

**WISCONSIN PROOF OF COVERAGE NOTICE**

**IMMEDIATE POLICY COVERAGE NOTICE  
(FOR USE WHEN THE REASON FOR TERMINATION IS REWRITTEN)**

This form is used when:

- the rewritten/replacing policy, providing evidence of coverage, is not immediately available; and
- that policy is written with a carrier in your group.

When the policy is available, it must be filed with the WCRB to replace the Proof of Coverage Notice.

This form must be:

- filed with the Wisconsin Compensation Rating Bureau (WCRB); and
- attached to the Wisconsin Notice of Termination (form 0062 – Rev. 7-2000)

**COMPLETE ALL ITEMS OR THIS FORM WILL BE RETURNED TO YOU.** If questions, call 262-796-4540.

Insured's Name \_\_\_\_\_

Federal ID No. \_\_\_\_\_ Bureau File No. (not mandatory) \_\_\_\_\_

Insured's Address \_\_\_\_\_  
\_\_\_\_\_

**Prior** Carrier Name **OR** NCCI Carrier Code (use specific NCCI Carrier Number not group number)

Name \_\_\_\_\_ OR NCCI Carrier Code 

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**NEW** Carrier Name **OR** NCCI Carrier Code (use specific NCCI Carrier Number not group number)

Name \_\_\_\_\_ OR NCCI Carrier Code 

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Prior  
Policy No.

Prior  
Policy Effective Date

Prior  
Policy Termination Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New (Replacing)  
Policy No.

New (Replacing)  
Policy Effective Date

New (Replacing)  
Policy Expiration Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Issue Date \_\_\_\_\_

**NOTE:**

For additional names and locations, attach a schedule showing name, address, and Federal Identification Number of all covered entities and workplaces. All pages must be identified with policy number, effective date, and carrier code.