



**DELAWARE WORKERS  
COMPENSATION MANUAL**

OF

**RULES, CLASSIFICATIONS AND  
RATING VALUES**

FOR

**WORKERS COMPENSATION AND  
FOR EMPLOYERS LIABILITY  
INSURANCE**

**Effective December 1, 2007**

**DELAWARE COMPENSATION RATING BUREAU, INC.**

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## Manual Information Page

December 1, 2007 Manual

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### Section 2

Effective: December 1, 2007

- Loss costs and residual market rating values updated.
- Maximum executive officer payroll increased to \$2,200.
- Residual market expense constant increased to \$270.
- Delaware Residual Market Premium Discount Table updated.
- Residual market tax multiplier updated to 1.1078.
- State & Hazard Group Relativities updated.
- Optional loss development factors updated.
- Small deductible table updated.

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### Section 6

Effective: December 1, 2007

- Table B updated.

*Any questions, suggestions or comments about this Manual should be directed to Bruce Decker at [bdecker@dcrb.com](mailto:bdecker@dcrb.com)*

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**PREFACE**

- A. This Manual of risk classes, underwriting rules, Bureau rating values and rating plans has been filed with the Delaware Insurance Department as required by Delaware Law. It is effective 12:01 A.M., **December 1, 2007**, with respect to all policies, the effective date of which is **December 1, 2007** or thereafter, subject to the following express conditions, for the insurance companies, corporations and associations listed herein and for no other insurance company, corporation or association.

The following portions of this Manual may, at the option of the insurance companies, corporations, associations and exchanges enumerated in the attached list, be applied to selected policies in force as of November 26, 2002:

- Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents Premium Endorsement **WC 00 04 21A**
- Terrorism Risk Insurance Extension Act Endorsement **WC 00 01 13**
- Foreign Terrorism Premium Endorsement **WC 00 04 22**

**B. Organization of Manual**

This Manual has seven sections:

- Section One – Underwriting Rules
- Section Two – Classifications **and** Rating Values
- Section Three – Endorsements
- Section Four – Retrospective Rating Plans
- Section Five – Rulings and Interpretations **and** Classification Underwriting Guide
- Section Six – Experience Rating Plan
- Section Seven – Merit Rating Plan

**C. Definitions**

The following words are referenced in House Bill 241 of 1993 or have been used in this Manual with meanings intended to be consistent with the requirements of that Act. For purposes of improving the understanding of the Manual, definitions of these words as used elsewhere in this Manual are set forth below.

1. **Bureau Data Card** – Bureau Data Cards are issued by the Delaware Compensation Rating Bureau, Inc. These data cards provide the risk name, location, Bureau file number, authorized classification(s) and if applicable the risk's experience modification for a minimum of one year.  
  
Risks approved for the Delaware Construction Classification Premium Adjustment Program and any other applicable credit programs will be shown on these data cards.
2. **Bureau Loss Costs** – Dollar amounts per unit of exposure attributable to the payment of losses under workers compensation and employers liability coverages, filed by the Bureau based on the aggregate experience of all Bureau members and approved by the Insurance Commissioner.
3. **Bureau Rating Values** – All parameters filed by the Bureau and approved by the Insurance Commissioner, and which are used either mandatorily or by option of carriers for purposes of pricing workers compensation and employers liability coverages. Such Bureau rating values include Bureau Loss Costs, experience rating plan values such as Expected Loss Cost Factors, Credibility, Maximum Value of One Accident, and Credibility Weighted Maximum Value Charge, retrospective rating plan values such as the Table of Expected Loss Ranges, Excess Loss Pure Premium Factors, Retrospective Pure Premium Development Factors, and expense parameters applicable to U.S.L.&H.W. coverages such as Premium Discounts, Expected Loss Ratio, Expense Ratios, Tax Multipliers and Loss Conversion Factors.
4. **Carrier Rate** – The amount per unit of exposure which an insurance carrier charges for workers compensation and employers liability insurance.
5. **Carrier Rating Values** – All parameters used by carriers for purposes of pricing workers compensation and employers liability insurance coverages. Such parameters may be either Bureau Rating Values adopted by a carrier for its own use or values independently determined by a carrier.
6. **Loss Cost** – Dollar amounts per unit of exposure attributable to the payment of losses under workers compensation and employers liability coverages. Loss Costs may be developed either by the Bureau based on the aggregate experience of all Bureau members or may be established by individual carriers based on their own supporting information.
7. **Prospective Loss Costs** – Historical aggregate losses projected through development to their ultimate value and through trending to a future point in time including all loss adjustment or claim management expenses and loss-based

expenses excluding other operating expenses, assessments, taxes and profit or contingency allowances in this Manual. The term "Loss Cost" is synonymous with Provision for Claim Payment.

8. **Rating Value** – A parameter or number used in pricing workers compensation or employers liability insurance coverages. Rating Values may be established by the Bureau or by individual carriers. Where individual carriers have established Rating Values different from those of the Bureau, the carrier's values supersede those of the Bureau for purposes of that insurer's policies.

#### **D. Delaware Compensation Rating Bureau, Inc. Membership List**

ACADIA Insurance Company.	Centennial Insurance Company.
Accident Fund Insurance Company of America.	Century Indemnity Company.
ACE American Insurance Company.	Charter Oak Fire Insurance Company.
ACE Fire Underwriters Insurance Company.	Cherokee Insurance Company.
ACE Indemnity Insurance Company.	Chubb Indemnity Insurance Company.
ACE Property & Casualty Insurance Company.	Church Mutual Insurance Company.
ACIG Insurance Company.	Cincinnati Casualty Company.
ACUITY, A Mutual Insurance Company.	Cincinnati Indemnity Company.
Advantage Workers Compensation Insurance Company.	Cincinnati Insurance Company.
AIG Casualty Company.	Clarendon National Insurance Company.
AIG Centennial Insurance Company.	Commerce and Industry Insurance Company.
A.I.U. Insurance Company.	Commercial Casualty Insurance Company.
Alea North America Insurance Company.	Continental Casualty Company.
Allianz Global Risks US Insurance Company.	Continental Indemnity Company.
Allied Property and Casualty Insurance Company.	Continental Insurance Company, The (New Hampshire).
Allmerica Financial Benefit Insurance Co.	Crum & Forster Indemnity.
Allstate Indemnity Company.	Cumberland Insurance Company, Inc.
Allstate Insurance Company.	Cumis Insurance Society, Inc.
AMCO Insurance Company.	DaimlerChrysler Insurance Company.
American Alternative Insurance Corp.	Dallas National Insurance Company.
American Automobile Insurance Company.	Depositors Insurance Company.
American Casualty Company of Reading.	Diamond State Insurance Company.
American Economy Insurance Company.	Discover Property & Casualty Insurance Company.
<b>American European Insurance Company.</b>	Donegal Mutual Insurance Company.
American Fire & Casualty Company.	Eastern Alliance Insurance Company.
American Guarantee and Liability Insurance Company.	Eastguard Insurance Company.
American Hardware Mutual Insurance Company.	Electric Insurance Company.
American Home Assurance Company.	Employers' Fire Insurance Company, The.
American Insurance Company, The.	Employers' Insurance Company of Wausau.
American Interstate Insurance Company.	Employers' Mutual Casualty Company.
American Manufacturers' Mutual Insurance Company.	Employers Reinsurance Company.
American Motorists Insurance Company.	Everest National Insurance Company.
American Safety Casualty Insurance Company.	Excelsior Insurance Company.
American States Insurance Company.	Fairfield Insurance Company.
American Zurich Insurance Company.	Fairmont Insurance Company.
AmeriHealth Casualty Insurance Company.	Fairmont Premier Insurance Company.
Amerisure Mutual Insurance Company.	Fairmont Specialty Insurance Company.
Amguard Insurance Company.	Farm Family Casualty Insurance Company.
Arch Insurance Company.	Farmington Casualty Company.
Argonaut Insurance Company.	Farmland Mutual Insurance Company.
Argonaut-Midwest Insurance Company.	Federal Insurance Company.
ARI Casualty Company.	Federated Mutual Insurance Company.
ARI Mutual Insurance Company.	Federated Rural Electric Insurance Exchange.
Associated Indemnity Corporation.	Federated Service Insurance Company.
Assurance Company of America.	Fidelity and Deposit Company of Maryland.
Athena Assurance Company.	Fidelity & Guaranty Insurance Company.
Atlantic Insurance Company.	Fidelity and Guaranty Insurance Underwriters, Inc.
Atlantic Mutual Insurance Company.	Fireman's Fund Insurance Company.
Atlantic Specialty Insurance Company.	Firemen's Insurance Company of Washington, D.C.
Atlantic States Insurance Company.	First Liberty Insurance Corp.
Automobile Insurance Company of Hartford, Connecticut.	Firstline National Insurance Company.
BancInsure, Inc.	Florists Mutual Insurance Company.
Bankers Standard Fire and Marine Company.	Frontier Insurance Company.
Bankers Standard Insurance Company.	<b>Gateway Insurance Company.</b>
Bituminous Casualty Corporation.	General Casualty Co. of Wisconsin.
Bituminous Fire and Marine Insurance Company.	General Insurance Company of America.

