



Wisconsin Compensation Rating Bureau

WISCONSIN WORKER'S COMPENSATION INSURANCE POOL HANDBOOK

INFORMATION AND PROCEDURES

Effective February 1, 2015

SUMMARY OF CHANGES

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www.wcrb.org

PREFACE

PURPOSE OF THIS HANDBOOK

This handbook will help you understand the Wisconsin Worker's Compensation Insurance Pool. In this Preface are definitions for certain key terms that are used throughout this handbook. By carefully following the procedures in this handbook:

1. You will find yourself saving time, effort, paperwork, and frustration.
2. You will be able to give better, more professional insurance service.

HOW TO USE THIS HANDBOOK

This handbook has five sections:

Section I: INTRODUCTORY INFORMATION

Section II: DUTIES AND RESPONSIBILITIES UNDER THE POOL

Section III: PROCEDURES

Section IV: GENERAL INFORMATION

Section V: APPENDIX

The Introductory Information section will acquaint you with the Pool. There is an introduction to the Pool and an overview of the operation of the Pool. Finally, you will find a list of your duties and responsibilities as an employer, producer, servicing carrier or Pool employee.

Section II, Procedures, describes the procedures you must follow to do your job well. You will find the answers to most of your questions.

Section III is the Appendix. This section contains valuable information that does not fit conveniently into the other sections. You will find the names, addresses and phone numbers of servicing carriers within Wisconsin. Examples of several forms are referenced.

DEFINITIONS OF KEY TERMS

There are a few important terms you need to know to use this handbook. These terms are used throughout the handbook. Become familiar with them.

Pool

The Pool means the Wisconsin Worker's Compensation Insurance Pool continued by Chapter 619, Wis. Stats.

Employer

This is the applicant or policyholder desiring or receiving coverage in the Pool. It can be a sole proprietorship, partnership, limited liability company, corporation or other legally recognized entity subject to the Wisconsin Worker's Compensation Law.

Producer

The term "producer" means a producer licensed in Wisconsin who assists the employer in making application to the Pool and in continuing coverage under the Pool in accordance with the rules and procedures. The term agency is used to identify the firm that employs the producer.

Servicing Carrier

This is the insurance company that receives "assignments" from the Pool to service on behalf of the Pool. The assigned servicing carrier issues a policy and provides the insurance services required by the Pool.

Bureau

The Bureau is the Wisconsin Compensation Rating Bureau, a licensed rating organization, located in the state of Wisconsin. It administers the Pool, including making assignments to servicing carriers, and acts as trustee of the Wisconsin Worker's Compensation Insurance Pool Fund.

National Pool

This is the National Worker's Compensation Reinsurance Pool, which is an insurance pool operating in many states.

Department of Workforce Development

This is the State office, located in Madison, which has the responsibility of administering the Wisconsin Worker's Compensation Laws.

Office of the Commissioner of Insurance

This is the State office, located in Madison, which has the responsibility of administering the Wisconsin Insurance Laws.

Basic Manual

The Basic Manual is the Wisconsin Worker's Compensation & Employers Liability Insurance Manual which contains the rules, classifications and rates for Worker's Compensation and Employers' Liability Insurance.

National Council on Compensation Insurance

This is a national rating and statistical organization that, in Wisconsin, is an advisory organization to the Wisconsin Compensation Rating Bureau.

Preliminary Audit

An audit conducted within the first 120 calendar days of the policy effective date, which uses as an audit period one full year of exposure prior to the effective date of the current policy. This provides a retrospective view of previous exposure.

Interim Audit

An audit conducted within the first 200 calendar days of the policy effective date, which uses an audit period consisting of exposure developed to date in the current policy term. This provides a verification of exposure already generated in the current policy term.

SECTION I - INTRODUCTORY INFORMATION

THE POOL - PURPOSE AND OVERVIEW

Purpose of Pool

The Pool is a risk-sharing plan created in 1931 and continued by Section 619.01(6), Wis. Stats. Its purpose is to provide worker's compensation insurance to any employer who is unable to obtain coverage in the "voluntary" market. The Bureau acts as administrator and trustee of the Pool, and is licensed and regulated by the Office of the Commissioner of Insurance.

All insurers licensed to write worker's compensation insurance in Wisconsin must participate in the Pool unless relieved of these obligations by Wisconsin Statute. They are represented by private insurance companies that have been designated as servicing carriers. The servicing carriers issue policies in their own name and provide claims, loss control, auditing and other services, just as they would for policies written in the voluntary market.

Operation of Pool - Overview

Although specific procedures are given in Section II of this Handbook, the following overview may help you understand how the Pool functions.

In general, whenever any employer is unable to obtain coverage in the voluntary market, they can complete and submit an application for coverage to the Pool with the appropriate deposit premium. This is usually done through a licensed producer. The current rates and classification codes can be accessed on the Bureau's Web site (www.wcrb.org) If the application is submitted correctly with the appropriate deposit premium, coverage will be bound and assigned to a servicing carrier. The Pool will, if assignment quotas allow, permit the selection of the assigned carrier by the producer, employer or servicing carrier. A copy of the binder will be sent to the applicant and the producer.

The servicing carrier will provide insurance to the employer until the coverage is canceled or non-renewed. In most cases, the carrier may terminate coverage only for non-payment of premium. To terminate coverage for any other reason, specific permission from the Governing Board must be obtained.

Each year, 60 to 75 days prior to the policy expiration date, the servicing carrier will provide the employer and producer with a renewal quote. If the required premium is received by the carrier on or before the expiration date, the policy will be renewed without an interruption of coverage. Failure to submit the required premium in a timely manner may result in a lapse in coverage.

The employer may be removed from the Pool at any time, without penalty, by an authorized insurance company willing to provide voluntary coverage. Cancellation of Pool coverage is pro rata in accordance with the rules in the Basic Manual. In order to assist in the depopulation of the Pool, the Pool publishes a list of all Pool employers on the Bureau Web site.

The Pool will occasionally receive a request from an employer to be assigned to a different servicing carrier or a servicing carrier request that an employer be reassigned to a different servicing carrier. Such requests will be approved **only** when a need for such action is proven.

