



**NYCIRB**

New York Compensation  
Insurance Rating Board

875 Third Avenue  
New York, NY 10022  
Tel: (212) 697-3535

September 22, 2026

R.C. 2663

Re: Employers' Liability Limit Factors for Non-Subject Employment  
Effective January 1, 2027

Members of the Rating Board:

I write to inform you that the New York State Department of Financial Services ("DFS") has approved amendments to the New York Workers' Compensation and Employers' Liability Manual ("Manual") and New York Statistical Plan ("Stat Plan"), which are detailed herein, attached hereto, and effective on January 1, 2027.

Specifically, DFS approved amendments to the Manual and Stat Plan that clarify the statistical reporting procedures and requirements related to increased employers' liability limit factors for non-subject employment.

The following modified and final pages reflect the approved amendments and are attached for your convenience: (a) Manual pages R-89, R-95, and R-97; and (b) Stat Plan page R-66.

If you have any questions, please contact Mr. James O'Hare, Vice President of Underwriting Services at (212) 697-3535, ext. 157 or at [underwritingservices@nycirb.org](mailto:underwritingservices@nycirb.org).

Very truly yours,

Jeremy Attie  
President and CEO

Enclosures

|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | <p><b>(c) Disease Limit – Non-Subject Employees</b></p> <p>The limit of liability under Part Two for Bodily Injury by Disease – each employee – applies as a separate limit to bodily injury by disease to any one employee. The limit of liability for Bodily Injury by Disease – policy limit – applies as an aggregate limit for all bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|        | <p><b>(d) Show Limits on the Information Page</b></p> <p>The limits of liability under Part Two, which must be stated in 3.B. of the Information Page, apply only to Non-Subject Employees.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | <p><b>(e) Increased Limits – Non-Subject Employees</b></p> <p>The limits under Part Two may be increased, subject to the following:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|        | <p><b>(i)</b> The limits of liability must be the same for all states specified in Item 3.A. of the Information Page.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ★<br>★ | <p><b>(ii)</b> The additional premium for increased limits is determined by multiplying the total premium for employees not subject to the New York Workers' Compensation Law by the percentage in the following "Table for Increased Limits." It should not be less than the minimum premium shown in the Table. This minimum premium is in addition to the policy minimum premium at standard limits of liability. The minimum premium for increased limits applies even though coverage for increased limits may have been added during the policy term. The increased limits percentage shall be applied to the total premium prior to the application of the expense constant, experience rating modification, premium discount, retrospective rating adjustment, schedule rating, and deductible credits. <u>Additional premium generated by application of the applicable increased limits factor must be reported to the Rating Board using statistical codes shown in Part VI (B) (3) of the New York Workers' Compensation Statistical Plan.</u></p> |

1<sup>st</sup> ReprintOriginal Printing

Effective ~~January 1, 2027~~May 1, 2020

RULE VII

| C. VOLUNTARY COMPENSATION INSURANCE                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|
| <b>1. Standard Limits</b>                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                         |
| The standard limits of liability under Part Two – Employers’ Liability Insurance for employees subject to voluntary compensation insurance are: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                         |
|                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Bodily Injury by Accident: | \$100,000-each accident |
|                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Bodily Injury by Disease:  | \$100,000-each employee |
|                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Bodily Injury by Disease:  | \$500,000-policy limit  |
| ★                                                                                                                                               | The limit of liability for Bodily Injury by Accident applies to all bodily injury arising out of any one accident.<br><br>The limit of liability for Bodily Injury by Disease – each employee – applies as a separate limit to bodily injury by disease to any one employee. The limit of Bodily Injury by Disease-policy limit - applies as an aggregate limit for all bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. |                            |                         |
| ★                                                                                                                                               | <b>2. Increased Limits</b><br><br>The standard limits under Part Two – Employers’ Liability Insurance for employees subject to voluntary compensation insurance may be increased. The premium for the limits is determined by using the Table for Increased Limits in <del>this</del> -Rule <u>VII (B) (3)</u> .                                                                                                                                                              |                            |                         |
|                                                                                                                                                 | <b>3. Premium Determination</b><br><br>The premium is determined based on the workers’ compensation rules and classifications of this Manual, and the carrier’s approved rates for the state Workers’ Compensation Law designated in the schedule in the “Voluntary Compensation and Employers’ Liability Coverage Endorsement” (WC 00 03 11 A).                                                                                                                              |                            |                         |
|                                                                                                                                                 | <b>4. Payroll Records</b><br><br>When voluntary compensation insurance is provided for a group of employees, separate payroll records must be maintained by the employer for the designated group of employees.                                                                                                                                                                                                                                                               |                            |                         |

