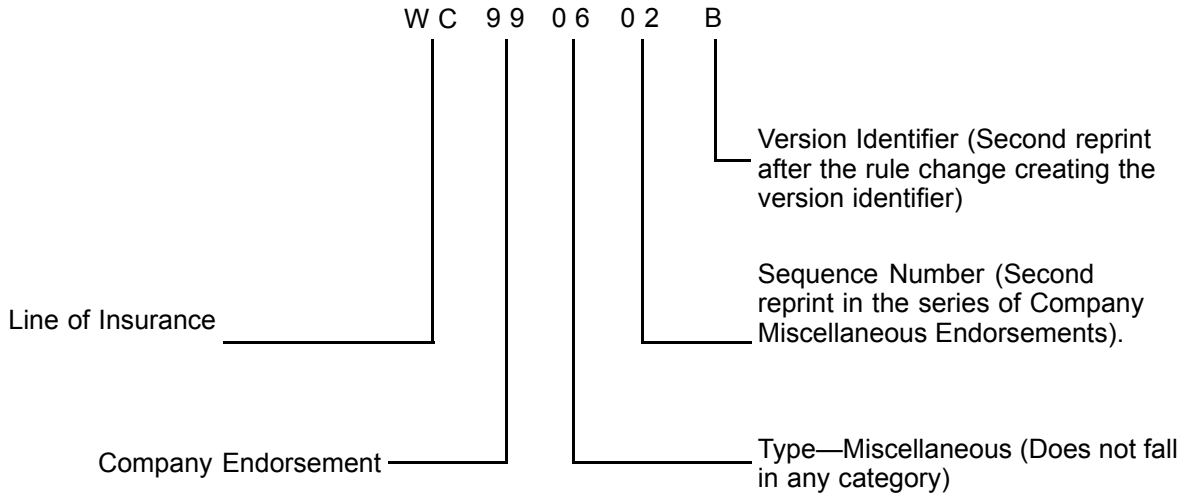
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EXHIBIT 1 (CONT'D)  
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
RULES

OREGON UNSAFE EQUIPMENT EXCLUSION ENDORSEMENT



X COMPANY MISCELLANEOUS ENDORSEMENT



**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**

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**EXHIBIT 2  
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY PART  
TWO—EMPLOYERS LIABILITY INSURANCE WC 00 00 00 B****PART TWO—EMPLOYERS LIABILITY INSURANCE WC 00 00 00 ~~A~~ B****A. How This Insurance Applies**

This employers liability 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 your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. 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.
5. 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.

**B. We Will Pay**

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. ~~F~~or which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. ~~F~~or care and loss of services; and
3. ~~F~~or consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. ~~B~~ecause of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

**C. Exclusions**

This insurance does not cover:

1. ~~L~~iability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. ~~P~~unitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. ~~B~~odily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. ~~A~~ny obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. ~~B~~odily injury intentionally caused or aggravated by you;

**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**

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**EXHIBIT 2 (CONT'D)  
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY PART  
TWO—EMPLOYERS LIABILITY INSURANCE WC 00 00 00 B**

6. ~~B~~odily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. ~~D~~amages 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. ~~B~~odily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901–950), the Non-appropriated Fund Instrumentalities Act (5 USC Sections 8171–8173), the Outer Continental Shelf Lands Act (43 USC Sections 1331–1356a), the Defense Base Act (42 USC Sections 1651–1654), the Federal Coal Mine ~~Safety and Health and Safety Act of 1969~~ (30 USC Sections ~~801–945~~ 901–942), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. ~~B~~odily 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. ~~B~~odily injury to a master or member of the crew of any vessel;
11. ~~F~~ines or penalties imposed for violation of federal or state law; and
12. ~~D~~amages 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.

**D. We Will Defend**

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

**E. We Will Also Pay**

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. ~~R~~reasonable expenses incurred at our request, but not loss of earnings;
2. ~~P~~remiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. ~~L~~itigation costs taxed against you;
4. ~~I~~nterest on a judgment as required by law until we offer the amount due under this insurance; and
5. ~~E~~xpenses we incur.

