WISCONSIN NOTICE OF REINSTATEMENT

Wisconsin Compensation Rating Bureau
P.O. Box 3080
Milwaukee, WI 53201-3080

Name of Employer _____

Principal Address & Zip Code _____

Carrier Number _____

Name of Carrier _____

Complete Policy No. _____ From_____ To _____

Date of Term. Notice to WCRB _____ Eff. Date of Term. _____

Date of Reinstatement _____

C2-0062A (2002)