

NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD™ Forms Instruction Guide for completing the ACORD™ 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD™ 130 Workers Compensation Application. For questions relating to the Indiana Plan please refer to NCCI's *Basic Manual for Workers Compensation and Employers Liability Insurance* green pages, *User's Guide* (National pages), NCCI's *Assigned Risk Supplement to the Basic Manual*, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

INDIANA				
Estimated Annual Premium	Payment Basis	Minimum Initial	Additional Payments	Number of Refusers: Three—one must be the current carrier, if applicable.
Under \$2,500	Annual	100%	None	Effective Date: The later of the following options: <ul style="list-style-type: none"> 12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application The date of expiration of existing coverage A date the applicant requests If an eligible application and check is sent via U.S. mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted and only a U.S. Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
At Least \$2,500	Semi-annual	75%	One	
At Least \$5,000	Quarterly	50%	Three	
At Least \$25,000	Monthly	25%	Eleven	
Additional payments must be in equal amounts, the total of which, when added to the deposit premium, must equal 100% of the estimated annual premium. Estimated annual premium and the payment schedule are subject to adjustment at interim or final audit. An employer may select a higher percentage at inception. The assigned servicing carrier, based on sound underwriting practices, has the right to make appropriate changes in the payment basis that the employer has selected. The assigned carrier will give the reasons for any change.				
Application Submission Options: <ul style="list-style-type: none"> Online—Applications may be submitted via NCCI's Web site at ncci.com. To enroll for access to this free service, contact the ICRB at 317-842-2800. Mail—Applications may be submitted via the U.S. Postal Service or private overnight delivery service to the lockbox address provided below. 				
Loss Sensitive Rating Plan: The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating program for employers whose standard premium is equal to or exceeds \$100,000. In addition to the applicable state WCIP premium payment plan or deposit premium, an LSRP contingency deposit premium of 20% of standard premium, or an acceptable, clean, unconditional Irrevocable Letter of Credit (ILOC) containing the automatic renewal clause, is required on all LSRP policies or applications. All ILOCs must be drawn on a bank that is a member of the Federal Reserve.				
Guide to Premium Calculation (for detailed information, refer to Indiana State Special Rules in the <i>Basic Manual</i>): <ul style="list-style-type: none"> Experience modification, if applicable Coinsurance/deductible insurance, if applicable Assigned risk surcharge of 25% applies to the entire total standard premium for risks with premium in excess of \$2,500 				
Election/Rejection Under State Law: Sole proprietors, partners, members/managers of a limited liability company, and officers of charitable, religious, educational, or nonprofit corporations are not automatically covered under Indiana law, but they may elect to be included. Persons electing coverage, must file the Election of Coverage Form. Payrolls must be included for those electing coverage. Failure to file the appropriate forms for election or rejection status in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier. For information on Indiana corporate officer election/rejection of coverages, please refer to state law. Refer to the Workers Compensation Board of Indiana at www.in.gov/workcomp/ for the most current rules, regulations, and forms. Note: This information applies only to Indiana law. If additional states are to be covered, additional action may be necessary under applicable state law.				
Employee Leasing: Q:#6—Do you lease workers from a labor contractor? If you answered yes, please complete and submit the Client Supplemental Employee Leasing Application. Q:#7—Do you lease workers to client companies? Q:#8—Are you seeking to cover the leased workers? If you answered yes to Q:#7 and to Q:#8, please complete and submit the Labor Contractor Supplemental Employee Leasing Application side A and side B for each client. If you answered yes to Q:#7 and no to Q:#8, please complete and submit the Labor Contractor Supplemental Employee Leasing Application side A. IMPORTANT: BEFORE COMPLETING EMPLOYEE LEASING APPLICATIONS AND SUPPLEMENTALS, refer to the Producer Information Assigned Risk Special Rule on Item B-1276 Employee Leasing Arrangements. Obtain forms from ICRB.				
Mail Application To: NCCI—Indiana PO Box 74608 Chicago, IL 60675-4608		Send Correspondence To: Indiana Compensation Rating Bureau 5920 Castleway West Drive PO Box 50400 Indianapolis, IN 46250 Phone: 317-842-2800—Fax: 317-842-3717		
Lockbox Street Address: Lockbox #74608 NCCI, Inc., Northern Trust Co., 350 North Orleans Street, Receipt & Dispatch 8th Floor, Chicago, IL 60654				