**F. Other Insurance**

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

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EMPLOYERS LIABILITY INSURANCE**

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**EXHIBIT 2 (CONT'D)  
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY PART  
TWO—EMPLOYERS LIABILITY INSURANCE WC 00 00 00 B**

**G. Limits of Liability**

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. 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—policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease—each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

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.

**H. Recovery From Others**

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

**I. Actions Against Us**

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.



**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE****EXHIBIT 3  
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
INFORMATION PAGE NOTES WC 00 00 01 A****INFORMATION PAGE NOTES WC 00 00 01 A**

1. The sequence of Items 1 through 4 of the Information Page may not be changed except for Item 3.D. (See Note 14.) The format of each item may be rearranged and these suggested headings may be used: 1. Insured; 2. Policy Period; 3. Coverage; and 4. Premium.

2. The name and the ~~five~~5-digit NCCI carrier code number of the insuring company is to be shown prominently on the Information Page in the space above Item 1. ~~The 5 digit NCCI carrier code must also be shown on the Information Page in all the independent bureau states except in California where it is optional.~~

The address and ~~type kind~~ of insurer (stock, mutual, or other) are to be shown on the Information Page, the policy, or a policy jacket.

3. The policy number must be appropriately labeled and shown in space reserved above Item 1 on the Information Page. This number shall be unique to the company, shall not exceed 18 alphanumeric digits, and shall remain constant during the policy period. It shall be shown on all endorsements as well as all other policy-related correspondence after the policy is issued.

If the policy number displayed on the Information Page contains a policy symbol consisting of alphanumeric digits that are not entered into the carrier's internal statistical records as part of the actual policy number, those symbols shall be shown as a separate prefix and/or suffix to the policy number and appropriately labeled.

4. On the ~~b~~Bureau copy of a renewal policy Information Page, use space reserved above Item 1 to show and appropriately label the prior policy number. This number shall not exceed 18 alphanumeric digits. If the number displayed on the Information Page contains a policy symbol consisting of alphanumeric digits that are not entered into the carrier's internal statistical records as part of the actual policy number, those symbols shall be shown as a separate prefix and/or suffix to the policy number and appropriately labeled.

New business may be designated "New." At its option, the company may show this on the insured's copy of the Information Page.

~~New Business must be designated "New" in California, Pennsylvania, New Jersey and New York, and the policy number of a rewritten or replaced policy must also be on the Information Page in all of the independent bureau states.~~

~~When a policy is reissued, after canceling the original policy flat, a new, different policy number must be used in , New Jersey and Pennsylvania.~~

5. On the ~~b~~Bureau copy of the Information Page, show the letters "AR" next to the title "Information Page" if the insured is an assigned risk.
6. Show in Item 1 the exact name of the employer insured and indicate whether the employer is an individual, partnership, joint venture, corporation, association, or other legal entity. If separate legal entities are insured in a single policy, consistent with the manual of rules, separately show the complete name of each insured employer and indicate each employer's legal entity status.
7. The Interstate/Intrastate Risk Identification number must be shown and appropriately labeled on the Information Page. ~~Not required in California, , New Jersey or Pennsylvania. No intrastate risk identification number is applicable in Wisconsin.~~

~~In Minnesota the Minnesota Association number must be shown on all policies and properly identified on the Information Page.~~

**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE****EXHIBIT 3 (CONT'D)  
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
INFORMATION PAGE NOTES WC 00 00 01 A**

8. Reserve space in Item 1 of the Bureau copy to show, if required, the insured's commonly required identification numbers such as: Arkansas Workers Compensation File Number; ~~Bureau File Number for Minnesota and Texas~~; Hawaii Unemployment Number; ~~Michigan Risk ID Number~~; New Mexico Unemployment Insurance Number; Oregon Contract Number; and State Employer Number.

The company may also show this on the Information Page at its option.