Genesis Insurance Company.  
Granite State Insurance Company.  
Graphic Arts Mutual Insurance Company.  
Gray Insurance Company.  
Great American Assurance Company.  
Great American Insurance Company.  
Great American Insurance Company of New York.  
Great Northern Insurance Company.  
Great West Casualty Company.  
Greater New York Mutual Insurance Company.  
Greenwich Insurance Company.  
Guarantee Insurance Company.  
GuideOne Mutual Insurance Company.  
Hanover Insurance Company, The (New Hampshire).  
Harbor Specialty Insurance Company.  
Harco National Insurance Company.  
Harford Mutual Insurance Company.  
Harleysville Mutual Insurance Company.  
Harleysville Preferred Insurance Company.  
Hartford Accident and Indemnity Company.  
Hartford Casualty Insurance Company.  
Hartford Fire Insurance Company.  
Hartford Insurance Company of the Midwest.  
Hartford Underwriters Insurance Company.  
Highlands Insurance Company.  
Indemnity Insurance Company of North America.  
Indiana Lumbermen's Mutual Insurance Company.  
Insurance Company of Greater New York.  
Insurance Company of North America.  
Insurance Company of the Americas.  
Insurance Company of the State of Pennsylvania.  
Lancer Insurance Company.  
Liberty Insurance Corporation.  
Liberty Insurance Underwriters, Inc.  
Liberty Mutual Fire Insurance Company.  
Liberty Mutual Insurance Company.  
Lincoln General Insurance Company.  
LM Insurance Corp.  
Lumbermen's Mutual Casualty Company.  
Lumbermen's Underwriting Alliance.  
Manufacturers Alliance Insurance Company.  
Markel Insurance Company.  
Maryland Casualty Company.  
Massachusetts Bay Insurance Company.  
MEMIC Indemnity Company.  
Merchants Mutual Insurance Company.  
Mid-Century Insurance Company.  
Middlesex Insurance Company.  
Midwest Employers Casualty Company.  
Mitsui Sumitomo Insurance Company of America.  
Mitsui Sumitomo Insurance USA Inc.  
Montgomery Mutual Insurance Company, The.  
National Fire Insurance Company of Hartford.  
National Interstate Insurance Company.  
National Liability & Fire Insurance Company.  
National Surety Corporation (Illinois).  
National Union Fire Insurance Company of Pittsburgh, Pa.  
Nationwide Agribusiness Insurance Company.  
Nationwide Mutual Fire Insurance Company.  
Nationwide Mutual Insurance Company.  
Nationwide Property & Casualty Insurance Company.  
Netherlands Insurance Company.  
New Hampshire Insurance Company.  
New Jersey Manufacturers' Insurance Company.  
NGM Insurance Company.  
NIPPONKOA Insurance Company Ltd. US Branch.  
Norguard Insurance Company.  
North American Specialty Company.  
North River Insurance Company, The (New Jersey).  
Northbrook Indemnity Company.  
Northern Assurance Company of America, The.  
Northern Insurance Company of New York.  
NOVA Casualty Company.  
Ohio Casualty Insurance Company.  
Ohio Farmers' Insurance Company.  
Ohio Security Insurance Company.  
Old Guard Insurance Company.  
Old Republic General Insurance Corporation.  
Old Republic Insurance Company.  
OneBeacon America Insurance Company.  
OneBeacon Insurance Company.  
Pacific Employers' Insurance Company.  
Pacific Indemnity Company.  
Peerless Indemnity Insurance Company.  
Peerless Insurance Company.  
Peninsula Insurance Company.  
Penn National Security Insurance Company.  
Pennsylvania General Insurance Company.  
Pennsylvania Lumbermens Mutual Insurance Company.  
Pennsylvania Manufacturers' Association Insurance Company.  
Pennsylvania Manufacturers Indemnity Company.  
Pennsylvania National Mutual Casualty Insurance Company.  
Petroleum Casualty Company.  
Pharmacists Mutual Insurance Company.  
Phoenix Insurance Company.  
Praetorian Insurance Company.  
Preferred Professional Insurance Company.  
Princeton Insurance Company.  
Protective Insurance Company.  
Public Service Mutual Insurance Company.  
Redland Insurance Company.  
Regent Insurance Company.  
Republic-Franklin Insurance Company.  
Rockwood Casualty Company.  
SAFECO Insurance Company of America.  
Safety First Insurance Company.  
Safety National Casualty Corp.  
SeaBright Insurance Company.  
Select Insurance Company.  
Selective Insurance Company of America.  
Selective Insurance Company of South Carolina.  
Selective Way Insurance Company.  
Seneca Insurance Company, Inc.  
Sentinel Insurance Company Ltd.  
Sentry Insurance, A Mutual Company.  
Sentry Select Insurance Company.  
Sompo Japan Insurance Company of America.  
Southern States Insurance Exchange.  
St. Paul Fire and Marine Insurance Company.  
St. Paul Guardian Insurance Company.  
St. Paul Medical Liability Insurance Company.  
St. Paul Mercury Insurance Company.  
St. Paul Protective Insurance Company.  
Standard Fire Insurance Company, The.  
Star Insurance Company.  
StarNet Insurance Company.  
State Farm Fire and Casualty Company.  
Strathmore Insurance Company.  
Technology Insurance Company.  
T.H.E. Insurance Company.  
TIG Indemnity Company.  
TIG Insurance Company.

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Tokio Marine & Nichido Fire Insurance Company, Ltd.  
Tower Insurance Company of New York  
Tower National Insurance Company  
Transcontinental Insurance Company.  
Transguard Insurance Company of America, Inc.  
Trans Pacific Insurance Company.  
Transportation Insurance Company.  
Travelers Casualty and Surety Company.  
Travelers Casualty and Surety Company of America.  
Travelers Casualty Co. of Connecticut.  
Travelers Casualty Insurance Company of America.  
Travelers Commercial Insurance Company.  
Travelers Indemnity Company, The.  
Travelers Indemnity Company of America.  
Travelers Indemnity Company of Connecticut, The.  
Travelers Property Casualty Company of America.  
Twin City Fire Insurance Company.  
U.S. Specialty Insurance Company.  
Ullico Casualty Company.  
Union Insurance Company.  
United States Fidelity and Guaranty Company.  
United States Fire Insurance Company.  
United Wisconsin Insurance Company.  
Universal Underwriters' Insurance Company.  
Utica Mutual Insurance Company.  
Valiant Insurance Company.  
Valley Forge Insurance Company.  
Vanliner Insurance Company.  
Vigilant Insurance Company.  
Virginia Surety Company, Inc.  
Wausau Business Insurance Company.  
Wausau Underwriters' Insurance Company.  
Wesco Insurance Company.  
West American Insurance Company.  
Westchester Fire Insurance Company.  
Westfield Insurance Company.  
Westport Insurance Corporation.  
Williamsburg National Insurance Company.  
Work First Casualty Company.  
XL Insurance America, Inc.  
XL Specialty Insurance Company.  
Zenith Insurance Company.  
Zurich American Insurance Company.

**TABLE OF CONTENTS**  
**SECTION 1 – UNDERWRITING RULES**

**RULE I – GENERAL**

- A. Workers Compensation
- B. Standard Policy
- C. Endorsement Forms
- D. Endorsement Forms Section
- E. Application of Manual Rules
- F. Effective Date
  - 1. Manual
  - 2. Changes
- G. Anniversary Rating Date
  - 1. Definition
  - 2. Rewritten Policies
  - 3. Long Term Policies
- H. Filing Requirements
- I. Medical Contracts

**RULE II – EXPLANATION OF COVERAGES AND METHODS OF INSURING**

- A. Part One – Workers Compensation Insurance
  - 1. Description of Workers Compensation Insurance
  - 2. Delaware Coverage
  - 3. Longshore Coverage
  - 4. Deductible Coverage
- B. Coverage Requirements
- C. Part Two – Employers Liability Insurance
  - 1. Description of Employers Liability Insurance
  - 2. Employers Liability for Diseases
  - 3. Admiralty Law or Federal Employers' Liability Act
  - 4. Employers Liability Insurance with Workers Compensation Insurance
- D. Voluntary Compensation Insurance
  - 1. Description of Voluntary Compensation Insurance
  - 2. How Provided
- E. Part Three – Other States Insurance
  - 1. Description of Other States Coverage
  - 2. States where not Available
  - 3. Restriction on Use
  - 4. Premium
- F. Deductible Coverage
- G. Delaware Workers Compensation Insurance Plan (WCIP)

**RULE III – POLICY PREPARATION – INSURED, POLICY PERIOD AND STATE OF OPERATIONS**

- A. Explanations of Terms
  - 1. Employer/Entity
  - 2. Insured
  - 3. Majority Interest
  - 4. Risk
- B. Name, Address and Other Work-Places of Insured
  - 1. Combination of Legal Entities
  - 2. Delaware Locations
- C. Policy Period
  - 1. Normal Policy Period
  - 2. Policy for One Year
  - 3. Policy Longer than One Year
  - 4. Renewal Certificates/Agreements
  - 5. Three Year Fixed Carrier Rating Value Policy Option

- D. State Laws Designated in the Policy
  - 1. Listing of Delaware
  - 2. Longshore Act
  - 3. Additional States

**RULE IV – CLASSIFICATIONS**

- A. General Explanation
  - 1. Objective
- B. Classifications
  - 1. Basic Classifications
  - 2. Standard Exception Classification
    - a. Clerical Office Employees
    - b. Drafting Employees
    - c. Salespersons, Collectors, or Messengers, Outside
  - 3. General Inclusions
  - 4. General Exclusions
- C. Assignment of Classifications
  - 1. Object of Classification Procedure
  - 2. Assignment of a Classification
  - 3. Assignment of Additional Classifications
  - 4. Assignment by Analogy
  - 5. Payroll Assignment – Multiple Classifications
  - 6. Construction or Erection Operations
  - 7. NOC Definition
  - 8. Changing Classifications
  - 9. Classification Appeals
  - 10. Mercantile Business/Stores
- D. Show the Classifications in Item 4 of the Information Page
- E. “New Business” Employee Classification Procedure

**RULE V – PREMIUM BASIS**

- A. Basis of Premium – Total Remuneration
- B. Remuneration – Payroll
  - 1. Definition
  - 2. Inclusions
  - 3. Exclusions
  - 4. Payroll
  - 5. Employee Savings Plans
- C. Estimated Payrolls
  - 1. Estimated Payrolls by Classification
  - 2. Determination of Estimated Payrolls
  - 3. Approval of Estimated Payrolls
- D. Whole Dollars – Payrolls
- E. Payroll Limitation
  - 1. How Payroll Limitation Applies
  - 2. Partial Week

**RULE VI – RATING VALUES AND PREMIUM DETERMINATION**

- A. Bureau Rating Values
  - 1. Bureau Loss Cost
  - 2. Disease Loading
  - 3. Foreign Terrorism
  - 4. Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents
- B. Premium Determination
- C. Whole Dollars – Premiums
- D. Carrier Rating Values
- E. Premium Modification – Experience Rating Plan
- F. Premium Determination for Federal and Maritime Insurance
- G. Schedule Rating
- H. Premium Algorithm

