

WORKERS COMPENSATION PROOF OF COVERAGE

I. TRANSACTION					
DATE (MM/DD/YY)	JURISDICTION	* NON-STATE	FOR JURISDICTION USE ONLY		
EFFECTIVE DATE (MM/DD/YY)	** TYPE	*** REASON			
II. INSURER/CARRIER					
	NEW/REVISED	PREVIOUSLY REPORTED			
INSURER/CARRIER NAME					
INSURER/CARRIER FEIN					
INSURER/CARRIER CODE	NEW/REV	INSURER/CARRIER CODE	REV. REPTD	ISSUING OFFICE NAME	
ISSUING AGENCY NAME				ISSUING OFFICE ADDRESS	
CITY		STATE		CITY	STATE ZIP
III. POLICY					
	NEW/REVISED		PREVIOUSLY REPORTED		
POLICY NUMBER					
POLICY EFFECTIVE DATE					
POLICY EXPIRATION DATE					
PRIOR POLICY NUMBER		BUSINESS MARKET <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY		ASSIGNMENT DATE (INVOLUNTARY)	
GOVERNING CLASS	TOTAL PAYROLL	WRAP UP INDICATOR <input type="checkbox"/> WRAP-UP <input type="checkbox"/> NO WRAP-UP		CORPORATE OFFICER/PARTNER/SOLE PROPRIETOR <input type="checkbox"/> INCLUDE <input type="checkbox"/> EXCLUDE	
IV. INSURED					
	NEW/REVISED		PREVIOUSLY REPORTED		
INSURED FEIN					
INSURED NAME					
ADDRESS LINE 1			ADDRESS LINE 2		
CITY		STATE	ZIP CODE	TELEPHONE NUMBER	**** LEGAL STATUS
V. EMPLOYER					
EMPLOYER STATUS <input type="checkbox"/> NEW/REV <input type="checkbox"/> PREV. RPT'D			EMPLOYER STATUS <input type="checkbox"/> NEW/REV <input type="checkbox"/> PREV. RPT'D		
EMPLOYER NAME (DBA/AKA/TA)			EMPLOYER NAME (DBA/AKA/TA)		
ADDRESS			ADDRESS		
CITY		STATE	ZIP CODE	CITY STATE ZIP CODE	
UI #		INDUSTRY		UI # INDUSTRY	
EMPLOYER FEIN	EMP/NOTIFICATION DATE CANC/NON REN ONLY	# OF EMPLOYEES		EMPLOYER FEIN	EMP/NOTIFICATION DATE CANC/NON REN ONLY # OF EMPLOYEES
EMPLOYER STATUS <input type="checkbox"/> NEW/REV <input type="checkbox"/> PREV. RPT'D			EMPLOYER STATUS <input type="checkbox"/> NEW/REV <input type="checkbox"/> PREV. RPT'D		
EMPLOYER NAME (DBA/AKA/TA)			EMPLOYER NAME (DBA/AKA/TA)		
ADDRESS			ADDRESS		
CITY		STATE	ZIP CODE	CITY STATE ZIP CODE	
UI #		INDUSTRY		UI # INDUSTRY	
EMPLOYER FEIN	EMP/NOTIFICATION DATE CANC/NON REN ONLY	# OF EMPLOYEES		EMPLOYER FEIN	EMP/NOTIFICATION DATE CANC/NON REN ONLY # OF EMPLOYEES