9. List in Item 1 or by schedule all usual workplaces of the insured that are to be covered by the policy. Also include the respective ~~F~~Federal ~~E~~Employer's ~~I~~Identification ~~N~~Number (FEIN), appropriately labeled, for each entity included on the policy. ~~Federal employer's identification number not required in California.~~
10. The effective date and hour of the policy, and its expiration date and hour, must be shown in Item 2. The hour may be included as part of the printed form at the company's option.
11. List in Item 3.A. states where workers compensation insurance is provided. If none is provided, "none" or "not covered" may be shown. See, for example, the notes to the Federal Coal Mine Safety and Health and Safety Act Coverage Endorsement.
12. Show limits of liability separately for bodily injury by accident and by disease in Item 3.B.
13. States may be shown in Item 3.C. by name or by designation, but do not name or designate a state listed in Item 3.A., a monopolistic state fund state, or a state where the insurer will not provide this coverage.

The following entry may also be included: "All states except North Dakota, Ohio, Washington, ~~West Virginia~~, Wyoming, states designated in Item 3.A. of the Information Page and \_\_\_\_\_."

If the company learns that the insured is conducting operations in a 3.C. state, and if the company agrees to continue coverage, the company should add that state to Item 3.A. and remove it from Item 3.C. Normal company procedures apply when the state is added to Item 3.A.

14. Item 3.D. may be omitted so long as the list of the policy's schedules and endorsements appears somewhere on the Information Page. Endorsements for which the company has not filed specimen copies with the rating bureau or bureaus having jurisdiction must be attached to the Information Page filed with the bureau. ~~For NCCI states see Section II.B.2. of the **Basic Manual for Workers Compensation and Employers Liability Insurance**. Endorsements and schedules applicable to Wisconsin operations must be attached to the Information Page filed with the Wisconsin Bureau.~~
15. The content of Item 4 may be rearranged by the company. If the policy is issued for less than one year, the company may state whether the premium information is shown for the policy period or for an annual period.
16. In Item 4, the development of estimated annual premium shall be displayed separately for each classification by state. This same display of premium development must be shown on any classification schedules attached to the policy. Total Estimated Standard Premium must be shown by state on the Information Page or on a schedule attached to the policy.

~~Item 4 must include and identify all charges or credits affecting the final estimated annual premium for the states of California, New Jersey, New York, and Pennsylvania. The final estimated annual premium as presented to the insured must be shown. Where statistical codes apply to an item in or Pennsylvania, the code must be entered in the classification field.~~

The experience rating modification factor shall be shown in Item 4 for risks subject to the experience rating plan, unless this factor is not available when the policy is issued. The company then may make an appropriate entry in Item 4 to show that the factor is not available. See the Experience Rating

**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE****EXHIBIT 3 (CONT'D)  
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
INFORMATION PAGE NOTES WC 00 00 01 A**

- Modification Factor Endorsement for more information. ~~Use of an estimated rating modification factor is not authorized in California.~~
17. In those states where a schedule rating plan has been filed and approved, report the schedule rating information in Item 4, as required by the filed plan.
  18. Premium discount may be shown in Item 4, the Premium Discount Endorsement, or both. ~~Premium discount does not apply in California.~~
  19. Taxes, assessments, deposit premium, interim adjustments of premium, the rating plan, past experience, cancellation of similar insurance, date and place of policy issuance, date and place of countersignature, and other related information may be shown in Item 4. ~~The deposit premium and the resultant premium adjustment periods must be shown in Item 4 in California, , New Jersey, New York and Pennsylvania.~~  
~~The policy issuing office and the date of issue must be shown on the Information Page in the states of California, , New Jersey, Pennsylvania, and Wisconsin. The name of the agent or producer, if any, must be shown on the Information Page in , New Jersey, Pennsylvania, and Wisconsin. This is optional in California and New York.~~
  20. ~~Three-y~~Year ~~f~~Fixed-r~~e~~Rate ~~p~~Policies must be so designated on the Information Page as required by Rule 3-B-1-b-XI of NCCI's the *Basic Manual*. In Item 4, the company shall report the premium information either as Standard Premium or Total Standard Premium as defined in Rule 3-A-20-VII of NCCI's the *Basic Manual*.  
~~Three Year Fixed Rate Policies are not permitted in California.~~
  21. Other entries may be made on the Information Page as authorized by Notes to Standard Endorsements, including: Anniversary Rating Date, Defense Base Act Coverage; Nonappropriated Fund Instrumentalities Act Coverage; Partners, Officers and Others Exclusion; Pending Rate Change; Sole Proprietors, Partners, Officers and Others Coverage; and Voluntary Compensation Maritime Coverage Endorsements.
  22. The company may place the execution clause at the end of the Information Page, at the end of the standard policy, or on a policy jacket.