An employer insured through the Pool is subject to the same rules, rates, classifications and experience rating as those employers insured in the voluntary market. Premium discounts and dividends are not applicable. No surcharges are permitted on Pool accounts. For servicing the account, the producer receives a commission in accordance with the following:

4% for the first \$10,000
1% for over \$10,000

No commission will be paid if the application has not been signed by the producer as required, or if the producer has not returned unearned commissions to any of the servicing carriers.

Earned commissions shall be paid as follows:

1. When the entire premium is paid in advance, the commission shall be paid on the full estimated annual premium.
2. When the premium is paid on an interim basis, the commission will be paid as the premium is collected.
3. All commissions are subject to adjustment after the final audit.
4. No commissions shall be paid on premiums recovered by collection agencies.
5. No commissions shall be paid on Audit Non-Compliance (ANC) charges whether paid or unpaid.

All commissions shall be paid within 30 calendar days from the date the policy is issued or from the date premium is received. The servicing carrier may waive the collection or return of commissions of \$15 or less. Servicing carriers must return any commissions due if requested by the producer.

Adjustments to commissions paid will be made upon audit of the employer's policy. If the audit results in unearned commission, the producer must return such unearned commission to the servicing carrier. If a producer fails to return commissions, the servicing carrier must notify the WCRB.

The policy issued to an employer by a Pool servicing carrier is the standard "Worker's Compensation and Employers' Liability Policy" used by all insurers in Wisconsin.

The Pool policy provides coverage only to employers having operations in Wisconsin that subjects them to the requirements of the Wisconsin law. If the employer begins work in any state other than Wisconsin, they must obtain insurance coverage in that state. The Wisconsin Pool policy will not satisfy the worker's compensation requirements in any other state.

Questions about the Pool should be addressed to:

Wisconsin Compensation Rating Bureau
20700 Swenson Drive
Waukesha, WI 53186

Telephone: 262-796-4592
Fax: 262-796-4423
www.wcrb.org

SECTION II - DUTIES AND RESPONSIBILITIES UNDER THE POOL

PRODUCER AND AGENCY DUTIES AND RESPONSIBILITIES

1. Assist the employer in meeting his or her obligations under the Wisconsin law. If voluntary coverage cannot be obtained, the producer should assist the employer in obtaining coverage through the Pool immediately. The producer should explain to the employer the importance of maintaining continuous coverage under the law. If continuous coverage is not maintained, substantial penalties may be assessed.
2. Assist the employer needing coverage in the Pool by:
 - A. accurately completing a current Pool application and any supplemental forms;
 - B. gathering any other documents that may be required (such as payroll Verification, waiver contracts); and
 - C. forwarding the required information and deposit premium promptly to the Pool.
3. Promptly report to the servicing carrier all changes in ownership, the employer's name, operations, exposures, locations, financial condition or other changes which may affect the policy or the services being provided. Keep the policy up to date by promptly requesting endorsements as required. Certificates of insurance should also be requested from the servicing carrier. Producers are NOT authorized to issue certificates, unless specifically authorized to do so by the servicing carrier.
4. Encourage the employer to realistically estimate payrolls so that the proper premium is being collected.
5. Assist the employer in obtaining coverage from other Pools, Plans or facilities having jurisdiction in the other states when they have out-of-state operations.
6. Encourage the employer to promptly pay all premiums due directly to the servicing carrier, to avoid cancellation and a lapse in coverage.
7. Advise the employer in all matters relating to their worker's compensation insurance. Request information on their behalf, as needed, from the servicing carrier or Pool.
8. Return any excess commissions to the servicing carrier within 30 days.

IMPORTANT NOTE TO PRODUCER

Although you have a very important role under the Pool, it is important for you to remember that you are not a contract producer or producer for the servicing carrier. You have no authority from the servicing carrier or the Pool to bind or cancel coverage or to otherwise act within such an agency relationship. All premium transactions are strictly

between the servicing carrier and the employer. You are not a party to the contract. Read the handbook carefully, and if you still have a question about your authority, contact the Pool or servicing carrier.

If you are not a licensed producer in the State of Wisconsin, you cannot submit an application for coverage through the Pool on behalf of the employer. A non-resident license may be obtained through the State of Wisconsin, Office of the Commissioner of Insurance.

An employer may submit an application directly to the Pool.

EMPLOYER DUTIES AND RESPONSIBILITIES

1. Before applying to the Pool, the employer must, in good faith, be entitled to coverage. An employer is not entitled to coverage if indebted to the Pool.
2. Submit a full and accurately completed application, including supplemental forms and supporting documents.
3. Immediately advise your producer or servicing carrier if any of the following change: name, address, operations, ownership, etc., as it may affect coverage.
4. Cooperate with your servicing carrier in implementing reasonable loss control recommendations. Failure to do so may result in termination of coverage.
5. Promptly report all claims to your servicing carrier. Cooperate with them in their investigation and settlement of these claims.
6. Comply with all terms and conditions of your policy.

SERVICING CARRIERS DUTIES AND RESPONSIBILITIES (PERFORMANCE STANDARDS)

Servicing carriers must provide the same services in the residual market as they would in the voluntary market.

The following are the minimum performance standards for servicing carriers. Any services necessary as a result of regulatory or statutory requirements are incorporated into these standards.

Failure to maintain these standards constitutes failure to fulfill the requirements of the servicing carrier agreement and may result in termination of the agreement or other penalties.

NOTE: Correspondence involving coverage, billings, termination, and audit should be sent to the employer with a copy to the producer.

1. Underwriting:

- A. New Business - The policy shall be issued within 30 calendar days after receipt of the premium and completed application. If the application is not properly completed, additional information will be requested from the producer/employer.
- B. Renewal Quote – A renewal quote and billing shall be sent to the employer and the producer not more than 75 days, nor less than 60 days prior to the expiration of the policy.

The renewal policy will be issued within 30 calendar days after the receipt of the required renewal deposit premium.

C. Payroll and Classification Verification -

- 1) The servicing carrier shall verify, through interim audit or comparable means, questionable payrolls and classifications.
- 2) The servicing carrier shall consider the effect of economic conditions on the employer's operation and latest available audit information in developing the employer's premium.

D. Endorsements -

- 1) When requested by the employer, endorsements shall be issued within 30 calendar days after receipt of request.
- 2) If the carrier determines that additional endorsements are required, the endorsement shall be issued within 30 calendar days.

