



Wisconsin Compensation Rating Bureau

## WISCONSIN NOTICE OF TERMINATION

***Must be Filed by Registered Mail, Certified Mail, Personal Delivery, or Fax***

Name of Employer \_\_\_\_\_

Principal Address & Zip Code \_\_\_\_\_

Carrier Number \_\_\_\_\_

Name of Carrier \_\_\_\_\_

Complete Policy No. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Effective Date of Termination \_\_\_\_\_

**Check the one choice which best describes the reason for termination. Notices received indicating more than one reason, no reason, or a non-valid reason will be returned as unacceptable.**

<b>60-DAY NONRENEWAL NOTIFICATION</b>	<b>30-DAY NOTIFICATION</b>
(For carrier non-renewal only)	
<input type="checkbox"/> Insurance Carrier Reason (state reason)	<input type="checkbox"/> Non-Payment of Premium <input type="checkbox"/> Out of Business/Sold <input type="checkbox"/> Corporate Officers Non-Election <input type="checkbox"/> Coverage Placed Elsewhere <input type="checkbox"/> Rewritten
	New Policy No. _____ New Name _____ (only if changed)
<input type="checkbox"/> Not in "Good Faith" Entitled to Coverage (For use by Pool Servicing Carriers only)	<input type="checkbox"/> Insured's Request <input type="checkbox"/> No WI Employees/Operations <input type="checkbox"/> Misrepresentation/Fraud <input type="checkbox"/> Substantial Change in Risk <input type="checkbox"/> Failure to Comply with Terms and Conditions of Policy <input type="checkbox"/> Participation in Wrap-up Complete <input type="checkbox"/> Underwriting Reasons (May only be used for new business not in effect for more than 60 days) <input type="checkbox"/> Employee Leasing Agreement Terminated

**NOTE: BUREAU RECEIPT DATE INDICATES LEGAL DATE OF TERMINATION**