**State Workers Compensation Rating Bureau Information Page Notes:**

Refer to the *Pennsylvania Basic Manual* for Pennsylvania policy issuance instructions and specific requirements.

Refer to the sample Information Page in the Forms Section, Part Three, Section 2, of the *New Jersey Workers Compensation and Employers Liability Insurance Manual* for a description of New Jersey requirements.

Refer to the *New York Manual* (Part Four) for complete instructions on policy issuance, including Information Page Notes for preparing New York policies.

**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND  
EMPLOYERS LIABILITY INSURANCE**

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**EXHIBIT 4  
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
FEDERAL COAL MINE HEALTH AND SAFETY ACT COVERAGE ENDORSEMENT WC 00 01  
02 A**

**FEDERAL COAL MINE ~~SAFETY AND HEALTH AND SAFETY~~ ACT COVERAGE ENDORSEMENT WC  
00 01 02 A**

This endorsement applies only to work in a state shown in the Schedule and subject to the Federal Coal Mine ~~Safety and Health and Safety Act of 1969~~ (30 U.S.C Sections ~~801-945-931-942~~). 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 ~~Safety and Health and Safety Act of 1969~~ (30 U.S.C Sections ~~801-945-931-942~~) 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**

**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND  
EMPLOYERS LIABILITY INSURANCE**

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**EXHIBIT 5  
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
OUTER CONTINENTAL SHELF LANDS ACT COVERAGE ENDORSEMENT WC 00 01 09 B**

**OUTER CONTINENTAL SHELF LANDS ACT COVERAGE ENDORSEMENT WC 00 01 09 ~~A~~ B**

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 U.S.C Sections 1331–1356a). 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 Outer Continental Shelf Lands Act.

Schedule

**Description and Location of Work**

**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**

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**EXHIBIT 6**

**FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FOR RESIDENCE  
EMPLOYEES ENDORSEMENT WC 00 03 12 A**

(Applies in: AK, AL, AR, AZ, CO, CT, DC, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, WV)

**VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FOR RESIDENCE  
EMPLOYEES ENDORSEMENT WC 00 03 12 A**

This endorsement adds Voluntary Compensation Coverage and Employers Liability Coverage to the policy.

“Bodily injury,” “business,” “residence employee,” “residence premises,” “you,” and “we” have the meanings stated in the policy.

**VOLUNTARY COMPENSATION COVERAGE**

**A. How This Coverage Applies**

This Coverage applies to bodily injury by accident or bodily injury by disease sustained by your residence employees.

1. The bodily injury must arise out of and in the course of the residence employee’s employment by you.
2. The employment must be necessary or incidental to work in the state of the residence premises or a state listed in the Schedule.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your residence employee’s employment by you. The residence 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 residence employees 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. Other Insurance**

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

**D. Exclusions**

This Coverage does not cover

1. ~~B~~odily injury arising out of any of your business pursuits.
2. ~~B~~odily injury intentionally caused or aggravated by you.
3. Any obligation imposed by a workers compensation or occupational disease law or any similar law.

**E. 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. ~~T~~ransfer to us their right to recover from others who may be responsible for the injury or death.

**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**

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**EXHIBIT 6 (CONT'D)****FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FOR RESIDENCE  
EMPLOYEES ENDORSEMENT WC 00 03 12 A****(Applies in: AK, AL, AR, AZ, CO, CT, DC, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, WV)**

3. ~~C~~ooperate 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 Coverage 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.