E. Terminations -

- 1) Termination requests shall be processed within 5 working days of request.
- 2) The servicing carrier will initiate termination and notification procedures if the employer has an outstanding premium obligation on a current or prior policy.
- 3) Other than non-payment of premium, the Governing Board grants the servicing carrier the authority to terminate the employer's policy for any of the following reasons
 - If after two attempts, the employer refuses to implement health, safety, or loss control recommendations addressing exposures of imminent danger to prevent loss;
 - If after two attempts, the employer refuses to allow reasonable access for audit or inspection;

- 4) Other than non-payment of premium, the Governing Board may allow the servicing carrier to terminate the employer's policy for any of the following reasons:
- Employer refuses to disclose the full nature and scope of the exposure;
 - Material misrepresentation;
 - Substantial change in the risk assumed, except to the extent that the insurer should have foreseen the change or contemplated the risk in writing of the contract;
 - Substantial breaches of contractual duties, condition or warranties.
- 5) Failure of the employer to pay money due the producer is not an acceptable reason for termination, as the producer is not a party to the insurance contract. A producer can request termination if they have a properly executed power of attorney, if coverage has been placed elsewhere, if the employer is out of business, deceased, or cannot be located. The producer should surrender the policy or submit a lost policy release with the written request for termination and explanation.
- 6) A premium finance company, with a properly executed power of attorney, may request termination if money is owed from the employer. Return premium will be sent to the finance company or to any person or entity specified in the premium finance agreement.

F. Non-Renewal - To ensure that the Pool complies with all Wisconsin statutes, servicing carriers should issue a non-renewal notice if any of the following occur:

- Failure to provide client information on a policy issued to an employee leasing company.
- Failure to provide preliminary, interim or final premium audit information when requested.
- Failure to provide ownership information, including the completion of an ERM-14 form, if requested.

Furthermore, it is suggested that all servicing carriers carefully document their files to support issuance of the non-renewal notice. The servicing carrier must also notify WCRB separately of the non-renewal and provide a short explanation of the issue.

Please refer to the WCRB for any other circumstance which may warrant the issuance of the non-renewal notice.

- G. Reinstatement of Coverage - A Wisconsin Notice of Reinstatement shall be used to reinstate a policy that has been terminated mid-term.
- H. Certificates of Insurance - will be issued within 5 working days after receipt of request.

2. Billings and Delinquent Premium Procedures:

- A. All billings for additional premiums resulting from audit, endorsement or other reasons (other than renewal premiums or deposits shall be sent to the employer promptly. The billing should explain the charge and ask for remittance by return mail within 30 days of billing date.
- B. If payment is not received within 30 days, the servicing carrier shall send a final billing to the employer and shall also file a 30-day Notice of Termination with the Bureau.
- C. If payment or additional information is received before the termination is effective, a Notice of Reinstatement should be sent to the employer and filed with the Bureau.
- D. If payment of any billing, including interim audit, final audit, renewal or deposit premium, or any other additional information is received after the effective date of termination, the reissued or renewal policy is effective as of 12:01 A.M. on the day following receipt. This may result in a lapse in coverage.
- E. If payment or information is received more than 90 days after the termination of the policy, the employer must reapply to the Wisconsin Workers Compensation Insurance Pool.
- F. Collection Procedures – If, after completion of billing procedures as outlined above, payments remain due, an internal or external collection procedure should be initiated.

3. Audits:

- A. Audits will be completed, billed and recorded on the company records within 90 calendar days of policy expiration or date of termination.
- B. Audits are to be conducted in accordance with the following minimum frequencies for all employers except domestic workers. If required, a preliminary audit must be completed within 120 calendar days of the policy effective date. If required, an interim audit must be completed within 200 calendar days of the policy effective date. A final physical audit must be completed upon policy expiration. NOTE: Policies with only domestic worker exposure are not subject to preliminary, interim or physical audit.

1) New Policies

- (a) Premium under \$5,000: A final mail/phone audit must be completed on all employers regardless of governing class code that are not receiving a physical audit.
- (b) Premium \$5,000 to \$49,999: A final physical audit.
- (c) Premium range \$50,000 and over: A preliminary or interim and a final physical audit must be completed.
- (d) Over \$10,000 with a governing classification denoted as a Special Category: An interim and a final physical audit.

Special Category

Applicable Class Codes

Amusements	9016, 9180
Contracting	All Classes
Farming	0006, 0008, 0016, 0050
Restaurants/Taverns	9082, 9083, 9084
Health Care	8824, 8825, 8826, 8829 8833, 8835
Janitorial	0917, 9014, 9170
Logging	2702, 2709
Security Services	7720
Trucking	7228, 7229

- (e) All premium ranges: An interim audit and a final physical audit must be completed on all risks engaged in employee leasing and temporary labor service contracting.

2) Renewal Policies

- (a) Premium under \$10,000: A final physical, mail or phone audit must be completed.
- (b) Premium \$10,000-\$19,999: A final physical audit must be completed at least once every three years for all employers. A final mail/phone audit must be completed on all employers, regardless of governing class code, which are not receiving a physical audit.
- (c) Premium \$20,000 and over: A final physical audit must be completed on all employers regardless of governing class code.
- (d) All premium ranges: An interim audit and a final physical audit must be completed on all risks engaged in employee leasing and temporary labor service contracting.

3) Additional Premium Charges

Servicing Carrier may waive additional premium of \$15.00 or less. This waiver applies only to that portion of the premium due on the effective date of the policy change, or audit adjustment.

4) Return Premium Charges

Servicing Carrier may waive return premium of \$15.00 or less. If requested by the employer, however, any return premium must be remitted.

5) In addition to all required audits, employers or servicing carriers may request a physical audit at any time.

6) Employers may submit a mail/phone audit report when a physical audit is not required.

7) The most recent IRS 940 form or its equivalent must be submitted by the employer on all mail/phone audits to verify payroll.

4. Claims

A. Recording

- 1) All reports of injury will be screened when received.
- 2) All reported claims will be assigned within two working days of receipt.

B. Investigation

- 1) Lost time accidents will be investigated based on severity of injury, potential extent of disability, questions of compensability, jurisdiction, and/or medical causal relationship, fatal injuries, and employer liability actions.
- 2) Telephone contact on assigned claims will be made within one working day from time assigned. Contact is to be made with the injured worker, employer, and treating physician.
- 3) Investigation of assigned claims will be substantially completed within 30 working days following assignment.
- 4) Investigation will include but not be limited to the following:
 - Timely contact with employer and witnesses to verify injury/accident details, to lay the foundation for the injured worker's return to work and receive verification of wage/employment information, etc.

