

**WORKERS COMPENSATION EXPERIENCE RATING  
 FOR FORMER CLIENTS OF LABOR CONTRACTORS**

Provide the termination date in Item 1 below. Provide name of previous labor contractor in Item 2 below. Provide name, address and FEIN # of client company in Item 3 below. If client has entered into a leasing arrangement with a new labor contractor, provide the name of the new labor contractor in Item 4 below.

Item 1: Termination Date: \_\_\_\_\_

Item 2: Risk Name: \_\_\_\_\_ Risk ID: \_\_\_\_\_

Item 3: Risk Name: \_\_\_\_\_ Risk ID: \_\_\_\_\_

Address and FEIN #: \_\_\_\_\_

Item 4: Risk Name: \_\_\_\_\_ Risk ID: \_\_\_\_\_

Item 5: Policy Information

**FOR THE PERIOD DURING WHICH THE CLIENT COMPANY'S REPORTED DATA WAS DEVELOPED:**  
 Information for the policy written for the Labor Contractor Name in Item 2 above.

1. Effective Date: \_\_\_\_\_
2. Expiration Date: \_\_\_\_\_
3. Policy No.: \_\_\_\_\_
4. Carrier: \_\_\_\_\_
5. State: \_\_\_\_\_

(1) Class Code	(2) Payroll	(3) Rate	(4) Claim No.	(5) Accident Date	(6) Injury Type	(7) Open/ Closed	(8) Class Code	(9) Indemnity	(10) Medical	(11) Actual Incurred Losses	(12) Loss Cov.	(13) Cat. No.

Please follow the instructions on the reverse for completing this worksheet and return it to the appropriate office of NCCI, prior to rating effective date.

