



Wisconsin Compensation Rating Bureau

262-796-4540 ▲ Fax 262-796-4400 ▲ www.wcrb.org

P.O. Box 3080 ▲ Milwaukee, WI 53201-3080

Located at 20700 Swenson Drive, Suite 100, Waukesha, WI 53186

GENERAL CIRCULAR LETTER 431 - OCTOBER 18, 2002

The WCRB is in the process of updating our mailing lists. Please complete and return the attached form by November 15, 2002. In place of department/title, you may enter the name of an individual who should receive the information.

An explanation of what is included in each category is as follows:

- **Administrative/Financial:** WCRB assessments and WWCIP assessments and disbursements. This address will also be used to advise of any outstanding invoices.
- **Underwriting:** Notice to Carrier, Experience Rating Worksheets, NTC/60 day fines, and general correspondence. This address will also be used to advise of any outstanding invoices.
- **Unit Stat:** USR fines, delinquent letters, reject letters, pre-delinquent report. This address will also be used to advise of any outstanding invoices
- **Financial Calls:** Yearly request for financial call data.
- **Circular Letters:** This will be the e-mail address used to notify you that our web site has been updated. The e-mail notification has eliminated hard copy distribution of circular letters. If your company does not have internet access, please indicate in the space provided.

If you have any questions, please contact Donna Knepper at 262-796-4576.

BUSINESS CONTACT FORM

Return this form to: P O BOX 3080, MILWAUKEE, WI 53201-3080

ADMINISTRATIVE/FINANCIAL

DEPARTMENT/TITLE: _____

MAILING ADDRESS: _____

City _____ State _____ Zip Code _____

Telephone # _____ FAX # _____ E-MAIL: _____

UNDERWRITING

DEPARTMENT/TITLE: _____

MAILING ADDRESS: _____

City _____ State _____ Zip Code _____

Telephone # _____ FAX # _____ E-MAIL: _____

UNIT STAT

DEPARTMENT/TITLE: _____

MAILING ADDRESS: _____

City _____ State _____ Zip Code _____

Telephone # _____ FAX # _____ E-MAIL: _____

FINANCIAL CALLS

DEPARTMENT/TITLE: _____

MAILING ADDRESS: _____

City _____ State _____ Zip Code _____

Telephone # _____ FAX # _____ E-MAIL: _____

CIRCULAR LETTER NOTIFICATION – E-MAIL: _____

SIGNATURE OF PERSON COMPLETING FORM: _____ **DATE:** _____

COMPANY NAME:

If responding for a group of companies, please list the names of the companies on a separate sheet of paper.