**RULE VII – PREMIUM DISCOUNT**

- A. Explanation
- B. Combination of Policies
  - 1. Combination Permitted
  - 2. Combination Procedure
- C. Large Construction Projects (Wrap-Up)
  - 1. Insurance Carrier
  - 2. Policy Limitation
  - 3. Eligible Entities
  - 4. Premium Requirement
  - 5. Location Requirement
  - 6. Duration Requirement

**RULE VIII – LIMITS OF LIABILITY**

- A. Workers Compensation and Employers Liability Policy
  - 1. Part One – Workers Compensation
  - 2. Part Two – Employers Liability
    - a. Standard Limits
    - b. Increased Limits
    - c. Accident Limit
    - d. Disease Limit
    - e. Show Limit on the Information Page
- B. Voluntary Compensation Insurance
  - 1. Standard Limits
  - 2. Increased Limits
  - 3. Premium Determination
  - 3. Payroll Records

**RULE IX – SPECIAL CONDITIONS OR OPERATIONS AFFECTING COVERAGE AND PREMIUM**

- A. Executive Officers
  - 1. Definition
  - 2. Law and Status
  - 3. Premium Determination
  - 4. Assignment of Payroll
  - 5. Flight Duties
- B. Sole Proprietor and Partners
  - 1. Law and Status
  - 2. Coverage
  - 3. Premium Determination
- C. Subcontractors
  - 1. Law on Contractors and Subcontractors
  - 2. Lessees Transporting Passengers
- D. Ex-Medical Coverage
- E. Professional and Semi-Professional Athletes – Class Code 970
- F. Delaware Workplace Safety Program
- G. Delaware Construction Classification Premium Adjustment Program
- H. Waiver of Subrogation

**RULE X – CANCELLATION**

- A. Who May Cancel
- B. Premium Determination – Cancellation by the Insurance Carrier
  - 1. Carrier Rating Values and Payroll
  - 2. Experience Rating
  - 3. Deductible
- C. Premium Determination - Cancellation by the Insured when Retiring from Business
- D. Premium Determination – Cancellation by the Insured, Except when Retiring from Business
  - 1. Actual Payroll
  - 2. Extended Payroll
  - 3. Carrier Rate
  - 4. Experience Rating
  - 5. Deductible
  - 6. Short Rate Percentage
  - 7. Example of Short Rate Cancellation
- E. Short Rate Cancellation Table for Term of One Year

**RULE XI – THREE YEAR FIXED RATE POLICY OPTION****RULE XII – U.S. LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT**

- A. General Explanation
- B. Workers Compensation Insurance – Part One
- C. Employers Liability Insurance – Part Two
- D. Classifications and Rates
  - 1. Classifications
  - 2. Rates for Federal "F" Classifications
  - 3. Rates for Non-Federal "Non-F" Classifications
- E. Extensions of the U.S.L. & H.W. Act
  - 1. Defense Bases Act
  - 2. Civilian Employees of Nonappropriated Fund Instrumentalities Act
  - 3. Premium Determination

**RULE XIII – THE ADMIRALTY LAW AND THE FEDERAL EMPLOYERS LIABILITY ACT**

- A. General Explanation
  - 1. Admiralty Law
  - 2. Federal Employers Liability Act (F.E.L.A.)
- B. Description of Coverage Programs
  - 1. Program I
  - 2. Program II
- C. Coverage
  - 1. Admiralty Law Endorsements
  - 2. Admiralty Law Coverage Options
  - 3. F.E.L.A. Endorsements
  - 4. U.S.L. & H.W. Act
- D. Exclusions
  - 1. Exclusion of Admiralty Law Liability
  - 2. Exclusion of F.E.L.A. Liability
- E. Limits of Liability
  - 1. Standard Limits
  - 2. Increased Limits
  - 3. Minimum Premium
- F. Classifications
- G. Waters not under Admiralty Jurisdictions
  - 1. Coverage
  - 2. Premium Determination
  - 3. Admiralty Law or U.S.L. & H.W. Act Liability

**RULE XIV – AGRICULTURAL, DOMESTIC WORKERS - RESIDENCES**

- A. Definitions
  - 1. Agricultural Workers
  - 2. Inside Domestic Workers
  - 3. Outside Domestic Workers
  - 4. Occasional Domestic Workers
- B. Coverage
  - 1. Workers Compensation and Employers Liability Insurance
  - 2. Voluntary Compensation Insurance
  - 3. Agriculture and Domestic Workers
- C. Name of Insured
- D. Classifications
  - 1. Domestic Workers
  - 2. Agriculture Workers
  - 3. Maintenance, Repair or Construction Operations
- E. Bureau Rating Values and Premium
  - 1. Bureau Rating Values
  - 2. Records Required
  - 3. Full Time Domestic Workers
  - 4. Occasional Domestic Workers
- F. Schedule Rating

**RULE XV – FINAL EARNED PREMIUM DETERMINATION**

- A. Actual Payroll
- B. Premium Determination
- C. Audit Rights to Carrier
- D. Authorized Classifications

**RULE XVI – APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE**

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**RULE I – GENERAL**

**A. WORKERS COMPENSATION**

Workers Compensation as used in this Manual means workers compensation and occupational disease law of Delaware.

**B. STANDARD POLICY**

Standard Policy means the Standard Provisions Workers Compensation and Employers Liability Policy and the Information Page approved by the Delaware Insurance Department prescribed in Section 3 of this manual.

**C. ENDORSEMENT FORMS**

Endorsement forms mean standard endorsements contained in the Endorsement Forms Section. A standard endorsement must be used in the form prescribed in Section 3.

**D. ENDORSEMENT FORMS SECTION (SECTION 3)**

Refer to the Endorsement Forms Section for complete description of coverages and instructions on use of the endorsement forms.

**E. APPLICATION OF MANUAL RULES**

Rules apply separately to each policy, except as allowed by Rule VII – PREMIUM DISCOUNT.

**F. EFFECTIVE DATE**

**1. Manual**

This Manual applies only from the anniversary rating date which occurs on or after the effective date of this Manual.

**2. Changes**

The effective date of a change in any rule, classification or Bureau rating value is 12:01 a.m. on the date specified on the manual page. Any change will be highlighted and linked to the appropriate Bureau circular announcing the change. Unless specified otherwise, each change applies only from the anniversary rating date which occurs on or after the effective date of the change.

**G. ANNIVERSARY RATING DATE**

**1. Definition**

The anniversary rating date is the effective month and day of the policy in effect and each annual anniversary thereafter unless a different date has been established by the Delaware Compensation Rating Bureau, Inc.

**2. Rewritten Policies**

If a policy is canceled and rewritten by the same or another carrier, all rules, classifications and carrier rating values of the rewriting carrier which were in effect as of the anniversary rating date shall apply to the rewritten policy until the next anniversary date as established by the Delaware Compensation Rating Bureau, Inc.

No policy may be canceled, rewritten or extended for any period to avoid or take advantage of any changes in the rules or Bureau rating values of the Manual.

**3. Long Term Policies**

For application of anniversary rating dates on policies issued for a term in excess of one year, refer to Rule III - C.

**H. FILING REQUIREMENTS**

**1. Policy**

An exact copy of every Workers Compensation Policy showing the state of Delaware on the Information Page shall be filed with the Delaware Compensation Rating Bureau, Inc. within thirty days after the effective date of the policy. For filing procedures refer to Section 5.

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**2. Endorsements**

An exact copy of all endorsements or agreements attached to the policy at its inception date or issued subsequent to the inception date of the policy must be filed with the Bureau within thirty days after the date of issue of such endorsement or agreement.

**3. Standard Endorsement Filing Procedure**

- a. Any endorsement filed with the Insurance Department on behalf of Bureau members by the Bureau must be filed for approval with the Bureau. For filing procedure details refer to Section 5.
- b. Non Standard Endorsements filing procedure, refer to Section 3.

**4. Binders**

- a. A copy of the binder must be filed with the Bureau on an approved form with all required endorsements attached no later than thirty days after its date of inception.
- b. The binder must contain the classification codes and carrier rating values applicable to the employer in accordance with the assignment issued by the Bureau or in accordance with the Classification Rules of this Manual if no specific Bureau assignment has been made.
- c. A binder must be replaced with a short-term policy covering the amount of time the binder was in effect or replaced with a full-term policy including the time period the binder was in effect.

**I. MEDICAL CONTRACTS**

1. Medical contracts and agreements between insurance carriers and insured employers where medical service or supplies are furnished by the employer in consideration of a reduced premium or other consideration cannot be made.
2. Insurance carriers may not furnish medical equipment or hospital supplies to the employer.
3. Medical agreements with physicians and nurses must be in the form of a written contract and must be filed with the Bureau within thirty days of the effective date of the agreement.

**RULE II – EXPLANATION OF COVERAGES AND METHODS OF INSURING****A. PART ONE – WORKERS COMPENSATION INSURANCE****1. Description of Workers Compensation Coverage**

Workers compensation insurance provides coverage for the statutory obligation of an employer to provide benefits for employees as required by:

- a. Workers compensation law or occupational disease law of any state or territory of the United States, including the District of Columbia, and
- b. United States Longshore and Harbor Workers' Compensation Act.

2. Delaware workers compensation insurance may be provided only by the Standard Policy.

**3. Longshore Coverage**

U.S. Longshore and Harbor Workers' Compensation Act insurance may be provided only by attaching the Longshore and Harbor Workers' Compensation Act Coverage Endorsement (**WC 00 01 06A**) to the Standard Policy. Refer to Rule XII.

**4. Deductible Coverage**

See Rule II - F.

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**B. COVERAGE REQUIREMENTS**

**1. Compulsory as to all employments**

Specifically includes persons who are licensed under Title 30, Chapter 25 of the Delaware Code or persons shown to be conducting business in a manner in which they should be so licensed.

Exceptions:

- a. Partners of a partnership or sole proprietors not licensed under Title 30, Chapter 25 of the Delaware Code or shown to be conducting business in a manner in which they should be so licensed.
- b. Farm labor; domestic servants, casual workers earning less than \$750--- in three months from one household. Elective as to state and certain counties, cities and towns. Refer to Title 19, Sections 2307, 2308, --- 2309 and 2311 of the Delaware Workers Compensation Law.