**EMPLOYERS LIABILITY COVERAGE****A. How This Coverage Applies**

This Coverage applies to bodily injury by accident or bodily injury by disease sustained by your residence employees.

1. The bodily injury must arise out of and in the course of the residence employee's employment by you.
2. The employment must be necessary or incidental to work in the state of the residence premises or a state listed in the Schedule.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your residence employee's employment by you. The residence 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 all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. ~~F~~or which you are liable to a third party by reason of a claim or suit against you to recover damages obtained from the third party;
2. ~~F~~or care and loss of services; and
3. ~~F~~or consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. ~~B~~ecause of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

**C. Exclusions**

This Coverage does not apply to:

1. ~~B~~odily injury arising out of any of your business pursuits.
2. ~~B~~odily injury intentionally caused or aggravated by you.
3. ~~A~~ny obligation imposed by a workers compensation or occupational disease law or any similar law.

**D. Other Insurance**

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If

**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND  
EMPLOYERS LIABILITY INSURANCE**

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**EXHIBIT 6 (CONT'D)**

**FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FOR RESIDENCE  
EMPLOYEES ENDORSEMENT WC 00 03 12 A**

**(Applies in: AK, AL, AR, AZ, CO, CT, DC, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS,  
MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, WV)**

any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

**E. 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, regardless of the number of insureds, claims or suits, or persons who sustain bodily injury.

1. Bodily Injury by Accident. The limit shown for “bodily injury by accident—each accident” is the most we will pay for damages because of bodily injury to one or more residence employees arising out of any one accident. That limit includes damages for death, care, and loss of services.
2. Bodily Injury by Disease. The limit shown for “bodily injury by disease—coverage limit” is the most we will pay for damages because of all bodily injury by disease to one or more residence employees. The limit shown for “bodily injury by disease—each employee” is the most we will pay for all damages because of bodily injury by disease to any one employee. The limits include damages for death, care, and loss of services.
3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance



**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**

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**EXHIBIT 6 (CONT'D)**

**FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FOR RESIDENCE  
EMPLOYEES ENDORSEMENT WC 00 03 12 A**

**(Applies in: AK, AL, AR, AZ, CO, CT, DC, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, WV)**

**POLICY PROVISIONS**

Voluntary Compensation Coverage and Employers Liability Coverage are subject to the provisions of the policy relating to the defense of suits; payment of claim expenses; duties after loss; waiver or changes of policy provisions; cancellation and nonrenewal; subrogation or recovery from others; assignment or death of the insured; premium; and bankruptcy.

Schedule

1. Residence Employees	Number	Rates	Premium
<del>Inservants</del>			
<del>Outservants, including private chauffeurs</del>			
<u>Domestic</u>			
<u>Workers—Residences—Full-Time</u>			
<u>Domestic</u>			
<u>Workers—Residences—Part-Time</u>			
2. State:		Workers Compensation Law	
3. Limits of Liability for Employers Liability Coverage			
Bodily Injury by Accident	\$ _____	each accident	
Bodily Injury by Disease	\$ _____	coverage limit	
	\$ _____	each employee	

**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND  
EMPLOYERS LIABILITY INSURANCE**

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**EXHIBIT 7**

**FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
WORKERS COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FOR RESIDENCE  
EMPLOYEES ENDORSEMENT WC 00 03 14 A**

(Applies in: AK, AL, AR, AZ, CO, CT, DC, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS,  
MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT)

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FOR RESIDENCE  
EMPLOYEES ENDORSEMENT WC 00 03 14 A**

This endorsement adds Workers Compensation and Employers Liability Coverage to the policy.

Certain words and phrases used in this endorsement are defined as follows:

“Bodily injury,” “business,” “residence employee,” “residence premises,” “you,” and “we” have the meanings stated in the policy.

“Workers compensation law” means the workers or workmen’s compensation and occupational disease law of the state or territory where the residence premises is located and of any other state shown in Item 2 of the Schedule. Workers compensation law does not include the provisions of any law that provide nonoccupational benefits.