1<sup>st</sup> Reprint~~Original Printing~~

Effective January 1, 2027~~May 1, 2020~~

**RULE VII**

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| ★ | <p><b>3. Increased Limits</b></p> <p>The standard limits under Part Two – Employers' Liability Insurance for employees subject to foreign voluntary compensation insurance may be increased. The premium for the increased limits shall be determined by using the Table for Increased Limits in <del>this</del> Rule <u>VII</u> (B) (3).</p> <p>The limits of liability for Repatriation Expense may not be increased and are subject to the limits shown in (2) above.</p> |
|   | <p><b>4. Premium Determination</b></p> <p>The premium is determined based on the workers' compensation rules and classifications of this Manual, and carrier's approved rates for the state Workers' Compensation Law designated in the schedule in the "New York Foreign Voluntary Compensation and Employers' Liability Coverage Endorsement" (WC 31 06 17 B).</p>                                                                                                         |
|   | <p><b>5. Payroll Records</b></p> <p>When foreign voluntary coverage is provided, payroll records must be maintained for any employees covered by the provisions of the "New York Foreign Voluntary Compensation and Employers' Liability Coverage Endorsement" (WC 31 06 17 B).</p>                                                                                                                                                                                          |

1<sup>st</sup> ReprintOriginal Printing

Effective January 1, 2027July 1, 2021

PART VI

**B. EXPOSURE CODES****1. Update Type**

Identifies the activity of an exposure record.

| P | Previously Reported |
|---|---------------------|
| R | Revised             |

**2. Exposure Coverage**

Indicates the Act (Law) under which the exposure for the record's classification code is associated.

| 00 | For use with Statistical Codes                      |
|----|-----------------------------------------------------|
| 01 | State or Federal Act, Excluding USL & HW            |
| 02 | USL & HW Coverage on "F" or non "F" Classifications |

**3. Premium Codes****(a) Premium Subject to Experience Modification (Reported Above Line "A")****(i) Premium for Increased Limits**

| Description                                             | Code |
|---------------------------------------------------------|------|
| <b>Employers' Liability Increased Limits (in 000's)</b> |      |
| <b>With Workers' Compensation</b>                       |      |
| \$100/100/1,000                                         | 9803 |
| \$100/100/2,500                                         | 9804 |
| \$100/100/5,000                                         | 9805 |
| \$100/100/10,000                                        | 9806 |
| \$500/500/500                                           | 9807 |
| \$500/500/1,000                                         | 9808 |
| \$500/500/2,500                                         | 9809 |
| \$500/500/5,000                                         | 9810 |
| \$500/500/10,000                                        | 9811 |
| \$1,000/1,000/1,000                                     | 9812 |
| \$1,000/1,000/2,500                                     | 9813 |
| \$1,000/1,000/5,000                                     | 9814 |
| \$1,000/1,000/10,000                                    | 9815 |
| Over \$1,000/1,000/10,000                               | 9816 |

**All Other Increased Limits****9837**For unpublished limits within the table, use the next highest limit code.

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | <p><b>(c) Disease Limit – Non-Subject Employees</b></p> <p>The limit of liability under Part Two for Bodily Injury by Disease – each employee – applies as a separate limit to bodily injury by disease to any one employee. The limit of liability for Bodily Injury by Disease – policy limit – applies as an aggregate limit for all bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|   | <p><b>(d) Show Limits on the Information Page</b></p> <p>The limits of liability under Part Two, which must be stated in 3.B. of the Information Page, apply only to Non-Subject Employees.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|   | <p><b>(e) Increased Limits – Non-Subject Employees</b></p> <p>The limits under Part Two may be increased, subject to the following:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|   | <p><b>(i)</b> The limits of liability must be the same for all states specified in Item 3.A. of the Information Page.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ★ | <p><b>(ii)</b> The additional premium for increased limits is determined by multiplying the total premium for employees not subject to the New York Workers' Compensation Law by the percentage in the following "Table for Increased Limits." It should not be less than the minimum premium shown in the Table. This minimum premium is in addition to the policy minimum premium at standard limits of liability. The minimum premium for increased limits applies even though coverage for increased limits may have been added during the policy term. The increased limits percentage shall be applied to the total premium prior to the application of the expense constant, experience rating modification, premium discount, retrospective rating adjustment, schedule rating, and deductible credits. Additional premium generated by application of the applicable increased limits factor must be reported to the Rating Board using statistical codes shown in Part VI (B) (3) of the New York Workers' Compensation Statistical Plan.</p> |