- 2.** No insurance carrier is permitted to issue policies which would create duplicate coverage for an employer.
- 3.** No insurance carrier is permitted to issue policies which would insure separate parts of a single employer. (Exception see Rule III - B. 2.)
- 4.** When an employer proposes to insure both his accident and occupational disease compensation liability, such liability must be covered by a single policy of one insurance carrier.

**C. PART TWO – EMPLOYERS LIABILITY INSURANCE**

**1. Description of Employers Liability Insurance**

Employers liability insurance provides coverage for the legal obligation of an employer to pay damages because of bodily injury by accident or disease, including resulting death, sustained by an employee. Employers liability coverage applies only if the injury or death of an employee arises out of and in the course of employment and is sustained:

- a. In the United States of America, its territories or possessions, or Canada, or
- b. While temporarily outside the United States of America, its territories or possessions, or Canada, if the injured employee is a citizen or resident of the United States or Canada; but suits for damages and actions on judgments must be in or from a court of the United States, its territories or possessions or Canada.

Unless specifically excluded, coverage for the liability of an employer under admiralty law and the Federal Employers Liability Act is provided by employers liability insurance.

**2. Employers Liability for Diseases**

Employers liability insurance for diseases not covered by a workers compensation law or an occupational disease law is provided by the Standard Policy.

**3. Admiralty Law or Federal Employers Liability Act**

Employers liability insurance for liability of an employer under admiralty law or Federal Employers Liability Act is provided by the Standard Policy. Refer to Rule XII for rules and endorsements to cover, limit or exclude this exposure.

**4. Employers Liability Insurance With Workers Compensation Insurance**

Employers liability insurance written with workers compensation insurance is provided by the Standard Policy.

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**D. VOLUNTARY COMPENSATION INSURANCE****1. Description of Voluntary Compensation Coverage**

Voluntary compensation insurance does not provide workers compensation coverage and is not available for employments subject to a workers' compensation law. This insurance affords the benefits of a designated compensation law as if the affected employees were subject to that law, even though the law does not require payment of benefits to such employees.

Voluntary compensation insurance shall not provide compensation, medical or other benefits in excess of the statutory requirements in the workers compensation law designated in the standard Voluntary Compensation and Employers Liability Coverage Endorsement.

**2. How Provided**

Voluntary Compensation insurance is provided by attaching the Standard Voluntary Compensation and Employers Liability Coverage Endorsement (**WC 00 03 11A**) to the Standard Policy. Refer to Rule VIII for rules and carrier rating values.

**E. PART THREE – OTHER STATES INSURANCE****1. Description of Other States Coverage**

- a. Employers liability insurance and, where permitted by law, workers compensation insurance are provided in *other* states not listed in Item 3-A of the Information Page by listing states where coverage is to be provided in Item 3-C of the Information Page.
- b. If workers compensation insurance does not apply because the insured or carrier *is unable* to take the necessary action to bring the insured under a workers compensation law, the carrier will reimburse the insured for all compensation and other benefits required of the insured under such law.
- c. Part Three – Other States Insurance does not provide U.S. Longshore and Harbor Workers' Compensation Act coverage. It may be afforded only in accordance with Section I, Rule XII.

**2. States Where Not Available**

Other states coverage is not available in states:

- a. With a monopolistic state fund, or
- b. Where the carrier elects not to write this coverage.

**3. Restriction on Use**

Coverage for operations known or expected to be performed in a state not listed in Item 3-A of the Information Page shall not be provided under Part Three – Other States Insurance.

**4. Premium**

Premium developed for operations covered under Part Three – Other States Insurance shall be based on workers compensation rules and carrier rating values.

**F. DEDUCTIBLE COVERAGE**

Volume 63, Chapter 250, Delaware Laws, requires that every insurer licensed to issue workers compensation and employers liability insurance by the Insurance Department pursuant to Title 18, Delaware Code, shall offer to write each such policy subject to a deductible applying only to medical reimbursement and death benefits. The insured employer shall be permitted to accept or reject such a deductible at the time the policy is issued or renewed. It is required that the following be completed by the employer indicating his election to accept or reject a deductible. The deductible options that, by law, must be offered and the corresponding premium credits are shown on the form below:

**NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR DELAWARE WORKERS COMPENSATION DEATH AND MEDICAL BENEFITS**

Delaware Law permits an employer to buy workers compensation insurance with a deductible. The deductible is for death and medical benefits and applies to each accident. The deductibles available and the corresponding premium reductions are set forth in Section 2 of this manual:

You are not required to choose a deductible program. However, if you do so choose, it is to be understood that your insurance company will administer and pay all claims and that you will reimburse the insurance company for payments it makes within the amount of the deductible selected. Failure to reimburse the insurance company for such deductible amounts within 30 days can result in cancellation of coverage.

Please show whether or not you want the deductible by initialing the appropriate choice below.

\_\_\_\_\_ Yes, I want a deductible of \_\_\_\_\_ applied to death and medical benefits under the Delaware Workers Compensation Law. I understand that the company shall pay the deductible amount and be reimbursed by the employer shown below.

\_\_\_\_\_ No, I do not want the deductible described in this Notice.

I understand that in accordance with 19 Del. C. §2372, I have the option of modifying the above deductible program choice at the time of renewal of my workers compensation insurance policy with the insurance company named below.

Date	Employer
	Name
	Title

\_\_\_\_\_  
Insurance Company

The deductible credit applies to total premium after application of experience modification, if any. The dollar amount of the premium reduction resulting from application of the deductible credit is to be recorded in Item 4 of the Information Page under **Code 9663**.

**G. DELAWARE WORKERS COMPENSATION INSURANCE PLAN (WCIP)**

The Delaware Workers Compensation Insurance Plan is available in the state of Delaware when an employer is unable to obtain workers compensation coverage in the voluntary market. For more information refer to the Delaware Workers Compensation Insurance Plan Handbook or contact the Delaware Compensation Rating Bureau, Inc.

**1. Residual Market Surcharge**

Effective August 1, 1997, the surcharge program applies to all risks insured in the Plan, including risks for which the Plan applications were processed through Delaware and WCIP risks for which residual market applications were processed through another state.

- a. Premium surcharges will apply to risks insured under the Plan which qualify for experience rating and which produce experience modifications in excess of 1.000.

- b. Applicable surcharges to subject risks will be expressed as a factor to be applied to standard premium and will be computed using the following formula:

$$0.50 \times (1.000 - \text{risk credibility in the Experience Rating Plan})$$

- c. Surcharges so computed will be limited to a maximum factor computed by subtracting unity (1.000) from each risk's experience modification factor.
- d. Surcharges will be computed and expressed to two decimal places.

**RULE III – POLICY PREPARATION – INSURED, POLICY PERIOD AND STATE OF OPERATIONS**

**Item 1, 2 and 3-A of the Information Page**

**A. EXPLANATION OF TERMS**

**1. Employer/Entity**

Employer may be an individual, partnership, joint venture, corporation, association, or a fiduciary such as a trustee, receiver or executor, or other entity.

**2. Insured**

Insured means the employer designated in Item 1 of the Information Page.

**3. Majority Interest (more than 50%)**

Majority Interest as defined in the Experience Rating Plan Manual applies in this Manual usually means:

- a. Majority of voting stock, or
- b. Majority of members or directors if there is no voting stock, or
- c. Majority participation of general partners in profits of a partnership.

**4. Risk**

Risk means a single legal entity or two or more legal entities which qualify for combination.

**B. NAME, ADDRESS, AND OTHER WORKPLACES OF INSURED – ITEM 1**

**1. Combination of Legal Entities**

Separate legal entities may be insured in one policy only if the same person, or group of persons, owns the majority interest in such entities.

**2. Delaware Locations**

All locations and operations of the employer in Delaware shall be insured in one policy. Exceptions approved by the Industrial Accident Board.

**C. POLICY PERIOD – ITEM 2**

**1. Normal Policy Period**

The normal policy period is one year. A policy may be issued for any period but not longer than 3 years.

**2. Policy for One Year**

- a. The manual rules are based on a policy period of one year.
- b. A policy issued for a period not longer than one year and 16 days is treated as a one year policy.

**3. Policy Longer Than One Year**

A policy issued for a period longer than one year and 16 days, other than a 3-year fixed carrier rating value policy, is treated as follows:

- a. The policy period is divided into consecutive 12-month units.
  - b. If the policy period is not a multiple of 12 months, use the Standard Policy Period Endorsement (**WC 00 04 05**) to specify the first or last unit of less than 12 months as a short-term policy.
  - c. All manual rules and procedures apply to each such unit as if a separate policy had been issued for each unit.
4. Renewal Certificates, Agreements, Continuing Form Policies, would be handled as policies longer than one year. (See above C. 3.)

**5. Three-Year Fixed Carrier Rating Value Policy Option**

A policy may be issued for a period of 3 years at fixed carrier rating values. Such a policy shall not be issued if the risk is subject to the Experience Rating Plan on the effective date of the policy.

A policy issued under this option shall be known as a Three-Year Fixed Carrier Rating Values Policy and shall be so designated on the Information Page. Refer to Rule XI.

**D. STATE LAWS DESIGNATED IN THE POLICY – Item 3-A****1. Listing of Delaware**

Insurance for operations conducted in Delaware is provided by listing the state in Item 3-A of the Information Page.

**2. Longshore Act**

The U.S. Longshore and Harbor Workers Compensation Act shall not be entered in Item 3-A of the Information Page. Refer to Rule XII.

**3. Additional States**

A state may be added after the effective date of the policy. For the additional state operations, apply:

- a. Carrier rating values in effect on the anniversary rating date of the policy to which the state has been added.
- b. Any change in carrier rating values which applies to outstanding policies for the state being added.
- c. When adding the State of Delaware, the Information Page and attached endorsements shall be prepared so that the Delaware coverage can be clearly determined.