NOTE: SEE BACK FOR A LIST OF CODES AND DESCRIPTIONS

PAGE _____ OF _____

CODES AND DESCRIPTIONS

<p>* NON-STATE JURISDICTION CODE</p> <p>UL LONGSHORE & HARBOR WORKERS COMPENSATION ACT U1 DEFENSE BASE ACT U2 NON APPROPRIATED FUND INSTRUMENTALITIES ACT U3 OUTER CONTINENTAL SHELF ACT FC FEDERAL COAL MINE HEALTH AND SAFETY ACT FE FEDERAL EMPLOYERS LIABILITY ACT M1 ADMIRALTY ACT I & II</p>	<p>*** REASON (TRANSACTION REASON CODE)</p> <p>01 NO SPECIFIC TRANSACTION REASON CODE UTILIZED 45 OUT OF BUSINESS/RETIRED FROM BUSINESS 54 ADDING AN EMPLOYER/LOCATION 56 DELETING AN EMPLOYER/LOCATION 59 NON PAYMENT 60 COVERAGE PLACED ELSEWHERE 61 DUPPLICATE COVERAGE 62 CHANGE IN OWNERSHIP 63 BUSINESS SOLD 64 UNDERWRITING REASON 65 NO EMPLOYEES/NO EXPOSURE/NOPERATIONS/COMPLETED OPERATIONS 66 REVOCATION OF VOLUNTARY MARKET ACCEPTANCE 67 INCLUDE CORPORATE OFFICER/PARTNER/SOLE PROPRIETOR 68 EXCLUDE CORPORATE OFFICER/PARTNER/SOLE PROPRIETOR 69 FAILURE TO PAY DEDUCTIBLE 70 MISREPRESENTATION OF INFORMATION ON APPLICATION 71 REWRITTEN/REISSUE 72 ADDING A JURISDICTION 73 DELETING A JURISDICTION 76 INSURED FEIN 77 EMPLOYER FEIN 78 EMPLOYER UI NUMBER 79 POLICY NUMBER 80 NO SPECIFIC LOCATION IN JURISDICTION 81 POLICY EFFECTIVE DATE 82 POLICY EXPIRATION DATE 83 CARRIER/INSURER FEIN 84 INSURED RECORD INFORMATION NOT OTHERWISE CLASSIFIED 85 EMPLOYER RECORD INFORMATION NOT OTHERWISE CLASSIFIED 86 NAMED EMPLOYER(S) WITH NO JURISDICTION ADDRESS 87 ADDING EMPLOYER(S) WITH NO JURISDICTION ADDRESS</p>
<p>** TYPE (TRANSACTION SET TYPE CODE)</p> <p>05 BINDER 10 NEW POLICY 20 RENEWAL POLICY 31-33 ENDORSEMENT 31 ADD 32 CHANGE 33 DELETE 41-42 CANCELLATION 41 BY INSURER 42 BY INSURED 50 REWRITE 60 NON RENEWAL 70 REINSTATEMENT</p>	<p>**** LEGAL STATUS (INSURED LEGAL STATUS)</p> <p>01 INDIVIDUAL 02 PARTNERSHIP 03 CORPORATION 04 ASSOCIATION, LABOR UNION, RELIGIOUS ORGANIZATION 05 LIMITED PARTNER 06 JOINT VENTURE 10 LIMITED LIABILITY COMPANY (LLC) 11 TRUST OR ESTATE 12 EXECUTOR OR TRUSTEE 13 LIMITED LIABILITY PARTNERSHIP (LLP) 99 OTHER</p>
<p>NOTE: IF ADDITIONAL PAGES ARE NECESSARY TO INCLUDE MORE THAN FOUR (4) EMPLOYER LOCATIONS, EACH ADDITIONAL PAGE MUST INCLUDE: INSURER – FEIN, NAME and CODE POLICY – NUMBER, EFFECTIVE DATE, EXPIRATION DATE INSURED – NAME, FEIN</p>	



