

**CIRCULAR UPDATE**

**PLEASE SEE CIRCULAR C-10-11 DATED AUGUST
17, 2010 FOR A CORRECTION TO THIS CIRCULAR.**

July 20, 2010

CIRCULAR LETTER TO ALL MEMBER COMPANIES

Re: Workers Compensation Insurance

North Carolina Statewide Forms:

WC 32 06 01A – Cancellation and Non-Renewal

The North Carolina Rate Bureau recently filed and the North Carolina Commissioner of Insurance has approved a revised form (WC 32 06 01A). This form remains OPTIONAL, and may be used by all member companies effective 7/15/2010.

The revision to this form was made in order to allow a carrier to designate on the policy a 3rd party to be notified in the event of cancellation or non-renewal. A copy of the revised form is attached to this circular, and available in the Endorsement/Form Listing on our website. This form should continue to be used in conjunction with the already approved and required form WC 32 03 01B.

No additional action needs to be taken by the carrier in order to use this form as filed. No rate change is associated with this form. This form is not available for use with Assigned Risk policies.

If you have any questions, please contact the Information Center at 919-582-1056 or winfo@ncrb.org.

Sincerely,

Sue Taylor

Director of Insurance Operations

ST:dms
Attachment
C-10-9

NCRI-126716552

P.O. Box 176010 • Raleigh NC 27619-6010 • (919) 783-9790 • www.ncrb.org

CANCELLATION AND NON-RENEWAL ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because North Carolina is shown in item 3.A. of the Information Page.

It is hereby understood and agreed that all cancellation provisions in the policy addressing the required number of days notice for cancellation by us or non-renewal by us are amended as follows:

- a. ____ days notice will be given for notice of cancellation for non-payment of premium.
- b. ____ days notice will be given for notice of cancellation for any other reason.
- c. ____ days notice will be given for non-renewal.

Notwithstanding the provisions above, in no event will the number of days notice for cancellation or for non-renewal be fewer than the number of days required by North Carolina law.

In the event of cancellation or nonrenewal of the policy, we will mail notice to the named insured, and to the additional person(s) or organization(s) named in the Schedule below, as required by North Carolina law:

SCHEDULE

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

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured
Insurance Company

Policy No.

Endorsement No.
Policy Effective Date

Countersigned By _____