

March 30, 2012

CIRCULAR LETTER TO ALL MEMBER COMPANIES

Re: Workers Compensation Insurance

Supplemental Application for the North Carolina
Workers Compensation Insurance Plan

Revision to Form Number WC 32 76 03A –
Truckers Supplemental Application

The North Carolina Rate Bureau has adopted and the North Carolina Commissioner of Insurance has approved changes to the North Carolina **Form Number WC 32 76 03A - Truckers Supplemental Application**. The approval is effective April 1, 2012.

The approved change made revisions to Form Number WC 32 76 03A - Truckers Supplemental Application. This form is used in conjunction with the North Carolina Workers Compensation Insurance Plan Application for Designation of An Insurance Company, ACORD 135 NC. The purpose of the form change is to provide assigned risk carriers with the opportunity to recognize any potential coal exposure. To alert assigned risk carriers of possible coal exposure for a trucking risk, the following question has been added to the form:

Do you or any companies with whom you have contracts with haul coal or coal products?

The Guide for Completion of this form has also been updated to reflect the additional question. The form number was revised, as shown below, to reflect a revision to the previous form.

WC 32 76 03B Truckers Supplemental Application

Attached you will find a copy of the approved Truckers Supplemental Application and Guide for Completion. The effective date of this form is April 1, 2012. 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 if you require additional information.

Sincerely,

Sue Taylor

Director of Insurance Operations

ST:dms
Attachment
C-12-3

**NORTH CAROLINA WORKERS COMPENSATION INSURANCE PLAN
TRUCKERS SUPPLEMENTAL APPLICATION**

Where space restricts a complete answer, attach answer on separate sheets of paper, in duplicate.

① Name: _____

② Business Address: _____

③ Telephone: Home: _____ Business: _____

④ Federal ID Number: _____

⑤ Do you or your employees operate out of a base terminal*? Yes No

⑥ If yes, give terminal address(es):

⑦ A list of drivers assigned to each terminal must be attached.

⑧ If no, do you or your employees spend a majority of driving time* in any state? Yes No

⑨ If yes, give state of majority driving time for yourself and/or each employee: _____

⑩ If no, give your and/or your employees' state(s) of residence*:

⑪ Do you or companies with whom you have contracts employ or use any independent owner-operators? Yes No

Name--All Drivers	Home Address
_____	_____
_____	_____

⑫ Do you or any companies with whom you have contracts with haul coal or coal products? Yes No

⑬ Do you have workers compensation certificates of insurance on file for each owner-operator? Yes No

If yes, attach copies of the most recent certificates.

⑭ If no, is payroll included on application for coverage? Yes No

⑮ Do you lease employees to other firms? Yes No

If yes, list firm name(s) and address(es) of locations where leased employees are operating.

⑯ With whom is your largest hauling contract?

Name and Address _____

Agreement of Applicant

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

1. To maintain a complete record of all payroll transactions in such a manner as the insurance company may reasonably require, and such record will be available to the company at the designated address.
2. To comply substantially with all laws, orders, rules and regulations in force and effect made by the public authorities and with all reasonable recommendations made by the insurance company relative to the welfare, health and safety of the employees.
 (Violation of any of these certificates and agreements may result in cancellation of any policy of insurance issued.)

⑰ _____
 Business Name of Employer

⑱ _____
 Signature

⑲ _____
 Date of Application

⑳ _____
 Title

* Definitions

Base Terminal: A permanent location with central loading docks and/or storage facilities where a trucker regularly goes to load, unload, store or transfer freight.

State of Majority Driving Time: State where trucker spends more time driving in or through than any others. Must be verifiable.

State of Residence: The State in which the trucker resides as evidenced by the location used for the filing of Federal Income Tax returns.

**NORTH CAROLINA WORKERS COMPENSATION INSURANCE PLAN
TRUCKERS SUPPLEMENTAL APPLICATION
Guide for Completion**

This application was designed to determine the proper state of operation for assignment and rating purposes. The Truckers Supplemental Application must be completed by all applicants with trucking classifications (i.e., Codes 7228, 7229, etc.) or if Code 7380 has the highest payroll.

The Truckers Supplemental Application must be completed sufficiently to determine the proper states of operation for assignment purposes **before coverage can be bound** and proper premium calculated.

APPLICATION COMPLETION

- ① Name—same as the standard application.
- ② Business Address—must be a physical address; P.O. Boxes are not acceptable.
- ③ Telephone Numbers—both home and business should be shown.
- ④ FEIN—mandatory unless applicant is not required to have one, then the Social Security number must be included.
- ⑤ Base terminal* as defined by the supplemental application footnote. If "no," go to line 8.
- ⑥ If "yes," address(es) of terminal(s) must be provided.
- ⑦ Driver's list for each terminal must be attached.

If the risk operates out of a "base terminal" (e.g., "yes" on line 5), use the rate in effect for the state where the terminal is located to determine the premium. If there are multiple terminals, payrolls must be allocated to terminals per driver lists furnished. If "yes" on line 5, go to line 11.

If risk does NOT operate out of the base terminal ("no" on line 5), then line 8 must be answered.

- ⑧ If a driver spends a majority of driving time in a specific state, the driver's payroll shall be assigned to that state. If "yes," line 9 must be answered. If "no," line 10 must be answered.
- ⑨ State(s) of majority driving time. *

A list of states with drivers' time allocated to each is needed to determine the state of majority drive time. (Log books, fuel proration or mileage reports, etc., may be required by the carrier to verify driving time by state.)

- ⑩ You and/or your employees' state(s) of residence. *

If the state(s) of majority driving time cannot be verified, the plan office will use the state(s) of residence of the driver(s). Line 10 asks for the state of residence of the driver as evidenced by where federal income tax forms are filed. A list with each driver's name and address is required. Payroll should be allocated on the basis of the driver's list furnished.

The remainder of the application must be completed and the requested information furnished.

- ⑪ If answered "yes," a list of independent owner-operators, including their home addresses, must be attached, and line 12 must be completed.
- ⑫ Please answer "yes" or "no".
- ⑬ If answered "yes," copies of certificates must be attached. If "no," complete line 13.
- ⑭ Must be answered showing whether payroll of owner-operators is included on the application for coverage.
- ⑮ Does applicant lease employees to others? If "yes," firms' names and addresses must be listed.
- ⑯ Largest hauling contract is determined by gross receipts.
- ⑰ Business or trade name of applicant must be listed.
- ⑱ Signature must be that of a proprietor, partner or authorized executive officer.
- ⑲ Date Application was signed.
- ⑳ Title of person signing application; must be proprietor, partner or executive officer.

Coverage should only be bound on eligible applicants consistent with the Workers' Compensation Insurance Plan. Both the Standard Application and the Truckers Supplemental Application must be complete, accurate and accompanied by the correct premium. If it is found during application review that the employer has no exposure base in the state of application, the applications will be returned in accordance with plan office procedures.

* Indicates definitions shown on the Trucker Supplemental Application.