| C. VOLUNTARY COMPENSATION INSURANCE                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                            |                         |                           |                         |                           |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------|-------------------------|---------------------------|-------------------------|---------------------------|------------------------|
| 1. Standard Limits                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                            |                         |                           |                         |                           |                        |
| The standard limits of liability under Part Two – Employers’ Liability Insurance for employees subject to voluntary compensation insurance are:                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                            |                         |                           |                         |                           |                        |
|                                                                                                                                                                                                                                                                                                           | <table><tr><td>Bodily Injury by Accident:</td><td>\$100,000-each accident</td></tr><tr><td>Bodily Injury by Disease:</td><td>\$100,000-each employee</td></tr><tr><td>Bodily Injury by Disease:</td><td>\$500,000-policy limit</td></tr></table>                                                                                                                                                                                                                                     |  |  | Bodily Injury by Accident: | \$100,000-each accident | Bodily Injury by Disease: | \$100,000-each employee | Bodily Injury by Disease: | \$500,000-policy limit |
| Bodily Injury by Accident:                                                                                                                                                                                                                                                                                | \$100,000-each accident                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                            |                         |                           |                         |                           |                        |
| Bodily Injury by Disease:                                                                                                                                                                                                                                                                                 | \$100,000-each employee                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                            |                         |                           |                         |                           |                        |
| Bodily Injury by Disease:                                                                                                                                                                                                                                                                                 | \$500,000-policy limit                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                            |                         |                           |                         |                           |                        |
| ★                                                                                                                                                                                                                                                                                                         | <p>The limit of liability for Bodily Injury by Accident applies to all bodily injury arising out of any one accident.</p> <p>The limit of liability for Bodily Injury by Disease – each employee – applies as a separate limit to bodily injury by disease to any one employee. The limit of Bodily Injury by Disease-policy limit - applies as an aggregate limit for all bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease.</p> |  |  |                            |                         |                           |                         |                           |                        |
| ★                                                                                                                                                                                                                                                                                                         | 2. Increased Limits                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                            |                         |                           |                         |                           |                        |
| The standard limits under Part Two – Employers’ Liability Insurance for employees subject to voluntary compensation insurance may be increased. The premium for the limits is determined by using the Table for Increased Limits in Rule VII (B) (3).                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                            |                         |                           |                         |                           |                        |
| 3. Premium Determination                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                            |                         |                           |                         |                           |                        |
| The premium is determined based on the workers’ compensation rules and classifications of this Manual, and the carrier’s approved rates for the state Workers’ Compensation Law designated in the schedule in the “Voluntary Compensation and Employers’ Liability Coverage Endorsement” (WC 00 03 11 A). |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                            |                         |                           |                         |                           |                        |
| 4. Payroll Records                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                            |                         |                           |                         |                           |                        |
| When voluntary compensation insurance is provided for a group of employees, separate payroll records must be maintained by the employer for the designated group of employees.                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |                            |                         |                           |                         |                           |                        |

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|   | <p><b>5. Payroll Records</b></p> <p>When foreign voluntary coverage is provided, payroll records must be maintained for any employees covered by the provisions of the "New York Foreign Voluntary Compensation and Employers' Liability Coverage Endorsement" (WC 31 06 17 B).</p>                                                                                                                                                                   |