**RULE IV – CLASSIFICATIONS****Item 4 of the Information Page****A. GENERAL EXPLANATION****1. Objective**

The object of the classification system is to group insureds into classifications so that the rating value for each classification reflects the exposures common to such distinct business enterprise (See Rule IV, C. 2. & C. 3.). Subject to certain exceptions described later in this rule, it is the business of the insured within Delaware that is classified, not the separate employments, occupations or operations within the business.

**B. CLASSIFICATIONS****1. Basic Classifications**

All classifications in the Manual are basic classifications, other than the standard exception classifications. Basic classifications describe the business of an insured such as:

<u>Business</u>	<u>Classification</u>
Manufacture of a Product	Furniture Manufacturing
A Process	Printing
Construction or Erection	Carpentry
A General Type or Character of Business	Hardware Store
A Service	Beauty Parlor

Classifications are listed by group arrangement which is essentially a numeric listing in Section Two of the Manual. Notes following a classification are part of that classification.

**2. Standard Exception Classification**

Some occupations are common to so many businesses that special classifications have been established for them. They are called standard exception classifications. Employees within the definition of a standard exception classification are not included in a basic classification unless the basic classification specifically includes those employees. The standard exception classifications are defined below:

- a. CLERICAL OFFICE EMPLOYEES – Code 953** – are employees exclusively engaged in keeping the books or records of the insured or conducting correspondence or who are engaged wholly in office work where such books or records are kept or such correspondence is conducted.

This classification shall be applied only to employees herein described who work exclusively in separate buildings or on separate floors or in departments on such floors which are separated from all other workplaces of the employer by floor to ceiling partitions except for retail stores where a partition at least five feet high is required and within which no work is performed other than clerical duties as defined in this rule.

If any clerical office employee has any other regular duty, the entire payroll of that employee shall be assigned in accordance with the class to which the business is assigned.

- (1) The clerk, such as a counter, front desk, lobby, mall kiosk, time, stock or tally clerk or librarian, whose work is necessary, incidental or part of any operation of the business other than clerical office, shall not be considered a clerical office employee. Such clerk should be assigned to the basic classification of the business.
  - (2) The cashier also shall not be considered a clerical office employee. A cashier is responsible for accepting payment for merchandise or services rendered. The cashier's physical location may include but is not necessarily limited to: a booth, behind a counter or on a sales floor. The cashier or any employee whose regular and frequent duty is accepting payment for merchandise or services should be assigned to the basic classification of the business regardless of the physical work location.
  - (3) Office employees shall be separately classified except in connection with those classes which specifically include Office Employees.
- b. DRAFTING EMPLOYEES, Code 953**, are employees engaged exclusively in drafting and confined to office work. The entire payroll of any such employees engaged in any other operations shall be assigned to the highest Bureau loss cost classification of operations to which they are exposed.
  - c. SALESPERSONS – OUTSIDE, Code 951** – are employees exclusively engaged in sales or collection work away from the employer's premises or who are engaged in such work for any portion of their time and devote the balance of their time to clerical office duties.

This classification is inapplicable to employees delivering merchandise or products. Even though they may also collect or solicit, such employees shall be assigned in accordance with the classification appropriate to the business of the employer for which delivery is being made.

Also not included are floor and/or counter salespersons. Such employees shall be assigned in accordance with the class appropriate to the business at the location.

Further inapplicable to messengers employed by a messenger or courier service company. Messengers employed by other establishments whose field of business is not that of a messenger or courier service company shall be assigned to Code 951.

Employees who sell or solicit exclusively by telephone shall be assigned to Code 953, Clerical Office Employees.

Salespersons, Collectors or Messengers shall be separately classified except in connection with those classes which specifically include all employees or all employees except office.

Automobile Salespersons – Code 819 are employees engaged in such duties on and away from the insured's premises. Such classification shall be treated as Salespersons – Outside, Code 951 for the purposes of this rule but are assigned to Code 819.

3. General Inclusions

a. Some operations appear to be separate businesses, but they are included within the scope of all classifications other than the standard exception classifications. These operations are called general inclusions and are:

- (1) Commissaries or restaurants operated for an insured's employees except in connection with construction, erection, lumbering, mining or the recovery of petroleum and/or natural gas.
- (2) Manufacturing of containers such as bags, barrels, bottles, boxes, cans, cartons or packing cases (and the incident printing thereon) to be used by the employer in the packaging of its products.
- (3) Medical facilities operated by the insured for its employees.
- (4) Maintenance or repair and/or cleaning of an insured's buildings, or vehicles or equipment when performed by employees of an insured.
- (5) Printing or lithographing by an insured on its products.
- (6) Stamping or Welding – when an integral technique that is a part of an overall manufacturing process.
- (7) Drilling or Blasting – when conducted by the employees of a surface or underground mine operator to facilitate mineral extraction. Drilling, re-drilling or deepening conducted by an entity whose field of business is the recovery of petroleum and/or natural gas shall be separately classified.
- (8) Quality control of an insured's products or research laboratories engaged in developing and/or improving products manufactured by an insured.
- (9) Drivers, chauffeurs and their helpers including all employees whose principal duties are the operation and/or the repair of vehicles.
- (10) Tools, dies, molds or fixtures made and/or repaired by an insured that are used in the insured's product manufacturing operations.
- (11) Aircraft travel by employees, other than members of the flying crew, including employees whose payroll is assigned to the Standard Exception Classifications.
- (12) Child day care services operated by the employer for his employees.
- (13) Warehousing by an employer of its merchandise, products and/or raw materials.
- (14) Security guards protecting their employer's premises and property.
- (15) Heat treating by an insured on its products.

b. Any operation described by a General Inclusion shall be separately classified only if:

1. Such operation constitutes a separate and distinct business of the insured as provided in Rule IV - C. below or
2. It is specifically excluded by the classification wording, or
3. The principal business is described by a standard exception classification.

#### 4. General Exclusions

Some operations in a business are so unusual that they are excluded from basic classifications. They are classified separately unless specifically included in the basic classification wording. These operations are called general exclusions and are:

- (1) Aircraft operation – all operations of the flying and ground crews.
- (2) New construction or structural alterations by the insured's employees.
- (3) Sawmill Operations – sawing logs into lumber by equipment such as circular carriage or band carriage saws, including operations incidental to the sawmill.
- (4) Stevedoring, including tallying and checking incidental to stevedoring.
- (5) Mining and Quarrying, Clay, Gravel or Sand Excavation and Dredging.

### C. ASSIGNMENT OF CLASSIFICATIONS

#### 1. Object of the Classification Procedure

- a. The object of the classification procedure is to assign the one basic classification which best describes each distinct business enterprise of the insured within Delaware. Subject to certain exceptions described in this Rule, each classification includes all the various types of labor found in a distinct enterprise. It is the business which is classified, not the individual employments, occupations or operations within a business. Additional classifications shall be assigned as provided below.
- b. House Bill 430 of 2004 (amending Section 2607, Title 18 of the Delaware Code) permits an insurer to develop a subclassification(s) to the Bureau's classification system as approved by the Insurance Commissioner. The developing insurer shall file any such subclassification(s) with the Bureau and the Insurance Commissioner at least thirty (30) days prior to the proposed effective date for such subclassification(s). The insurer's filing shall demonstrate that payroll and loss data produced under any proposed subclassification(s) can be reported to the Bureau consistent with the Bureau's uniform classification plan and statistical plan. The Insurance Commissioner must disapprove any subclassification filing for which such demonstration is not made.

#### 2. Assignment of a Classification

- a. The policy shall contain only classifications approved by the Delaware Compensation Rating Bureau, Inc. and in accordance with this Manual.

Each classification is presumed to describe an entire business enterprise. Any policy which contains more than a single classification cannot contain any classifications representing a payroll less than that of one full-time employee, but this rule will not apply in classifications involved in Construction, Erection, Stevedoring or Part-Time Aircraft Operations except as specified in classification phraseology.

- b. **Single Enterprise.** If a risk consists of a single operation or a number of separate operations which normally occur in the business described by a single manual classification, or separate operations which are an integral part of or incidental to the main business, that single classification which most accurately describes the entire enterprise shall be applied. The separate operations so covered may not be assigned to another classification even though such operation may be specifically described by some other classification or may be conducted at a separate location.

Division of payroll shall be made as provided in respect to General Exclusions, Standard Exceptions or Special Class Wording. For construction or erection work, see special procedure set forth in Rule IV, C. 5.

#### EXCEPTION

Where a retail outlet is located at the same or contiguous premises a business' manufacturing facility, the applicable retail store classification shall apply to the payroll of the retail outlet, provided that such retail outlet is operated in an area physically separate from other operations by a floor-to-ceiling partition, and it is separately staffed.

- c. **Authorized Classifications.** When the classification of any insured has been established by the Rating Bureau, no policy shall be issued or endorsed nor adjustment of premium made under any other or conflicting classification.

In any instance where the established classification does not describe the current operations of the insured, the insuring carrier or insured shall draw the matter to the attention of the Rating Bureau in writing with full particulars prior to the application of any other classification. The reclassification shall not take place until the Bureau Staff has received and reviewed such documentation and has replied in writing to the insured or insuring carrier agreeing with their position or otherwise advising on which class(es) to assign.

The insuring carrier is not relieved of the obligation to apply the class authorized for an insured because of lack of knowledge that the Bureau has established an authorized classification for that insured.

### 3. Assignment of Additional Classifications

- a. **Multiple Classifications/Multiple Enterprises** (Not construction or erection operations – see paragraph 6.)

Additional classifications may be used only when valid evidence supports their authorization or in conformity with the rules stated under "Standard Exceptions" and "Exclusions." Additional classes may not be added without Bureau authorization when their use is in violation of Manual Rules or an existing bureau data card.

Additional classifications shall be assigned to an insured only if the following conditions exist:

1. If the classification wording requires the assignment of an additional classification for specified employees or operations.
2. If there are distinct enterprises (meaning thereby businesses, which are specifically classified in this Manual, but not operations that normally occur in the business described by the assigned classifications, nor operations described by any of the General Inclusions), conducted in a given plant by the same insured and the entire work in each enterprise is conducted either in a separate building or on a separate floor or floors of a building, or on the same floor in separate departments divided by floor to ceiling partitions without interchange of labor and the insured conducts each of such enterprises as a separate undertaking with separate records of payroll, then such separate undertakings shall each be separately classified, (and the proper carrier rating value applied to each).
3. See Governing Classification rules for assignment of incidental operations that support more than one distinct enterprise.

b. **Governing Classification**

The governing classification is that classification other than the standard exception classifications (which may never be the governing class) which carries the largest amount of payroll exclusive of payroll of miscellaneous employees as defined below.