- Contact with treating doctor for history, diagnosis, treatment, prognosis, causal relationship and return-to-work target date.
- Contact with the injured worker to obtain accident details, explain benefits/rights, assess disposition, etc.
- Report to Index Bureau.
- Summary report covering items of coverage, accident data, claim date, accident description, liability and medical investigation, subrogation potential, compensability judgment, identification of outstanding issues, and recommendations for future handling.

C. Acceptance or Denial

- 1) If claim is compensable, issue first payment on or before 14th day of disability or earlier, if statute so provides.
- 2) If denial of liability is in order, ensure that prompt denial is made to proper parties, followed up with timely administrative filings where required, providing vigorous defense for the non-meritorious claims.

D. Reserving

- 1) Establish timely medical and indemnity loss cost estimates commensurate with all factors known and developed, based on the individual characteristics of each claim.
- 2) Revise reserve estimates whenever developments occur that change the ultimate loss exposure.
- 3) In reporting estimates on fatal and permanent total cases, utilize tables authorized by the law and/or prescribed by the Governing Board.

E. Continuing Items of Investigation and/or Development

- 1) Second injury fund possibilities.
- 2) Social Security offsets.
- 3) Third party recovery.
- 4) Need for vocational rehabilitation.
- 5) Activity/dependency checks must be made at least every 12 months.

F. Disability Control

- 1) Arrange for the best medical care necessary to treat and cure the injury or illness.

- 2) Dependent upon the case circumstances, the nature of the injury, and the extent of the disability, all consistent with sound claims practice and law, initiate, determine, and/or implement the following:
 - Continuing contact with injured worker, the employer and physician, at intervals consistent with the injury and estimated length of disability and obtain an estimated return-to-work date.
 - Independent medical examinations, where permitted by law, where questions of disability, causal relationship, and treatment exist or where reports of treating physicians are not forthcoming.
 - If necessary, conduct activity checks consistent with length of disability.
 - If return to regular job does not appear medically feasible or is unavailable, explore the availability of return to modified or light work duties consistent with medical restrictions.
 - Vocational rehabilitation, in the form of alternative work, modified work, job placement, on-the-job training, schooling, ensuring strict compliance with statutory regulations.

G. Medical Care and Cost Control

- 1) An integrated medical management program that includes, where permitted by law, pre-accident medical care arrangements, timely reporting of accidents, medical provider contracts and similar contracts, utilization review, hospital pre-certification/pre-admission review, return to work programs and catastrophic case management shall be developed and applied to individual claims, consistent with the severity of injury.
- 2) Periodic reports must be obtained from the treating physician and/or other medical practitioners for the status of the worker's injury and for use in conjunction with medical bill screening.
- 3) Screen all medical bills to ensure reasonableness and necessity of charges, utilizing fee schedules, relative value studies and/or professional medical cost surveys.
- 4) Where no questions of liability or reasonableness exist and physician reports have been received, pay all bills within 30 calendar days.
- 5) Where questions of liability or reasonableness exist, notify the medical vendor, explaining the reasons for the need for further information or investigation.

H. Hearings and Settlements

- 1) Ensure that all cases are properly prepared prior to conference, hearing, or trial, including but not limited to the following:
 - Complete pre-trial preparation in the areas at issue, such as coverage, liability and medical.
 - Have available all necessary lay and professional witnesses or their depositions prior to formal hearing or trial.
 - If trial encompasses issues of extent of disability and/or permanency, have medical reports and opinions and witnesses available and ready for testimony or deposition, depending on the statute requirements.
- 2) Assuming plaintiff attorney willingness, and consistent with sound claim judgment, conduct settlement negotiations promptly after completion of investigation.
- 3) Base all settlement of permanency or compromise settlements on sound claim judgment consistent with liability and medical evidence developed.
- 4) If conference, hearing, or trial is to be handled by an attorney, ensure timely delivery of the file material for preparation.
- 5) Following settlement, the file will be posted with a settlement report which adequately and accurately explains amounts paid.

I. Payment Control - All benefit payments will be made timely, in accordance with statutory provisions and regulations.

J. File Reporting - All file activity will be fully documented.

5. Loss Control

- A. Notification of Loss Control Services - The employer and producer will be notified by the servicing carrier, in writing, within 90 calendar days of receipt of assignment, of available loss control services and safety information, including instructions for obtaining services and information.
- B. Consultation - Each assigned risk employer may request loss control services from the servicing carrier regardless of its size or operations.
 - 1) The servicing carrier will provide appropriate consultation regarding accident prevention programs, accident trends, safety seminars, safety literature and other administrative aids which will support the loss control efforts of the employer.

- 2) When loss control assistance is requested, the servicing carrier will promptly respond within 30 calendar days.

C. Loss Control Consulting Surveys - In addition to 3.b. above, the servicing carrier will provide the following:

- 1) A minimum of one on-site physical visit annually for each employer with estimated premium greater than \$50,000.
- 2) A minimum of one on-site physical visit every three years for each employer with estimated premium between \$25,000 and \$50,000.
- 3) For any employer not meeting the above criteria, the servicing carrier will conduct an on-site physical visit, if the servicing carrier deems it necessary.
- 4) Within 90 calendar days of receipt of new business, the servicing carrier will contact each employer who qualified under the above criteria to schedule a consulting survey.

NOTE: Servicing carriers may request a waiver to conduct a loss control survey on a case-by-case basis. For example, a temporary labor service contractor headquartered in another state.

D. Loss Control Services - Loss control services include, but are not limited to:

- 1) Review of past accident experience to determine causes and trends;
- 2) Review of potential employer exposures;
- 3) Review of employer loss control program and activities;
- 4) Recommendations for employer control of actual or potential exposures and, where applicable, program activities or management principles;
- 5) Description of operations and loss potentials for classification and underwriting purposes; and
- 6) The status of recommendations submitted on prior surveys will be reviewed for completion.

E. Recommendations - Recommendations (including the status of outstanding prior recommendations, if any), will be provided to the employer and the producer in writing within 30 calendar days of completion of the on-site physical visit. The servicing carrier shall follow up on all outstanding recommendations within 90 days of the written report.

