



Wisconsin Compensation Rating Bureau

Clear Form

PREMIUM WRITING REQUEST
DUE DATE: APRIL 30, 2020

The Wisconsin Compensation Rating Bureau, at the direction of the Governing Board, asks its membership to report its Workers' Compensation Premium Writings for the calendar year 2019 on this form and return same to the offices of the Wisconsin Compensation Rating Bureau no later than April 30, 2020.

Failure to comply with this request may prompt fines in the amount of \$150.00 for every 30 days thereafter.

A SEPARATE FORM SHOULD BE COMPLETED FOR EACH COMPANY
- DO NOT GROUP COMPANIES -

Please complete the information as requested below:

Company Name:
2019 Premium Writings: Line 16 Workers' Compensation Direct Premiums Written
ANC Premium
(ANC / Audit Non-Compliance Premium)
(Important note: Check applicable line below)
Line 17.3 Excess Workers' Compensation
Important: In addition to reporting the Direct Wisconsin Workers' Compensation Premiums Written, Line 16, Column 1 from Statutory Page 14, Data of the Annual Statement filed with the Wisconsin Insurance Commissioner, you must also report the amount of ANC premium and indicate whether you've included the ANC premium in the Workers Compensation premium reported, Line 16 above.
A copy of Page 19.WI must be submitted to the Wisconsin Compensation Rating Bureau along with this form.
Print Your Name and Title:
Signature Date
Telephone Number (XXX-XXX-XXXX):
E-mail Address:

Return the completed form along with a copy of Page 19.WI via mail or e-mail to the Wisconsin Compensation Rating Bureau no later than April 30, 2020:

Mail: Wisconsin Compensation Rating Bureau
Attention: Finance Unit
20700 Swenson Drive, Suite 100
Waukesha, WI 53186

E-mail: tina.drapp@wcrb.org