- (1) This concept shall be utilized not in the initial classification assignment process but to determine how to classify miscellaneous employees when an insured is assigned two or more classifications.

Miscellaneous employees are employees that either supervise or support all the various undertakings of the insured. The functions performed by miscellaneous employees may include but are not necessarily limited to: maintenance, mailroom, shipping and receiving, yard operations, security power plant operations, lobby or front desk personnel, elevator operators, porters, foremen, superintendents or timekeepers.

- (2) The entire remuneration of miscellaneous employees is assignable to the governing classification.
- (3) The governing classification in the case of construction or erection operations shall be determined on a job basis within each policy period if payrolls are kept separately by job within the policy period; otherwise on the basis of the entire policy period.
- (4) If the basic and major operations are described by classifications defined as Standard Exceptions, the payroll of all employees not specifically included in the definition for such Standard Exceptions shall be separately classified to Code 971.

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**4. Assignment By Analogy**

Any enterprise which is not described by a classification in this Manual shall be assigned to the classification or classifications most analogous from the standpoint of process and hazard. The limitations and conditions of the classification or classifications so assigned and all Manual rules pertaining to the classification shall be applicable.

**5. Payroll Assignment – Multiple Classifications - Interchange of Labor**

Some employees who are not miscellaneous employees may perform duties directly related to more than one classification. When there is such an interchange of labor, the entire payroll of employees who interchange shall be assigned to the highest valued classification representing any part of their work.

The payroll of one employee shall not be divided into two or more classes except where specifically described in classification wording as "to be separately rated" or "separately rate" and with no requirement for separate staff. See the paragraph immediately below for the auditing procedure.

**General Exceptions to C. 5. above**

For Construction, Erection, Temporary Staffing or Stevedoring, the payroll of any individual employee may be divided and allocated to more than one such classification provided the entry on the original records of the insured discloses an allocation of each such individual employee's payroll. Estimated or percentage allocation of payroll is not permitted. Only a single stevedoring class shall be applied to all payroll developed in the loading or unloading of a single vessel. For further reference see the material under Stevedoring in Section 2 of the Manual. For Executive Officers see Rule IX, A. 4.

**6. Construction or Erection Operations**

Each distinct type of construction or erection operation at a job or location shall be assigned to the classification which specifically describes such operation provided separate payroll records are maintained for each operation. Estimated or percentage allocation of payroll is not permitted.

Any such operation for which separate payroll records are not maintained shall be assigned to the highest Bureau loss cost classification which applies to the job or location where the operation is performed.

A separate construction or erection classification shall not be assigned to any operation which is within the scope of another classification assigned to such a job or location which is assignable to a construction classification designated "all work to completion." All operations of the insured contractor at that job or location shall be assignable to such classification.

**7. NOC** Please see the Definitions Rulings and Interpretation, Section 5.**8. Changing Classifications**

- a. The Bureau is empowered to determine, revise or modify the classification(s) assigned to any individual insured. No written application by the carrier, agent of record or an insured to change an insured's authorized classification(s) shall be considered by the Bureau until the carrier has issued and filed a copy of its policy Information Page written in accordance with an insured's authorized classification(s). The classification(s) shown in any policy shall be subject to correction or modification, or both, if the Bureau finds by survey or otherwise that the classification(s) shown in the policy are inappropriate to the insured. No written application to change the classification(s) for an insured on the grounds that the insured has been improperly classified shall be considered by the Bureau unless such written application is filed directly with the Bureau by the insured, agent of record or the carrier during the policy period with respect to which the application is made, or within 12 months after the termination thereof.
- b. (1) A change in an insured's classification that results from a recent change in the insured's operations (i.e., an operations change that has taken place during the current policy year or the policy year that has just expired) will be applied pro rata as of the date of the change in the insured's operations, regardless of the premium impact to the insured. When a Bureau review discloses the insured's recent operations change, the Bureau will make written notice to the carrier-of-record, changing the insured's authorized classification(s) for the current policy year and, if warranted, for the policy year that has just expired. When the carrier becomes aware of such recent operations change, the carrier shall make written application to the Bureau to change the insured's authorized classification(s) during the current policy year and, if warranted, for the policy year that has just expired.

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- (2) A correction of a misclassification which results in a premium decrease shall be applied to the insured's policy in effect when the application for correction is made and to the prior policy within 12 months after the termination thereof.
  - (3) A correction of a misclassification which results in a premium increase shall be applied effective the employer's first normal policy renewal at least six months subsequent to the date of the Bureau's written mis-classification notice concurrent to the carrier of record and the employer.
- c. Any correction of a misclassification arising from discovery by the carrier of a material misrepresentation or intentional omission by the insured, its agent, employees, officers or directors shall be applied effective the date upon which it would have applied had such material misrepresentation or intentional omission not been made. It is recommended that a carrier claiming material misrepresentation or intentional omission as contemplated in this Rule secure a declaratory judgment from the appropriate Court establishing same prior to proceeding with application of this Rule.
  - d. The reallocation of payroll by a carrier among an insured's authorized classifications or the Bureau requiring a carrier to reallocate payroll among an insured's authorized classifications or to report payroll under an insured's authorized classifications for an insured's current policy or for the insured's prior policy within 12 months after the termination thereof does not constitute a class change or correction.

#### **9. Classification Appeals**

The Bureau's assignment of an individual risk to a particular classification may be appealed pursuant to Rule XVI, APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE, Section 1 of this Manual.

#### **10. Mercantile Business/Stores**

For mercantile businesses, such as stores or dealers, the single applicable store or dealer classification is determined separately for each location.

#### **D. SHOW THE CLASSIFICATIONS IN ITEM 4 OF THE INFORMATION PAGE**

Show the proper classification wording, with or without notes, and show the code number in Item 4 of the Information Page. Capitalized classification wording may be used instead of the entire wording. Section 5 of this Manual, Classification Under-writing Guide, may be used for such wording.

#### **E. "NEW BUSINESS" EMPLOYEE CLASSIFICATION PROCEDURE**

1. "New Business" is defined for purposes of this section to be all workers compensation insurance policies except those policies underwritten by an insurance group which also insured the same employer for a policy period expiring immediately prior to the effective date of the policy in question. An insurance group is defined as either a set of individual insurers under a common ownership or an individual carrier which has no other companies under common ownership.
2. Within the first 90 days of the effective date of a "New Business" policy, the employer has the right to request from the carrier a review of the classification assignments of each of its employees with the classifications on the policy. This request shall be presented in writing.
3. If an employee classification review is requested by the employer, the employer must provide the carrier with a list of all the employer's employees showing individually their specific duties. The carrier has the right in conjunction with the employee classification review to conduct an audit and/or inspection to determine the proper classification assignment of the employees.
4. Within 60 days of the employer's request, the carrier shall provide the employer with a report which will show the classification assignment of each listed employee. The carrier will be obligated to use these classification assignments for premium determination purposes for the "New Business" policy period unless review by the Delaware Compensation Rating Bureau, Inc. indicates lower-rated classifications are applicable to an employer's business or employees. Changes in the employer's operations, duties of employees listed or the addition of new employees will not be subject to the classification assignments specified in this report.
5. If the employer does not agree with the carrier's employee classification report, the Delaware Compensation Rating Bureau, Inc. shall review the employer's request, the insurer's response and will determine the appropriate classification assignments for the listed employees.

6. This Section applies only to the assignment of classifications to listed employees whose duties during the policy period are fully and accurately specified at the time of the request for an employee classification review. This procedure does not otherwise limit a carrier's right or obligation to properly classify an employer's operations based on the actual nature of those operations during the policy period.
7. The carrier will send to its "New Business" insureds a "Policyholder Notice" explaining to the insured the procedure that must be followed to request an employee classification review.

**RULE V – PREMIUM BASIS**

**Item 4 of the Information Page**

**A. BASIS OF PREMIUM – TOTAL REMUNERATION**

Premium shall be computed on the basis of the total remuneration paid or payable by the insured for services of employees covered by the policy.

***Exception***

Some classifications have a different premium basis. For example, premium for domestic worker classifications is computed on a per capita basis. Refer to Rule XIV.

**B. REMUNERATION – PAYROLL**

**1. Definition**

Remuneration means money or substitutes for money.

**2. Inclusions**

Remuneration includes:

- a. Wages or salaries including retroactive wages or salaries;
- b. Total cash received by employees for commissions or draws against commissions;
- c. Bonuses;
- d. Stock bonus plans – market value of stock at the time it is given to employee (refer to Exclusions, m.);
- e. Extra pay for overtime work;
- f. Pay for holidays, vacations or periods of sickness or accrued sick time;
- g. Payment by an employer of amounts otherwise required by law to be paid by employees to statutory insurance or pension plans, such as the Federal Social Security Act;
- h. Payment to employees on any basis other than time worked such as piece work, profit sharing or incentive plans;
- i. Payment or allowance for hand tools or power tools used by hand provided by employees and used in their work or operations for the insured;
- j. The rental value of an apartment or a house provided for an employee based on comparable accommodations;
- k. The value of lodging other than an apartment or house received by employees as part of their pay to the extent shown in the insured's records;

- l. The value of meals received by employees as part of their pay to the extent shown in the insured's records;
- m. The value of store certificates, merchandise, credits or any other substitute for money received by employees as part of their pay (refer to Exclusions, 1.);
- n. Musicians and entertainers who are not independent contractors shall be included in computation of premiums of hotels or restaurants (maximum of \$250 per week for each musician or entertainer);
- o. Adjustments necessary to bring employees to minimum wage shall be included;
- p. Payments for salary reduction, retirement or cafeteria plans (IRC 125) which are made through deductions from the employee's gross pay;
- q. Prevailing wage payments paid to employees based on required government-specified minimum wage rates, including but not limited to the Davis-Bacon Act or the Delaware Prevailing Wage Act;
- r. Annuity plans (see Rulings and Interpretations – Salary Reduction Plans);
- s. Expense reimbursements to employees to the extent that an employer's records do not substantiate that the expense was incurred as a valid business expense (see Rulings and Interpretations – Employee Expense Reimbursements);
- t. Payment for filming or taping of commercials excluding subsequent residuals which are earned by the commercial participant(s) each time the commercial appears in print or in broadcast.

