

North Carolina

**NORTH CAROLINA
WORKERS COMPENSATION INSURANCE
INDIVIDUAL COMPANY FILING GUIDELINE**

1. Describe in detail the purpose of this form or filling. _____

2. What is the rates and rules that apply? Be specific. _____

3. Is this form similar to any North Carolina workers compensation Standard or Advisory form? Yes No
If yes, the number is _____, form _____

4. Describe the differences in detail with references identified on form. _____

5. Describe in detail any reduction in coverage by this form. If none, state so. _____

6. Describe in detail any increases in premiums or rates that may result from the use of this form. If none, state so.

Note: This form must accompany all workers compensation insurance forms and endorsements which are to be filed on your behalf by the North Carolina Rate Bureau with the North Carolina Department of Insurance.