Instructions in the Use of the POC1

1. A separate form must be completed for each jurisdiction with whom you are filing proof of coverage information. This form may only be used in those jurisdictions that have adopted it. As jurisdictions approve the use of this form, instructions will be issued identifying the jurisdiction's mandatory, conditional, and optional fields as well as filing requirements.
2. This appendix contains scenario examples for proper completion of Form POC1. Refer to Section 8, pages 8-22 through 8-83, for business assumptions.
3. When issuing a binder to meet jurisdiction timeliness requirements, you may not have complete information. Submit Form POC1 with as much information as possible including any available employer names. Refer to jurisdiction specific requirements for minimum information required on a binder. A binder must be replaced with complete proof of coverage information as soon as possible.
4. With the exception of a binder, all mandatory fields must be completed in Sections I, II, III, and IV for all submissions. Also, all mandatory fields must be completed in Section V if employer records are required.
5. Enter all dates in MM/DD/YY format.
6. Only one "Effective Date" can be shown on the form. If changes involve more than one effective date, a separate Form POC1 must be submitted for each change.
7. Only one "Transaction Reason" code can be shown on Form POC1. If changes involve more than one transaction reason code, a separate Form POC1 must be submitted for each change.
8. When submitting information for Sections I, II, III, and IV, always report information in the new/ revised fields. The previously reported field is completed only when making a change to that field.
9. The employer status boxes need not be checked when submitting employer information on an initial submission. When changing employer information, complete two employer sections. In the first section, mark the new/revised box and complete all new employer information. In the second section, mark the previously reported box and complete only the fields that are being changed by filling in the previously reported information.
10. Do not enter information in shaded areas.
11. Page Number Page ____ of ____: Must always be completed. When only one POC1 is needed, complete page number with 1 of 1. If more than one page is needed, complete accordingly. Refer to back of Form POC1 for minimum information required on additional pages. This information is unique to hard copy and will not be found in the data dictionary.



SECTION I: TRANSACTION

Date: This is the date the form is being completed. This information is unique to hard copy and will not be found in the data dictionary.

Jurisdiction : This is the jurisdiction with whom Proof of Coverage is being filed. Use standard two alpha character U.S. Postal state codes.

Non-State Jurisdiction Code : This is applicable only when federal coverages apply in the jurisdiction where Proof of Coverage is being filed. See reverse of Form POC1 for codes.

**Effective Date
(Transaction Set Type Effec. Date):** This is the effective date of the binder, policy (new, renewal, rewrite), endorsement, cancellation, nonrenewal, or reinstatement. See reverse side of Form POC1 for codes.

**Reason
(Transaction Reason Code):** This code identifies the specific reason for the transaction. See reverse side of Form POC1 for codes.

Notes for Reason (Transaction Reason Code):

- 1. When submitting a binder or policy (new, renewal, rewrite), the only valid codes are "01" or "80". To report employers operating in a jurisdiction but having no physical address within the jurisdiction, include a separate form to accompany the binder or policy, but using Reason Code "86".*
- 2. For adding an employer/location, use Code "54". To add an employer operating in a jurisdiction but having no physical address within the jurisdiction, use Code "87".*
- 3. For deleting an employer/location, use Code "56."*
- 4. Codes "67" and "68" are not used at policy issuance. Mark the appropriate box to "Include" or "Exclude" "Corporate Officer/Partner/Sole Proprietor." codes "67" and "68" are only used for changes after policy issuance.*
- 5. Code "71" is only used in conjunction with transaction set type code "41" cancellation by insurer.*
- 6. If no specific reason code applies, use code "01."*
- 7. Code "83" should be used when changing Carrier/Insurer FEIN and Carrier/Insurer code.*
- 8. When submitting an endorsement to Add Jurisdiction, if there is an employer operating in the jurisdiction and not having a physical address within the jurisdiction, include a separate form using Reason Code "86".*



SECTION II: INSURER/CARRIER

Insurer/Carrier Name:	This is the name of the company issuing the policy or the self-insured employer name.
Insurer/Carrier FEIN:	The Federal Employer Identification Number assigned to the Insurer/Carrier or the self-insured.
Insurer/Carrier Code:	A unique number assigned to the insurer/carrier or the self-insured and used by the jurisdiction to identify the insurer/carrier. Refer to state specific requirements. This information is unique to hard copy and will not be found in the data dictionary.
Issuing Agency Name (City and State):	This is the name (City and State only, do not report street address) of the agency that produced the business.
Issuing Office Name:	This is the name of the office issuing the business.
Issuing Office Address:	This is the full address of the office producing the business.