1<sup>st</sup> Reprint

Effective January 1, 2027

PART VI

| B. EXPOSURE CODES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                     |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------|------|---------------------------------------------------------|--------------------------------|-----------------------------------|------------------------------------------|-----------------|-----------------------------------------------------|-----------------|------|-----------------|------|------------------|------|---------------|------|-----------------|------|-----------------|------|-----------------|------|------------------|------|---------------------|------|---------------------|------|---------------------|------|----------------------|------|---------------------------|------|-------------------------------------|------|
| <b>1. Update Type</b><br><br>Identifies the activity of an exposure record. <table> <tr> <th></th><th></th></tr> <tr> <td>P</td><td>Previously Reported</td></tr> <tr> <td>R</td><td>Revised</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                     |             |      | P                                                       | Previously Reported            | R                                 | Revised                                  |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                     |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Previously Reported                                 |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Revised                                             |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| <b>2. Exposure Coverage</b><br><br>Indicates the Act (Law) under which the exposure for the record's classification code is associated. <table> <tr> <th></th><th></th></tr> <tr> <td>00</td><td>For use with Statistical Codes</td></tr> <tr> <td>01</td><td>State or Federal Act, Excluding USL &amp; HW</td></tr> <tr> <td>02</td><td>USL &amp; HW Coverage on "F" or non "F" Classifications</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                     |             |      | 00                                                      | For use with Statistical Codes | 01                                | State or Federal Act, Excluding USL & HW | 02              | USL & HW Coverage on "F" or non "F" Classifications |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                     |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | For use with Statistical Codes                      |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State or Federal Act, Excluding USL & HW            |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | USL & HW Coverage on "F" or non "F" Classifications |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| <b>3. Premium Codes</b><br><br><b>(a) Premium Subject to Experience Modification (Reported Above Line "A")</b><br><br><b>(i) Premium for Increased Limits</b> <table> <tr> <th>Description</th><th>Code</th></tr> <tr> <td><b>Employers' Liability Increased Limits (in 000's)</b></td><td></td></tr> <tr> <td><b>With Workers' Compensation</b></td><td></td></tr> <tr> <td>\$100/100/1,000</td><td>9803</td></tr> <tr> <td>\$100/100/2,500</td><td>9804</td></tr> <tr> <td>\$100/100/5,000</td><td>9805</td></tr> <tr> <td>\$100/100/10,000</td><td>9806</td></tr> <tr> <td>\$500/500/500</td><td>9807</td></tr> <tr> <td>\$500/500/1,000</td><td>9808</td></tr> <tr> <td>\$500/500/2,500</td><td>9809</td></tr> <tr> <td>\$500/500/5,000</td><td>9810</td></tr> <tr> <td>\$500/500/10,000</td><td>9811</td></tr> <tr> <td>\$1,000/1,000/1,000</td><td>9812</td></tr> <tr> <td>\$1,000/1,000/2,500</td><td>9813</td></tr> <tr> <td>\$1,000/1,000/5,000</td><td>9814</td></tr> <tr> <td>\$1,000/1,000/10,000</td><td>9815</td></tr> <tr> <td>Over \$1,000/1,000/10,000</td><td>9816</td></tr> <tr> <td><b>★ All Other Increased Limits</b></td><td>9837</td></tr> </table> <p>For unpublished limits within the table, use the next highest limit code.</p> |                                                     | Description | Code | <b>Employers' Liability Increased Limits (in 000's)</b> |                                | <b>With Workers' Compensation</b> |                                          | \$100/100/1,000 | 9803                                                | \$100/100/2,500 | 9804 | \$100/100/5,000 | 9805 | \$100/100/10,000 | 9806 | \$500/500/500 | 9807 | \$500/500/1,000 | 9808 | \$500/500/2,500 | 9809 | \$500/500/5,000 | 9810 | \$500/500/10,000 | 9811 | \$1,000/1,000/1,000 | 9812 | \$1,000/1,000/2,500 | 9813 | \$1,000/1,000/5,000 | 9814 | \$1,000/1,000/10,000 | 9815 | Over \$1,000/1,000/10,000 | 9816 | <b>★ All Other Increased Limits</b> | 9837 |
| Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Code                                                |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| <b>Employers' Liability Increased Limits (in 000's)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                     |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| <b>With Workers' Compensation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                     |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| \$100/100/1,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9803                                                |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| \$100/100/2,500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9804                                                |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| \$100/100/5,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9805                                                |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| \$100/100/10,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9806                                                |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| \$500/500/500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9807                                                |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| \$500/500/1,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9808                                                |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| \$500/500/2,500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9809                                                |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| \$500/500/5,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9810                                                |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| \$500/500/10,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9811                                                |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| \$1,000/1,000/1,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9812                                                |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| \$1,000/1,000/2,500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9813                                                |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| \$1,000/1,000/5,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9814                                                |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| \$1,000/1,000/10,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9815                                                |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| Over \$1,000/1,000/10,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 9816                                                |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |
| <b>★ All Other Increased Limits</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9837                                                |             |      |                                                         |                                |                                   |                                          |                 |                                                     |                 |      |                 |      |                  |      |               |      |                 |      |                 |      |                 |      |                  |      |                     |      |                     |      |                     |      |                      |      |                           |      |                                     |      |