### **3. Exclusions**

Remuneration excludes:

- a. Payments by an employer to group insurance or group pension plans for employees, other than payments covered by Rule V - B. 2. g.;
- b. Payments made by an employer to a Group Insurance, Pension Plan or to an employee directly in lieu of the foregoing because of the Provisions of a prevailing wage statute, including but not limited to the Delaware Prevailing Wage Act or the Davis-Bacon Act. For additional information please see the Rulings and Interpretations in Section 5 of this Manual.
- c. The value of special rewards for individual invention or discovery;
- d. Dismissal or severance payments except for time worked or accrued vacation;
- e. Tips and other gratuities received by employees;
- f. Payments for active military duty;
- g. Employee discounts on goods purchased from the employee's employer;
- h. Expense reimbursements to employees to the extent that an employer's records substantiate that the expense was incurred as a valid business expense (see Rulings and Interpretations – Employee Expense Reimbursements);
- i. Supper money for late work;
- j. Work uniform allowances;
- k. Sick pay paid to an employee by a third party such as an insured's group insurance carrier which is paying disability income benefits to a disabled employee;
- l. Employer provided perquisites ("perks") such as:
  - 1. an automobile;
  - 2. an airplane flight;
  - 3. a discount on property or services;
  - 4. club memberships;
  - 5. tickets to entertainment or sporting events;
- m. Stock option plans – difference between market value of stock and lower option price is not included as remuneration.

### **4. Payroll**

Payroll means remuneration. The carrier rating values in this Manual shall be applicable to the remuneration of all employees of the insured without exception, and compensation policies shall not be written except upon the entire payroll of the risk which is the subject of the insurance. Under no circumstances shall a compensation policy be written on any part of the risk leaving another part of the risk uninsured.

#### **5. Employee Savings Plans**

- a. Contributions, made in the form of an employee authorized salary reduction, which are diverted by an employee for payment, by the employer, into a savings plan shall be included as remuneration for premium computation purposes. Such payments made by the employer into the plan, of employee salary reduction contributions, shall not be employer contributions.
- b. Contributions of employer funds, made by the employer, the amount which being determined by reference to Employer Contributions, shall not be considered remuneration for premium computation purposes unless same contributions are reported by the employer as current taxable income to the employee.

### **C. ESTIMATED PAYROLLS**

#### **1. Estimated Payrolls By Classification**

For each classification shown on the Information Page, the estimated total annual payroll shall be stated in the column headed "Premium Basis – Total Estimated Annual Remuneration."

#### **2. Determination of Estimated Payrolls**

Estimated payrolls shown on the Information Page shall reflect actual remuneration anticipated by the insured during the policy period. Such estimates shall be subject to substantiation by records or inspections.

#### **3. Approval of Estimated Payrolls**

Adequacy of estimated payrolls is subject to approval by the Delaware Compensation Rating Bureau, Inc.

### **D. WHOLE DOLLARS – PAYROLLS**

All payrolls shall be shown to the nearest dollar. A remainder of \$.50 shall be rounded to the next higher dollar.

### **E. PAYROLL LIMITATION**

#### **1. How Payroll Limitation Applies**

For executive officers, sole proprietors, partners and classifications with notes which indicate payroll limitation, the payroll on which premium is based shall exclude that part of the employee's average weekly pay in excess of the applicable weekly limitation, provided:

- a. Books and records are maintained to show separately the total payroll earned by each employee whose average weekly pay for the total time employed during the policy period exceeds the weekly payroll limitation, and
- b. Separate records are maintained in summary by classification for such employees.

#### **2. Partial Week**

A part of a week shall be treated as a full week in determining average weekly pay.

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**RULE VI – RATING VALUES AND PREMIUM DETERMINATION****Item 4 of the Information Page – continued****A. BUREAU RATING VALUES****1. Bureau Loss Cost**

Bureau Loss Costs – Dollar amounts per unit of exposure attributable to the payment of losses under workers compensation and employers liability coverages, filed by the Bureau based on the aggregate experience of all Bureau members and approved by the Insurance Commissioner.

**2. Disease Loading**

- a. The Bureau Rating Value for a classification code number followed by a letter (a) or (b) etc. may include a disease loading. Such a loading may be removed upon approval of the Delaware Compensation Rating Bureau, Inc.
- b. The Delaware Workers Compensation Law includes "all occupational diseases arising out of and in the course of employment." The classification rates shown in the Manual include occupational disease loadings which correspond to the usual exposure to diseases by classifications.
- c. A supplemental occupational disease loading may be applied to the carrier rate for any individual risk where the occupational disease hazard is abnormal. When a carrier plans to use the supplemental loading, they shall supply the Bureau with an inspection report either by an insurance carrier, Industrial Accident Board or some outside source which supports the abnormal disease exposure. Based on this report, the Rating Bureau will authorize the supplemental loading and publish it on the bureau data card for a minimum of one year. The supplemental loading can be removed only by an inspection report from an insurance company, or some other outside agency evidencing the abnormal exposure no longer exists. The supplemental disease loading is non-ratable in the experience and retrospective plans.

**Terrorism Risk Insurance Act of 2002- Certified Losses This provision expires effective December 31, 2005.**

**3. Foreign Terrorism**

Premium for Foreign Terrorism is calculated on the basis of total payroll according to Rule V. The premium charge is calculated by dividing a risk's total payroll by \$100 and multiplying the result times the carrier's rating value. This premium is applied after standard premium and is not subject to any other modifications, including but not limited to premium discount, experience rating, schedule rating, or retrospective rating. Non-payroll exposures are not subject to premium charges for Foreign Terrorism. Policies issued on an "If Any" basis will not be charged a terrorism rate, unless premium develops during the policy term or at audit. Per capita charges are not subject to premium for Foreign Terrorism.

Foreign Terrorism shall be separately stated on the Standard Policy and shall be designated to Statistical Code 9740

**4. Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents (DTEC)**

Premium for Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents is calculated on the basis of total payroll according to Rule V. The premium charge is calculated by dividing a risk's total payroll by \$100 and multiplying the result times the carrier's rating value. This premium is applied after standard premium and is not subject to any other modifications, including but not limited to premium discount, experience rating, schedule rating, or retrospective rating. Non-payroll exposures are not subject to premium charges for Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents. Policies issued on an "If Any" basis will not be charged a terrorism rate, unless premium develops during the policy term or at audit. Per capita charges are not subject to premium for Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents shall be separately stated on the Standard Policy and shall be designated to Statistical Code 9741.

**B. PREMIUM**

Premium for each classification shown in the policy is determined by multiplying the basis of premium by the rate.

***Example of B above***

Payroll	=	\$90,000
Rate	=	x 1.50
Premium	=	\$ 1,350
$\frac{\$90,000}{100} \times 1.50$	=	\$ 1,350

**C. WHOLE DOLLARS – PREMIUMS**

All premiums shall be shown to the nearest dollar. A remainder of \$.50 shall be rounded to the next higher dollar.

**D. CARRIER RATING VALUES**

**1. Expense Constant**

Expense Constant (if any) is determined by individual carriers' rating values. It applies to every policy and it covers expenses such as those for issuing, recording and auditing, which are common to all workers compensation policies regardless of size.

**2. Minimum Premium**

Minimum Premium (if any) is determined by individual carriers' rating values. It is an expression of the lowest premium amount for which a single risk can be written and carried for any period of time.

**3. Premium Discount**

Premium Discount (if any) is determined by individual carriers' rating values. It recognizes that the relative expense of issuing and servicing larger premium policies is less than for smaller policies.

**4. Retrospective Rating Factors**

**E. PREMIUM MODIFICATION EXPERIENCE RATING PLAN**

1. If the risk is subject to experience rating, the experience rating modification shall be shown in Item 4 of the Information Page and applied to the premium in accordance with the Experience Rating Plan Manual.
2. Copies of Experience Rate Calculation
  - a. The insurance carrier is furnished with the experience rate calculation. Subsequent insurance carriers may obtain copies of the experience rating calculation by way of special service at the appropriate charge.
  - b. The Bureau shall furnish to any insured employer upon his written request, or to the Home Office or Branch Office of any member of the Bureau upon the written request of the employer, a copy of the experience rating calculation of that employer at an appropriate charge.
  - c. The insurance carrier of record shall be notified of the Bureau experience modification established by the Experience Rating Procedure not more than 90 days prior to the effective date of the rating.

**F. PREMIUM DETERMINATION FOR FEDERAL AND MARITIME INSURANCE**

Additional rating procedures are in Rules XII and XIII for insurance for employers subject to the U.S. Longshore and Harbor Workers' Act, the Federal Employers Liability Act and Admiralty Law.

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**G. SCHEDULE RATING**

1. An insurer may adopt a schedule rating plan, subject to such a plan being "Filed" (approved) by the Delaware Insurance Department. The plans permit the carrier to apply a schedule credit (use Code **9887**) or debit (use Code **9889**) to the standard premium determined in accordance with the Bureau Rating Values and rating plans filed by the Delaware Compensation Rating Bureau, Inc.
2. The schedule modification is to be applied after application of any experience modification but before premium discount if applicable. The schedule modification does not apply to the expense constant or the minimum premium, if applicable, but does to the following:
  - a. Aircraft Operations – passenger seat surcharge.
  - b. Premium for higher limit under Employers Liability.
  - c. Short rate penalty premium.
  - d. Additional premium resulting from flat increase on outstanding policies.
  - e. Non-ratable elements and supplemental loadings.
3. Show the schedule modification percentage and applicable statistical code on the Information Page.