- F. Uncooperative Risks - The servicing carrier may issue a notice of termination if:
- 1) After 90 calendar days from submission of reasonable recommendations (i.e., those recommendations addressing exposures of imminent danger to prevent continuing loss; imminent danger is defined as an uncontrolled hazard is likely to cause: 1. loss of life, 2. amputation of body parts, 3. exposure to dangerous chemicals, or 4. occupational disease), the employer has failed to demonstrate substantial evidence of compliance or intent to comply therewith; or
 - 2) After at least two good faith attempts at contact by the servicing carrier, one of which must be by mail, the employer fails to afford reasonable access to its operations.
- G. Loss Records - Loss information will be maintained by the servicing carrier and will be furnished to the employer or the producer of record, within 30 calendar days of a written request. The servicing carrier shall notify the employer of loss information availability at least 45 calendar days prior to renewal.

6. Customer Service

The servicing carrier shall provide service to its customers to assure a timely response to inquiries and complaints, and shall periodically monitor its performance.

7. Pool Servicing Carrier Quarterly Reporting Requirements

Effective as of January 1, 2009, all active servicing carriers are required to submit their quarterly pool data via a file upload from the Servicing Carrier Information member product on the wcrb.org Web site. Annual Reporting is not required.

Note: When reporting Losses Paid, the only expenses that may be included in the Losses Paid categories are those expenses identified in the Unit Statistical Plan. "Allocated Loss Adjustment Expense" is NOT to be included in Losses Paid.

The quarterly pool data and monies due must be received not less than 30 days, nor more than 45 days after the end of the calendar quarter. Servicing Carriers who become inactive post 2009 are required to continue to report their quarterly activity via a file upload from the Servicing Carrier Information member product on the WCRB.org web site, until such time that their run-off business is complete. File Layouts and Field Descriptions for this product may be accessed via the Servicing Carrier Information member product on the wcrb.org Web site.

8. Charge Off of Uncollectible Accounts

"Uncollectible" amounts means gross premiums due the servicing carrier after all means of collection have been exhausted by the servicing carrier. Generally, an employer that owed a servicing carrier premium, will have gone out of business, declared bankruptcy, etc.

Every effort must be made by the servicing carrier to collect any outstanding balances before a charge-off can be requested or approved. This includes, but is not limited to, hiring an attorney, a collection agency or obtaining a judgment against the employer. After exhausting all collection efforts, the charge-off request must be submitted within 90 days of the notification that an employer is out-of-business, has been granted bankruptcy, or proof that the employer cannot be located.

Multiple charge-offs for the same account will be rejected. This rule also applies if a charge-off was taken in a previous year.

A. Uncollectible amount under \$50,000

Charge-offs must be reported electronically in a format approved by the Pool and submitted along with the required charge-off documentation. All charge-offs reported are subject to review and approval by the Pool. Servicing carriers will be notified of approval/disapproval following review. If a charge-off is not approved, the servicing carrier will be advised of the reason for disapproval.

B. Uncollectible amount in excess of \$50,000

Charge-offs must be reported electronically in a format approved by the Pool and submitted along with the required charge-off documentation. All charge-offs reported are subject to review and approval by the Pool and must be approved by the Wisconsin Governing Board. Servicing carriers will be notified of approval. If a charge-off is not approved, the servicing carrier will be advised of the reason for disapproval.

The following supporting documentation must be submitted with all charge-offs:

- Employer name and address
- Policy number(s)
- Policy effective date(s)
- Copy of audit(s)
- Copy of all billing statements and activity
- Copy of Bankruptcy Order
- Substantiation that the employer is out-of-business or cannot be located, including collections documentation
- Any other pertinent information in support of your charge-off request.

Approved charge-offs must be taken in accordance with the following schedule:

MONTH CHARGE-OFF APPROVED	PERIOD CHARGE-OFF MUST BE TAKEN BY
January, February, March	3rd quarter of current year
April, May, June	4th quarter of current year
July, August, September	1st quarter of following year
October, November, December	2nd quarter of following year

CHARGE-OFFS TAKEN AFTER THE ABOVE TIME FRAME WILL BE REJECTED.

9. Transfers of Debt - “Debtor in Possession”

- A. A servicing carrier may transfer uncollectible amounts to the Pool under the “Transfer of Debt Procedure” only with the approval of the Governing Board.
- B. The “Transfer of Debt Procedure” applies only when the employer has filed for a Chapter 11 or Chapter 13 Bankruptcy, and is operating as a “Debtor in Possession” subject to court administration.

POOL’S DUTIES AND RESPONSIBILITIES

- 1. Promptly review and process all Pool applications received, and issue proof of coverage to qualified employers.
- 2. Make assignments to servicing carriers on an equitable basis.
- 3. Review and maintain employer records.
- 4. Respond promptly to customer complaints, questions and problems.
- 5. Administer the “Rules Governing the Insuring of Risks as Required by Section 619.01(6), Wis. Stats. (Originally Chapter 327, Laws of 1931.)

SECTION III - PROCEDURES

APPLICATION TO THE POOL AND BINDING OF COVERAGE

An employer needing coverage should complete an application, with or without the help of a producer, and submit it to the Pool along with any required supplementary attachments and the appropriate deposit premium. Online Assigned Risk (OAR), the web-based application, can be accessed via the Member Products area of the WCRB Web site, www.wcrb.org. Alternatively, the hard copy application and all supplemental forms may be accessed under Forms on the WCRB Web site. The supplemental attachments are used for:

- individuals or partners electing coverage under the Wisconsin Worker's Compensation Law
- when one or two corporate officers of a closely held corporation are electing not to be covered under the Wisconsin law
- employers who request Wisconsin Limited Other States Coverage

An employer is eligible for coverage in the Pool if the employer is not indebted to the Pool, has no current voluntary coverage in force, is unable to obtain coverage in the voluntary market, is not involved in an employee leasing agreement and seeking to cover its own or leased employees, has Wisconsin operations and has properly completed, signed and submitted the proper application form (including all required supplementary attachments and information along with the appropriate deposit premium and acceptable payroll verification). Coverage will be bound at 12:01 A.M. on the day following receipt of the application, or on such later day as may be requested. Only the Pool can bind coverage. No producer has binding authority.

