

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

## CIRCULAR LETTER 2349—March 9, 2023

- TO: Members of the Bureau
- RE: Wisconsin Designated Named Insured Cancellation Endorsement Record Layout

Attention: Policy Data Reporting Personnel

On January 23, 2023, Circular Letter 3248 announced the Wisconsin Designated Named Insured Cancellation Endorsement. This endorsement allows proper notification of mid-term cancellation of coverage for named insureds on a policy.

The record layout to report the endorsement electronically will be officially available in May, with the next release of the WCIO WCPOLS data reporting specifications. In order to provide the opportunity for the industry to begin making necessary programming changes prior to the official release, attached to this Circular is the record layout to report the Wisconsin Designated Named Insured Cancellation Endorsement.

WCRB will post an announcement to the News & Updates Center of the WCRB website when we are ready to accept test submissions for any carriers who choose to test, as well production submissions of the new endorsement.

Please contact the staff below for clarification or with any questions.

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Field No. Field Title/Description		Class	Position	Bytes				
WISCONSIN NAMED INSURED CANCELLATION ENDORSEMENT								
1	LINK DATA	AN	1-43	43				
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA							
	Link Data is a collection of data elements that are common to all records in the data specification. These common data elements allow the applicable records to be joined. For presentation purposes only, Link Data is shown as Record Type 0 or 00 and should not be considered a separate record but rather a sub-record within each record.							
2	STATE CODE	N	44-45	2				
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA							
	Report "48".							
3	RECORD TYPE CODE	AN	46-47	2				
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA							
	Report "EJ".							
4	RESERVED FOR FUTURE USE		48-50	3				
5	ENDORSEMENT NUMBER	AN	51-58	8				
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA							
	Report "WC480323".							
6	BUREAU VERSION IDENTIFIER (EDITION IDENTIFIER)	А	59-59	1				
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, PA							
	Report the bureau-approved version identifier that corresponds to the Endorsement Number reported.							
7	CARRIER VERSION IDENTIFIER	AN	60-70	11				
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA							
	Report the identifier used by the carrier to determine the version of the endorsement applied to the policy.							
8	NAME OF INSURED	AN	71-160	90				
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA							

Report the Name of Insured being cancelled. Report one Name of Insured per Record Type Code EJ.

9	ADDRESS OF INSURED			161-240	80			
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA							
	Report	the Address of Insured being cancelled.						
10	REASC	IN FOR CANCELLATION CODE	Ν	241-242	2			
	NOT A	PPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA						
	Report	the code identifying the reason for cancellation						
	Code	Description						
	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						
11	CANCELLATION EFFECTIVE DATE N 243-250							
	NOT APPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA							
	Report the Named Insured Cancellation Effective Date. Format YYYYMMDD.							
12	RESER	VED FOR FUTURE USE		251-254	4			
13	PRIMA	ARY NAME OF INSURED	AN	255-288	34			
	NOT A	PPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA						
	accom	all or a portion of the primary name of the insured as modated by this field. This field is required when this is submitted using Transaction Code 03.						
14	ENDO	RSEMENT EFFECTIVE DATE	Ν	289-296	8			
	NOT A	PPLICABLE: CA, DE, MA, MI, MN, NC, NCCI, NJ, NY, PA						
		t the date that the endorsement becomes ve on the policy. Format YYYYMMDD.						
15	RESER	VED FOR FUTURE USE		297-300	4			