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**CIRCULAR LETTER 3248—January 23, 2023**

TO: Members of the Bureau

FROM: Donna Knepper

RE: Proceedings of the WCRB Rating Committee  
Wisconsin Designated Named Insured Cancellation Endorsement

Pursuant to ch. 626, Wis. Stat., the Office of the Commissioner of Insurance has approved the Wisconsin Designated Named Insured Cancellation Endorsement effective October 1, 2023, applicable to new and renewal policies.

This endorsement allows proper notification of mid-term cancellation of coverage for named insureds on a policy. The endorsement provides a 30-day notice when there is a mid-term cancellation of coverage for a named insured.

**WISCONSIN DESIGNATED NAMED INSURED CANCELLATION ENDORSEMENT**

Coverage under this policy for the named insured designated in the Schedule below is cancelled.

The mid-term cancellation for this designated named insured is effective 30 days after notice is provided to the WCRB and the designated named insured for the following reason (indicated by "X"):

- 01 Retiring From Business or Out of Business
- 02 Completed Operations (No Employees/No Exposure/No Operations)
- 03 Cancelled by Employer
- 08 Change of Interest or Ownership and/or Business Sold
- 09 Coverage Placed Elsewhere
- 13 Misrepresentation of Information on Application

This endorsement does not affect coverage under this policy for named insureds other than the designated named insured listed in the Schedule below.

In addition to issuing this endorsement, we have provided notice of the cancellation to the Wisconsin Compensation Rating Bureau, the designated named insured at the address shown below, and the insured first named in Item 1 of the Information Page for this policy at the address shown below, in accordance with Section 102.31, Wis. Stats.

**SCHEDULE**

**Name and Address of Designated Named Insured:**

**Effective Date of Cancellation:**

**Name and Address of First Named Insured:**

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 Date

Effective Policy No.

Endorsement No. Insured

Insurance Company