SECTION III: POLICY SECTION

Policy Number:	The complete policy number assigned to the policy for the insured.
Policy Effective Date:	The date the policy becomes effective. <i>Note: When changing coverage midterm, the policy effective date is never changed.</i>
Policy Expiration Date:	Date the policy expires.
Prior Policy Number:	Number assigned to the prior policy for the insured. Show this for renewal, rewrite, and reissues. Show binder numbers when replacing a binder with an initial policy.
Business Market (Voluntary/Involuntary):	Mark the box that identifies the market in which the policy is written.



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Assignment Date (Involuntary):	Complete only for involuntary policies. This is the date of notice to insurer of such assignment.
Governing Class:	Enter the rating classification identified in the policy, other than standard exceptions, which has the largest payroll of the jurisdiction for which you are completing the Form POC1.
Total Payroll:	Enter the sum of the payroll amounts for the rating classification for the jurisdiction for which you are completing the Form POC1.
Wrap-up Indicator:	Mark the box to indicate whether or not the policy is written for a wrap-up (a unique policy written for a specific jobsite which includes more than one insured).
Corporate Officer/Partner/ Sole Proprietor:	Mark the appropriate box to indicate if "Including" or "Excluding" these persons in the jurisdiction with whom proof of coverage is being filed. Names of persons should not be shown.

S E C T I O N IV: INSURED

Insured FEIN:	Federal Employer Identification Number for the primary insured.
Insured Name:	The primary named insured (the name shown on Item 1 of the Policy Information Page) or the financially responsible self-insured approved by the state.
Insured Address (Line 1, Line 2):	The full mailing address of the primary named insured.
Telephone Number:	The telephone number of the primary named insured.
Legal Status:	The legal status of the primary named insured. See reverse side of Form POC1 for codes.



SECTION V: EMPLOYER SECTION

EMPLOYER

Notes:

- 1. If the primary named insured is also an employer with operations within the jurisdiction, complete the employer section for the insured.*
- 2. If the insured has no physical location in the state ("Transaction Reason" Code 80), no employer record needs to be completed.*
- 3. If there is an employer operating in the jurisdiction, but not having a physical address within the jurisdiction (Transaction Reason Code 86 or 87), report the Employer Name, FEIN and UI #. All remaining information will be blank*

**Employer Status
(Previous/Revised):**

This is used for endorsements only when changing previous employer information. The employer status boxes need not be checked when submitting employer information on an initial submission. When changing employer information, complete two employer sections. In the first section, mark the previous box and complete all previous employer information. In the second section, mark the revised box and complete only the fields that are being changed.

**Employer Name
(DBA/AKA/TA):**

An employer record must be completed for all the primary named insured and all additional names and/or locations covered for that jurisdiction. If an employer operates as a DBA, AKA, TA, etc., complete one employer record which will include employer name plus a single DBA name. If several DBAs, multiple employer records must be completed, each showing the employer name with a DBA name.

Employer Address:

This is the full address of the employer.

UI #:

Enter the employer's state unemployment insurance number.

Industry Code:

Enter the Standard Industrial Classification followed by SC or the North American Industry Classification System code, which represents the primary nature of the employer's business.



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Employer's FEIN:

The Federal Employer Identification Number for the employer.

Emp. Notification
(Canc/Non Ren Only):

For Cancellation/Nonrenewal ("Transaction Set Type" - Code "41" or "60"): Complete the "Employer Notification Date" on the first Employer Record. No other information needs to be completed on the "Employer Record". NOTE: Some jurisdictions may require that Employer Record be fully completed and may require Employer Records for each employer on the policy. Specific instructions will be included in the Trading Partner Agreement.

of Employees:

The number of employees for each location within the jurisdiction at the time the policy is issued.



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TRANSACTION
OVERVIEW**

