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Wisconsin Compensation Rating Bureau

**CIRCULAR LETTER 3066—SEPTEMBER 3, 2010**

TO: Members of the Bureau

FROM Donna Knepper

RE: WC 89 06 00 B Policy Information Page Endorsement

Pursuant to ch 626, Wis. Stats., the State of Wisconsin, Office of the Commissioner of Insurance has advised that Endorsement WC 89 06 00 B Policy Information Page Endorsement has been approved. This endorsement is used by carriers to report miscellaneous policy changes.

This filing is effective 9-2-10, applicable to new and renewal business only.

**POLICY INFORMATION PAGE ENDORSEMENT**

The following item(s)

- ÿ Insured's Name (WC 89 06 01)
- ÿ Policy Number (WC 89 06 02)
- ÿ Effective Date (WC 89 06 03)
- ÿ Expiration Date (WC 89 06 04)
- Insured's Mailing Address (WC 89 06 05)
- Experience Modification (WC 89 04 06)
- Producer's Name (WC 89 06 07)
- Change in Workplace of Insured (WC 89 06 08)
- Insured's Legal Status (WC 89 06 10)
- ÿ Item 3.A. States (WC 89 06 11)
- ÿ Item 3.B. Limits (WC 89 06 12)
- ÿ Item 3.C. States (WC 89 06 13)
- ÿ Item 3.D. Endorsement Numbers (WC 89 06 14)
- ÿ Item 4.\* Class, Rate, Other (WC 89 04 15)
- Interim Adjustment of Premium (WC 89 04 16)
- ÿ Carrier Servicing Office (WC 89 06 17)
- ÿ Interstate/Intrastate Risk ID Number (WC 89 06 18)
- ÿ Carrier Number (WC 89 06 19)
- ÿ Issuing Agency/Producer Office Address (WC 89 06 25)

is changed to read:

\*Item 4. Change To:

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium

Total Estimated Annual Premium \$

Minimum Premium \$

Deposit Premium \$

All other terms and conditions of this policy remain unchanged.

**This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.**

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective  
Insured

Policy No.

Endorsement No.  
Premium \$

Insurance Company

Countersigned by \_\_\_\_\_