



Wisconsin Compensation Rating Bureau

Current Date

Coverage Group ID
Employer Name
Employer Street Address
City, State Zip Code

Dear Policyholder,

Please be advised that the Wisconsin Compensation Rating Bureau is required to complete an on-site operational review of your business. The objective of this review is to establish the nature and scope of your business operations, which will determine the proper classification codes to be applied to your worker's compensation insurance policy.

To facilitate scheduling, **please email your designated contact person's name and phone number** immediately upon receipt of this letter. This review process should not be confused with a premium audit, which is conducted by your carrier of record (i.e. no payroll records will be needed). The time needed to conduct an inspection depends on the complexity of your business. An estimate of the time it will take to perform the inspection can be offered when the appointment is scheduled.

This review generally consists of the following:

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| <ul style="list-style-type: none"> ✓ full, legal business name(s) for all entities that compensate Wisconsin-based employees (including DBA names) ✓ ownership/membership & corp. officers (if applicable) ✓ legal status (corp., LLC, sole proprietor, etc.) ✓ nature and scope of operations ✓ total # of employees & # by type of duty | <ul style="list-style-type: none"> ✓ vehicles used (# & type owned, leased or borrowed) ✓ equipment used (owned, leased, or borrowed) ✓ materials used & processes conducted ✓ source(s) of annual revenue ✓ tour of the business premises to observe the operations. |
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Go to <http://wcrb.org/aboutinspections> for more information.

Sincerely,
Inspector Name
Direct Number: (###) ###-####
Email: Inspector Email Address

Agency Name
Agency Street Address
City, State Zip Code

Letter ID: #####
Enclosure: WCRB Informational Brochure

Form: W056, 2/4/2020