NOTE: Acceptable payroll verification required to be attached to a Pool application may include any of the following:

- the employer's latest filed federal employer 940, 941, 941E, 942 or 943 form;
- an equivalent federal or state required verifiable current payroll record (e.g., unemployment wage report);
- payroll information included in a certified profit and loss statement;
- notarized wage statements;
- W-2 & W-3 forms.

If an employer is a new business without prior payroll, the employer shall provide a notarized statement explaining the lack of verifiable payroll records.

To avoid a lapse in coverage, every effort will be made to have the effective date of Pool coverage coincide with the termination date of prior coverage. **Back-dating of coverage is not permitted in the Pool.** Wisconsin Pool coverage is available to employers who need to satisfy the requirements of the Wisconsin Workers Compensation Law.

The application and supplemental attachments (if necessary) must be completed before sending them to the Pool. **THE EFFECTIVE DATE OF COVERAGE MAY BE DELAYED IF NEEDED INFORMATION IS MISSING.** Common reasons for the return of applications and delays in obtaining coverage are:

- Improper or lack of payroll verification
- Insufficient premium
- Personal check from the applicant
- Improperly signed forms
- Supplemental forms not submitted
- Current coverage in the voluntary market
- Indebted to the Pool
- Non-compliance with prior audits

Furthermore, applications must denote the employer's accurate legal status (i.e. individual, partnership, corporation, LLC). Incorrect indications of legal status may result in inaccuracies relating to policy premium and coverage for principals.

The deposit premium must be for the correct amount in accordance with current requirements. Acceptable forms of payment are:

- Electronic transfer of funds (OAR applications only)
- Certified check
- Bank draft
- Money order
- Producer's check
- Premium finance check

The preceding forms of payment must be made payable to the Wisconsin Compensation Rating Bureau.

If the application is incomplete, the applicant and producer will be notified. They will have 15 calendar days from the date of notification to submit the needed forms or information to the Pool. If the complete information is received within 15 calendar days, the original receipt date will be honored. If the information is received between 15 and 30 calendar days, coverage will be bound as of 12:01 A.M. on the day following receipt of the additional information. If the information is not received within 30 calendar days of notification, the application and deposit premium will be returned to the applicant (or producer if applicable).

Once the Pool receives a complete application (including any supplemental forms or information) and the appropriate deposit premium, the Pool binds coverage and notifies all interested parties. The designated servicing carrier will subsequently issue a one year policy to the employer, and bill the employer for any additional premiums that are due.

It is not necessary to complete a new application each year. Coverage through the Pool remains in effect until terminated. Coverage will be renewed as long as the employer is in "good faith" entitled to coverage. Among other things, this means that the employer is still an employer subject to the Wisconsin Law, and that the employer does not owe any premium to the Pool. If, at any time, there is a lapse in coverage of 90 calendar days or more, the employer must reapply to the Pool.

SECTION IV - GENERAL INFORMATION

PREMIUM PAYMENT

Payments for applications submitted via OAR will be through an electronic transfer of funds. Payments for applications submitted hard-copy must be made by certified checks, bank drafts, money orders or agency checks for the deposit premium must be made payable to the Wisconsin Compensation Rating Bureau. Checks will be endorsed to the servicing carrier providing the coverage. The employer may make subsequent payments by personal check directly to the servicing carrier. Checks not honored by a financial institution will result in termination of coverage for non-payment of premium.

Deposit Premiums

1. Annual Premium Adjustment

Policies having an estimated annual premium of less than \$2,000 are not eligible for interim premium adjustments.

2. Interim Premium Adjustment

Policies that provide for adjustment of premium on an interim basis are subject to the following deposit premium requirements:

\$2,001 - \$5,000at least 50% of the Estimated Annual Premium.
Balance due in 90 calendar days.

\$5,001 - \$10,000. . . at least 50% of the Estimated Annual Premium.
Balance to be billed in 2 quarterly installments.

Over \$10,001at least 25% of the Estimated Annual Premium.
Balance to be billed in 9 monthly installments.

If financed through a Premium Finance Company, include the entire financed amount with the application, and attach a signed copy of the finance agreement.

(NOTE: The Servicing Carrier may require a greater deposit premium if the employer has a history of credit problems.)

3. Minimum Deposit Premium

The minimum deposit premium cannot be less than the minimum premium applicable to the policy.

All deposit premium shall be applied to the Estimated Annual Premium.

POLICY CHANGE

One of the obligations of the employer and/or the producer is to keep the policy up to date once it has been issued. Below is a list of the most common types of policy changes.

In all cases, request changes promptly, in writing, from the servicing carrier. Contact the servicing carrier or the Pool if you need information on a change that is not covered below:

1. Name and Ownership Changes

The servicing carrier may endorse nominal changes in ownership to the policy. Material changes in ownership, as defined in the Experience Rating Plan Manual, require that the current policy be terminated. The new employer must reapply to the Pool. Along with the Pool application, the new employer must complete a “Confidential Request For Information” (Form ERM-14).

It is also mandatory that the carrier and the Pool have the correct names of all employers and entities covered under a policy. This information is used by the State of Wisconsin, Department of Workforce Development to verify compliance with the Wisconsin Worker’s Compensation Law.

2. Address and Location Changes

The current address and additional locations of the employer must be shown on the policy. An addition or deletion of a location could have an impact on payroll and premium. If there is a change in the location where payroll records are kept, the servicing carrier must be notified.

3. Change in Operation

A change in operations usually involves a change in classification and premium. Such changes must be endorsed on the policy. Classification changes that result in substantial premium changes may be verified through a Bureau inspection.

4. Change in Estimated Payroll

Restructuring of operations could affect both payroll and premium and should be reported to the servicing carrier.

5. Change of Producer of Record

Commissions are paid to the “Producer of Record” shown on the original Pool application. To change the “Producer of Record”, the employer must notify the servicing carrier, in writing, of the change. The change will be made effective with the inception of the next renewal policy. **The employer does not have to re-apply to the Pool in order to change the Producer of Record.**

PAYROLL AUDIT

All worker's compensation policies, including Pool policies, are issued with "Estimated Annual Premiums" based on "Estimated Payrolls". The servicing carrier must audit the policy, either on an interim basis or within 90 calendar days after the end of the policy term, to determine the actual payroll and premium.