**WORKERS COMPENSATION COVERAGE**

**A. How This Coverage Applies**

This Coverage applies to bodily injury by accident or bodily injury by disease sustained by your residence employees.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your residence employee’s employment by you. The residence 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 promptly when due the benefits required of you by the workers compensation law.

**C. Other Insurance**

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

**D. Exclusion**

This Coverage does not apply to bodily injury arising out of any of your business pursuits.

**E. Law Provision**

Terms of this Coverage that conflict with the workers compensation law are changed by this statement to conform to that law.

**EMPLOYERS LIABILITY COVERAGE**

**A. How This Coverage Applies**

**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**

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**EXHIBIT 7 (CONT'D)****FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
WORKERS COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FOR RESIDENCE  
EMPLOYEES ENDORSEMENT WC 00 03 14 A**

(Applies in: AK, AL, AR, AZ, CO, CT, DC, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT)

This Coverage applies to bodily injury by accident or bodily injury by disease sustained by your residence employees.

1. The bodily injury must arise out of and in the course of the residence employee's employment by you.
2. The employment must be necessary or incidental to work in the state of the residence premises or a state listed in the Schedule.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your residence employee's employment by you. The residence 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 all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. ~~F~~or which you are liable to a third party by reason of a claim or suit against you to recover damages obtained from the third party;
2. ~~F~~or care and loss of services; and
3. ~~F~~or consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. ~~B~~ecause of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

**C. Exclusions**

This Coverage does not apply to:

1. ~~B~~odily injury arising out of any of your business pursuits.
2. ~~B~~odily injury intentionally caused or aggravated by you.
3. ~~A~~ny obligation imposed by a workers compensation or occupational disease law or any similar law.

**D. Other Insurance**

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

**E. 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, regardless of the number of insureds, claims or suits, or persons who sustain bodily injury.

**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND  
EMPLOYERS LIABILITY INSURANCE**

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**EXHIBIT 7 (CONT'D)**

**FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
WORKERS COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FOR RESIDENCE  
EMPLOYEES ENDORSEMENT WC 00 03 14 A**

**(Applies in: AK, AL, AR, AZ, CO, CT, DC, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS,  
MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT)**

1. Bodily Injury by Accident. The limit shown for “bodily injury by accident—each accident” is the most we will pay for damages because of bodily injury to one or more residence employees arising out of any one accident. That limit includes damages for death, care, and loss of services.
2. Bodily Injury by Disease. The limit shown for “bodily injury by disease—coverage limit” is the most we will pay for damages because of all bodily injury by disease to one or more residence employees. The limit shown for “bodily injury by disease—each employee” is the most we will pay for all damages because of bodily injury by disease to any one employee. The limits include damages for death, care, and loss of services.
3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

**ITEM P-1408—REVISION TO FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE**

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**EXHIBIT 7 (CONT'D)**

**FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
WORKERS COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FOR RESIDENCE  
EMPLOYEES ENDORSEMENT WC 00 03 14 A**

(Applies in: AK, AL, AR, AZ, CO, CT, DC, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT)

**POLICY PROVISIONS**

Workers Compensation Coverage and Employers Liability Coverage are subject to the provisions of the policy relating to the defense of suits; payment of claim expenses; duties after loss; waiver or changes of policy provisions; cancellation and nonrenewal; subrogation or recovery from others; assignment or death of the insured; premium; and bankruptcy.

Schedule

1. Residence Employees	Number	Rates	Premium
<del>Inservants</del>			
<del>Outservants, including private chauffeurs</del>			
<u>Domestic Workers—Residences—Full-Time</u>			
<u>Domestic Workers—Residences—Part-Time</u>			
2. State:		Workers Compensation Law	
3. Limits of Liability for Employers Liability Coverage			
Bodily Injury by Accident	\$ _____	each accident	
Bodily Injury by Disease	\$ _____	coverage limit	
	\$ _____	each employee	