August 12, 2002
Contact: Mr. Richard Kaefer
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R.C. 2011

To the Members of the Board

RE: Policy Information Page and Information Page Notes

The Policy Information Page (WC 00 00 01), as shown in the Policy Forms and Approved Endorsements Section of the New York Workers Compensation and Employers Liability Manual does not currently indicate the most recently approved format for the display of the policy number and the replacement of “Insurer” for “Blank Insurance Company.” Changes to the Information Page were originally made in 1988.

Attached, for your reference is WC 00 00 01A which shows the amended layout of the Policy Information Page. In addition, Item 9 of the Information Page Notes was revised to exclude Nevada as a monopolistic state and to also accurately reference the endorsements listed in Item 17.

Printed manual pages will be distributed as soon as they are available.

Very truly yours,

Monte Almer

President

CD:tg
Encl.
INFORMATION PAGE

Policy No.

1. The Insured:             ___Individual    ___Partnership
Mailing address:          ___Corporation or ___
Other workplaces not shown above:

2. The policy period is from ____________ to ____________ at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers' Compensation Law of the states listed here:

   B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part Two are:
      Bodily Injury by Accident $ _______ each accident
      Bodily Injury by Disease $ _______ policy limit
      Bodily Injury by Disease $ _______ each employee

   C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

   D. This policy includes these endorsements and schedules:

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

<table>
<thead>
<tr>
<th>Classifications Code No.</th>
<th>Premium Basis</th>
<th>Rate Per $100 of Annual Remuneration</th>
<th>Estimated Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Estimated Annual Premium $

Minimum Premium $         Expense Constant $

Countersigned by: ____________________________
INFORMATION PAGE NOTES

1. The sequence of Items 1 through 4 of the Information Page may not be changed except for Item 3.D. (See Note 10.) 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 of the insurer is to be shown prominently on the Information Page. Multi-company groups must make appropriate reference to the name of the member of the group providing the insurance.

   The address and 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 shown on the Information Page. This number should be unique to the company and remain constant during the policy period. It should be used on all endorsements issued after the policy is issued.

   The policy number appearing on the Information Page should be the same as the policy number contained in the carrier's internal statistical records.

   OPTIONAL: The five-digit NCCI carrier code number and the NCCI Interstate Risk Identification Number and/or the Board File Number may be shown and appropriately labeled on the Information Page, if available to the carrier.

4. Use appropriate text on the Board copy of a renewal policy Information Page to designate the prior policy by number. New business may be designated “New.” At its option, the company may show this on the insured’s copy of the Information Page. The policy number of a rewritten or replaced policy must also be on the Information Page.

5. 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 federal employer’s identification number, appropriately labeled, for each entity included on the policy.

6. The effective date and hour of the policy, and its expiration date and hour must be shown in Item 2.

7. List in Item 3.A, states where state workers compensation insurance is provided. If none is provided, “none” or “not covered” may be shown.

8. Show limits of liability separately for bodily injury by accident and by disease in Item 3.B.

9. 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.

10. Item 3.D. may be omitted so long as the list of the policy’s schedules and endorsements appears somewhere on the Information Page.
11. 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.

12. 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.

13. 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 Modification Factor Endorsement for more information.

14. Premium discount must be shown in Item 4, the Premium Discount Endorsement, or both.

15. All charges or credits affecting the total estimated premium must be shown in Item 4. The deposit premium and the interim adjustment period must also appear on the Information Page.

   The date and place of policy issuance, date and place of countersignature and other related information may also be shown on the Information Page.


17. Other entries may be made on the Information Page as authorized by Notes to Standard Endorsements, including: Anniversary Rating Date; Defense Base Act Coverage; Voluntary Compensation Maritime Coverage Endorsements and the endorsements that apply to the inclusion and exclusion of executive officers and sole proprietors and partners.

18. The company may use its own method of execution and place the execution clause at the end of the Information Page, at the end of the standard policy, or on a policy jacket.