To avoid substantial additional or return premiums, reasonable payroll estimates should be used when issuing the policy. If recent audit information is available, the current policy estimate must be amended to reflect current payrolls. The servicing carrier should review the estimates on the current policy and make adjustments as is necessary, including possible decreases.

A physical or mail audit may be conducted by the servicing carrier. Audits generating additional premium and billed by the servicing carrier must be paid promptly to avoid termination of the employer's current coverage. All premium charges, including additional premium as the result of a final audit, must be collected within the same policy period in which the premium was billed. All premiums must be paid not less than 60 days prior to the expiration date of the current policy.

AUDIT NON-COMPLIANCE

The Audit Non-Compliance charge is a premium charge applied to a policy when an employer does not comply with a policy premium audit. The charge is one times the estimated annual premium. This rule is optional for voluntary market policies. The WWCIP has opted out of applying this rule for Pool policies. To ensure consistent handling of uncooperative employers, the following rules must be followed:

- After expiration or cancellation of coverage, contact the employer to conduct the audit. Follow the audit guidelines outlined in Section II above.
- If, after two attempts, the employer refuses to allow reasonable access for audit, cancel active coverage for "Failure to Comply with the Terms and Conditions of Policy".
- If employer cooperates prior to the legal date of cancellation (30 days after proper notice is given to the WCRB), the policy can be reinstated upon completion of the audit.
- If the employer does not cooperate, the policy will remain cancelled and the employer will not be eligible for coverage in the Pool until the audit is completed.
- An employer cannot reapply for coverage if, at any time, there is an outstanding audit due.

TERRORISM

An additional \$0.02 per \$100 payroll charge for terrorism and \$0.01 per \$100 of payroll charge for "Catastrophe (other than Certified Acts of Terrorism)" for any business serviced

on behalf of the Pool must be charged. The total terrorism premium must be disclosed under Item 4 of the Information Page.

WAIVER OF SUBROGATION

Upon request from the employer or producer, the “Waiver Of Our Right To Recover From Others” Endorsement, WC 00 03 13, may be attached to the policy. The charge for this endorsement is \$50 per signed contract per policy year, not subject to experience rating. Blanket waivers are not acceptable.

The Pool may honor requests to extend the waivers to third-party beneficiaries such as project owners, architects or engineers. A \$50 charge per policy term should be assessed for each party requesting the waiver, whether a direct party to the contract or a third-party beneficiary.

The Pool requires parties requesting waivers to provide copies of contracts. The actual name of each person or organization requesting a waiver must be listed. Generic references to “owner”, “architect”, “engineer”, etc., are not acceptable.

COMMISSIONS

The designated “Producer of Record” receives a commission for services rendered to the Pool. The commission schedule appears in Section I of this Handbook. In return for this commission, a producer is expected to assist the employer in completing a Pool application. The producer should also properly quote estimated premiums and explain the Pool to the

employer. The producer is also responsible for providing information to the servicing carrier on employer changes.

The producer should not deduct commission when sending in a deposit premium or other payment to the Pool or servicing carrier. The servicing carrier will send a check to the "Producer of Record" within 30 calendar days after premium payment is received. If premium is paid on an interim basis, commission will be paid after each installment is collected.

When a policy is audited and premium is adjusted, the servicing carrier will send the producer additional commission on premiums collected. It will bill the producer for return commissions in the event premium has been overpaid. Payment of return commissions is expected within 30 calendar days. A producer will not be recognized as Producer of Record on any Pool business if return commissions are owed to any of the servicing carriers.

The servicing carrier may waive the collection or return of commissions of \$15 or less. Servicing carriers must return any commissions due if requested by the producer.

COMPLAINTS

If the employer has an unresolved complaint, please refer the matter to the Pool. Be sure to submit all information available related to the complaint.

Address such complaints to:

Wisconsin Compensation Rating Bureau
20700 Swenson Drive, Suite 100
Waukesha, Wisconsin 53186
Telephone: 262-796-4592
Fax: 262-796-4423

SECTION V - APPENDIX

COVERAGE FOR EXECUTIVE OFFICERS, SOLE PROPRIETORS, PARTNERS AND LIMITED LIABILITY COMPANIES (LLCs)

Corporate officers are considered employees and entitled to benefits under the Worker's Compensation Insurance Law. The Wisconsin Workers Compensation Act provides that not more than two officers of a corporation having not more than ten stockholders may non-elect coverage. To non-elect coverage under a Pool policy, the corporate officers should complete, sign and attach the "Supplementary Non-Election" form to an application when submitted. Corporate officers may non-elect any time during the policy period, but once they do so, they may not re-elect for the remainder of the policy term. Failure to attach this non-election form to the application will result in premium being charged for all corporate officers.

The payroll of all corporate officers covered by a policy shall be included for premium calculation, subject to the minimum and maximum individual weekly payroll limitations filed in Wisconsin. These can be found on the WCRB Web site under the Misc Values Table on the Home Page.

Sole proprietors, partners and members of Limited Liability Companies (LLCs) are not covered under a worker's compensation policy in Wisconsin, unless they elect to be covered. Election can be accomplished by completing, signing and submitting a "Supplementary Election of Coverage" form with the Pool application. Failure to attach this form to the application could delay coverage for such principals. Sole proprietors, partners and members of LLCs electing coverage are subject to an assigned annual payroll, based on the Average Weekly Wage in Wisconsin. This amount can be found on the WCRB Web site under the Misc Values Table on the Home Page. (NOTE: Sole proprietors and partners may change coverage election every 30 calendar days.)

RETROSPECTIVE RATING

Retrospective Rating Options are available on a negotiated basis subject to the approval of the Governing Board. Premiums developed under any approved Retrospective Rating Option are subject to the same Pool rules.

POOL DEPOPULATION EFFORTS

The Wisconsin Pool is not a competitive Pool or a market to be utilized by a producer except as a "last option". If a carrier or producer is interested in writing a Pool account in the voluntary market, we encourage them to do so. No short rate cancellation penalties are assessed when an employer is removed from the Pool. The Pool publishes a "Depopulation Report". This report is available to insurance carriers and producers and can be accessed in the "Member Products" section of the WCRB Web site, www.wcrb.org. The report includes the following employer information:

- name and address
- expiration date of their current policy
- governing classification

- estimated annual premium
- experience rating modification, if applicable

NAME AND OWNERSHIP CHANGES - INFORMATION

The employer's name on the application is the name that will appear on the policy. It is extremely important that the application reflect the employer's correct name and the name of any additional entities to be insured under the policy. Any name change during the policy period must be reported to the servicing carrier. This information is provided to the Department of Workforce Development to verify compliance under the Wisconsin Worker's Compensation Law.

A "Confidential Request for Information" (ERM-14) form must be submitted to the servicing carrier and the Pool if any of the following changes occur:

- Name change or change in legal status of any insured entity.
- Changes in ownership or control, including mergers, consolidations, sale of a proprietorship, change in partners or significant changes in stock ownership.
- Addition of entities. Include such information as the prior name, if any, and details about the operations - locations, names, and policy numbers of any prior insurance company.
- Deletion of entities. If written by another insurance company, include the name of the company and policy numbers.
- The employer goes out of business, and the business is taken over by another employer.

COVERAGE IN STATES OTHER THAN WISCONSIN

The Pool was created to provide insurance to employers with Wisconsin operations unable to obtain a worker's compensation insurance policy to satisfy the requirements under the Wisconsin Worker's Compensation Law. Employers having operations in other states, and who need an insurance policy to satisfy the Worker's Compensation Law in those states, will have to obtain it from the National Pool, the state facility having jurisdiction or a voluntary insurer licensed to write workers compensation insurance in that state.

OTHER STATES COVERAGE

"Wisconsin Limited Other States Coverage" is intended to provide limited, temporary coverage for Wisconsin employers for injury to an employee who regularly works in Wisconsin, but just happens to be in another state at the time the compensable injury occurs, and elects coverage in the other state. It is not intended to provide coverage to employers who have operations in other states. Such operations will most likely require the employer to obtain coverage to satisfy the requirements of the Worker's Compensation Law in the other state, and the Wisconsin Pool policy cannot provide this coverage. Wisconsin Limited Other States Coverage, if attached to the Policy, will never apply in Wisconsin, in any

monopolistic state fund state, or in any state where the employer has operations which should be covered under a policy providing worker's compensation in that state.

The duration of the work performed out of state should not exceed 30 days in a given calendar quarter.

Applicants wanting this coverage, must so indicate on the application form, and also submit a completed and signed "Supplementary Wisconsin Limited Other States Request" form with the application.

Wisconsin employers who have obtained "Wisconsin Limited Other States Coverage", and who subsequently begin operations in another state, are required to notify the servicing carrier immediately.

LISTING OF WISCONSIN POOL SERVICING CARRIERS

Middlesex Insurance Company
1800 North Point Drive
Stevens Point, WI 54481
800-301-3366

Society Insurance A Mutual Company
P.O. Box 1029
Fond du Lac, WI 54936-1029
888-576-2438

Employers Mutual Casualty Company
16455 West Bluemound Rd
Brookfield, WI 53008
855-495-1800

West Bend Mutual Insurance Company
1900 South 18th Avenue
West Bend, WI 53095
800-903-4116

SFM Mutual Insurance Company
PO Box 9403
Minneapolis MN 55440
833-949-4336

NOTE: These servicing carriers are subject to change. Contact the Wisconsin Worker's Compensation Insurance Pool for the most current listing.



Wisconsin Compensation Rating Bureau

For information regarding updates, contact donna.knepper@wcrb.org

WI WORKER'S COMPENSATION AND EMPLOYERS LIABILITY INSURANCE MANUAL
WWCIP Handbook (Pool Handbook)
 Effective February 1, 2015

SUMMARY OF CHANGES

Page, Section, etc.	Date of Change	Change/Update
Page 17 Section III	5/21/2021	Client involved in an employee leasing agreement and seeking to cover its own or leased employees not eligible for coverage in the Pool.
Preface	2/1/2015	Expanded the Handbook sections from three to five
Definition of Key Terms	2/1/2015	Eliminated reference to National Pool in the Appendix, added definitions for Preliminary Audit and Interim Audit
Page 1 Section I	2/1/2015	Moved non-renewal information to Section II, Page 6
Page 2 Section I	2/1/2015	Provided WCRB street address instead of PO Box
Page 3 Section II	2/1/2015	Added "waiver contracts" to 2.B.
Page 5 Section II	2/1/2015	Amended the termination authority of the servicing carrier
Page 6 Section II		Moved non-renewal information from Section I, Page 1
Page 7 Section II	2/1/2015	Eliminated reference to other subsections within the Handbook; removed Reinstatement form number, changed "servants" to "workers"; added audit timeframe for interim audit
Pages 8 & 9 Section II	2/1/2015	Changed audit premium thresholds and requirements
Page 13 Section II	2/1/2015	Eliminated reference to other subsections within the Handbook; added note to allow carriers to request waiver to conduct loss control survey
Page 14 Section II	2/1/2015	Defined imminent danger; updated and replaced servicing carrier quarterly reporting requirements
Page 15 Section II	2/1/2015	Changed reference to "binders" to "proof of coverage"
Page 17 Section III	2/1/2015	Renumbered section. Added reference to "Online Assigned Risk (OAR)"
Page 18 Section III	2/1/2015	Added reference to "Online Assigned Risk (OAR)"; changed "agent" to "producer" defined days as "calendar" days
Page 19 Section IV	2/1/2015	Renumbered section; added language for OAR payments, clarified premium adjustment timeframes, eliminated "interim payment adjustments" from 3.
Page 21 Section IV	2/1/2015	Clarified that payroll adjustments should be made on current policies, including decreases; Included language on extending waivers of subrogation to third-party beneficiaries; included contract requirements for waivers
Page 22 Section IV	2/1/2015	Defined days as "calendar" days
Page 23 Section V	2/1/2015	Renumbered section; updated references to Web products
Page 24 Section V	2/1/2015	Updated language under "Other States Coverage"
Page 26 Section V	2/1/2015	Corrected phone number for Society Insurance Company
Pages 27-28	2/1/2015	Deleted copies of binder letters; miscellaneous correspondence letters; forms

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WWCIP Handbook (Pool Handbook)

Effective September 1, 2008

Page 25, SECTION 111, Appendix	10/7/2010	Amended the Other States explanation to track with the endorsement. The endorsement no longer has a "Schedule of Excluded States."
Page 5, SECTION 1, Operation of Pool - Overview	2/9/2010	Allows a servicing carrier to non-renew pool accounts under certain circumstances - Effective 11/04/09.