**H. PREMIUM CALCULATION ALGORITHM****Delaware and Pennsylvania Premium Algorithm Preface:**

**Optional use upon July 1, 2000. Mandatory use for policies effective on or after January 1, 2002.**

The computation of workers compensation premium includes a broad complement of potential rating values, pricing programs and other similar or related variables. To the extent that these component parts of premium determination may be applied in a prescribed sequence and using defined formulas and/or relationships, several potential benefits arise including the following:

- Competitive differences within the marketplace can be more clearly defined and consistently applied;
- Similarly situated risks can receive comparable treatment with respect to specific rating values, pricing programs or other factors, increasing the equity of the marketplace;
- Analysis of the effects of various components of overall premium determination can be better understood and more intelligently compared across carriers, states and/or time;
- In the event that new pricing programs or other factors are introduced in the future, the defined existing formulas can provide a consistent basis for the development of programs and system procedures within the workers compensation industry.

*Updates optional use November 26, 2002. Mandatory use for policies effective on or after October 1, 2004.*  
**Delaware and Pennsylvania Workers Compensation Premium Algorithm**  
**Premium Calculation Algorithm**

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(1)	Classification	xxxx	(1)	Carrier value
(2)	Exposure	xxxx	(2)	Risk characteristic
(3)	Carrier Rating Value	xxxx	(3)	Carrier value
(4)	Classification Manual Premium		(4)	(2)/100x(3) if classification has payroll exposure. Special procedures apply to non-payroll classes
(5)	Total Policy Manual Premium		(5)	Sum of (4) for all classifications on the policy
(6)	Employer Liability Increased Limits Factor	xxxx	(6)	Carrier value
(7)	Employer Liability Increased Limits Premium Charge		(7)	(5)x[(6) expressed as a decimal]
(8)	Minimum Premium Employer Liability Increased Limits	9848	(8)	Carrier value
(9)	Minimum Premium Employer Liability Increased Limits Premium Charge	9848	(9)	[(8)-(7)] if (7)<(8) and (6) >0, otherwise zero
(10)	Subject Deductible Credit Percentage	9664	(10)	Carrier value
(11)	Subject Deductible Premium Credit	9664	(11)	[(5)+(7)+(9)]x[(-10) expressed as a decimal]
(12)	Waiver of Subrogation Charge	0930	(12)	Carrier value - subject to experience modification
(13)	Waiver of Subrogation Premium	0930	(13)	Value from Line (12)
(14)	Total Subject Premium		(14)	[(5)+(7)+(9)+(11)+(13)]
(15)	Experience Modification	9898	(15)	Zero for non-experience-rated risks
(16)	Modified Premium		(16)	(14)x(15)
(17)	Merit Rating Credit Factor	9885	(17)	Zero if Merit Rating Credit does not apply
(18)	Merit Rating Credit	9885	(18)	(14)x[(-17) expressed as a decimal]
(19)	Merit Rating Neutral Factor	9884	(19)	Zero whether Merit Rating Neutral Adjustment (no credit or debit) does or does not apply
(20)	Merit Rating Neutral Adjustment	9884	(20)	(14)x[(19) expressed as a decimal]
(21)	Merit Rating Debit Factor	9886	(21)	Zero if Merit Rating Debit does not apply
(22)	Merit Rating Charge	9886	(22)	(14)x[(21) expressed as a decimal]
(23)	Premium After Experience Modification or Merit Rating		(23)	(16) if Experience-Rated, [(14)+(18)+(20)+(22)] if Merit-Rated, (14) if Non-Rated
(24)	Non-Ratable Classifications	xxxx	(24)	Carrier Value
(25)	Non-Ratable Classifications Exposure		(25)	Portion of payroll exposure subject to Non-Ratable Classifications
(26)	Non-Ratable Classification Rating Value	xxxx	(26)	Carrier Value
(27)	Non-Ratable Classification Premium		(27)	(25)/100x(26) [based on applicable Non-Ratable Classification exposure]
(28)	Aircraft Seat Surcharge Exposure (# of seats)	9108	(28)	Actual number of seats for insured risk. Subject to maximum 10 seats per aircraft
(29)	Aircraft Seat Surcharge	9108	(29)	Carrier Value
(30)	Aircraft Seat Surcharge Premium Charge	9108	(30)	(28) x (29)
(31)	Workfare Program Employees Exposure (PA)	0982	(31)	Number of person weeks. A partial workweek for any worker to be counted as 1 person week.
(32)	Workfare Program Employees Rating Value (PA)	0982	(32)	Carrier Value
(33)	Workfare Program Employees Premium (PA)	0982	(33)	(31) x (32)
(34)	Non-Ratable Classification Premium Total		(34)	Sum of all (27)+(30)+(33) premiums
(35)	Non-Ratable Classification Increased Limits Factor	xxxx	(35)	Carrier value
(36)	Non-Ratable Classification Increased Limits Premium Charge	xxxx	(36)	(34)x [(35) expressed as a decimal]
(37)	Minimum Premium Non-Ratable Classification Increased Limits	9848	(37)	Carrier value
(38)	Minimum Premium Non-Ratable Classification Increased Limits Premium Charge	9848	(38)	[(37)-(36)] if (36) < (37) and (35) > 0, otherwise zero
(39)	Premium Before Schedule Rating		(39)	(23)+(34)+(36)+(38)
(40)	Schedule Rating Plan Adjustment Factor	9887/9889	(40)	Carrier value - use 9887 for schedule credits and 9889 for schedule debits

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(41)	Schedule Rating Plan Premium Adjustment	9887/9889	(41)	(39)x[(40) expressed as a decimal]. For schedule credits Line (41) will be negative
(42)	Certified Safety Committee Credit Factor (PA)	9890	(42)	Credit applies if insured is certified.
(43)	Certified Safety Committee Premium Credit (PA)	9890	(43)	[(39)+(41)]x[(-42) expressed as a decimal]
(44)	Workplace Safety Program Credit Factor (DE)	9880	(44)	Credit applies if insured qualifies
(45)	Workplace Safety Program Premium Credit (DE)	9880	(45)	[(39)+(41)]x[(-44) expressed as a decimal]
(46)	Construction Classification Premium Adjustment Program Credit Factor	9046	(46)	Based on wage level(s), application to rating organization
(47)	Construction Classification Premium Adjustment Program Premium Credit	9046	(47)	[(39)+(41)]x[(-46) expressed as a decimal]
(48)	Drug-Free Workplace Factor (DE)	9846	(48)	Carrier value
(49)	Drug-Free Workplace Credit (DE)	9846	(49)	[(39)+(41)+(45)+(47)]x[(-48) expressed as a decimal]
(50)	Managed Care Factor (DE)	9874	(50)	Carrier value
(51)	Managed Care Credit (DE)	9874	(51)	[(39)+(41)+(45)+(47)+(49)]x[(-50) expressed as a decimal]
(52)	Package Credit Factor (DE)	9721	(52)	Carrier value
(53)	Package Credit (DE)	9721	(53)	[(39)+(41)+(45)+(47)+(49)+(51)]x[(-52) expressed as a decimal]
(54)	Premium After Managed Care and Package Credit If Applicable		(54)	[(39)+(41)+(43)+(45)+(47)+(49)+(51)+(53)]
(55)	Assigned Risk Surcharge Factor (DE)	0277	(55)	May apply to some or all assigned risks based on plan and characteristics of individual insured
(56)	Assigned Risk Premium Surcharge (DE)	0277	(56)	(54)x[(55) expressed as a decimal]
(57)	Deductible Credit Factor	9663	(57)	Carrier value
(58)	Deductible Premium Credit	9663	(58)	[(54)+(56)]x[(-57) expressed as a decimal]
(59)	Loss Constant	0032	(59)	Carrier value - may vary based on risk premium size
(60)	Loss Constant Charge	0032	(60)	Line (59) if applicable
(61)	Short Rate Cancellation Factor	0931	(61)	Carrier value - zero if short rate cancellation does not apply
(62)	Short Rate Premium	0931	(62)	[(54)+(56)+(58)+(60)]x[(61)-1.0000] if (61)>0, otherwise zero
(63)	Expense Constant	0900	(63)	Carrier value if applicable
(64)	Expense Constant Charge	0900	(64)	Line (63)
(65)	Minimum Premium	0990	(65)	Carrier value
(66)	Minimum Premium Charge	0990	(66)	If (65)>[(54)+(56)+(58)+(60)+(62)+(64)], (65)-[(54)+(56)+(58)+(60)+(62)+(64)], otherwise zero
(67)	Unit Statistical Report Total Standard Premium		(67)	[(54)+(56)+(58)+(60)+(62)+(66)]
(68)	Premium Discount Amount	0063/0064	(68)	Carrier value based on [(54)+(56)+(58)+(60)+(62)+(66)]
(69)	Additional premium Waiver of Subrogation (flat charge)	9115	(69)	Carrier value(s)
(70)	Foreign Terrorism	9740	(70)	(Total payroll/100) x carrier rating value
(71)	Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (DTEC)	9741	(71)	(Total payroll/100) x carrier rating value
(72)	Total Policy Premium Subject to Employer Assessment		(72)	(64)+(67)-(68)+(69)+(70) +(71)
(73)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(73)	Bureau value for the specific purpose of computing employer assessments
(74)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(74)	[(72)-(11)-(58)]x 73) NOTE: Cells (11) and (58) are credits. Subtracting these credits as shown effectively adds the premium reduction given for deductible coverage back into the premium for purposes of calculating employer assessments

**RULE VII – PREMIUM DISCOUNT****Item 4 of the Information Page****A. PREMIUM DISCOUNT**

Premium Discount (if any) is determined by an individual carriers' rating values. It recognizes that the relative expense of issuing and servicing larger premium policies is less than for smaller premium policies.

**B. COMBINATION OF POLICIES****1. Combination Permitted**

Two or more policies issued to the same insured by one or more insurance carriers under the same management may be combined for the purpose of computing the premium discount for that insured.

**2. Combination Procedure**

If such separate policies have different expiration dates, the combination for the purpose of 1. above is subject to the following:

- a. The Bureau shall determine the effective date for the application of premium discount.
- b. All such policies in force prior to such effective date shall be cancelled and rewritten as of the effective date.
- c. All policies effective after the effective date of the combination shall be written to expire concurrently with other policies in the combination.

**C. LARGE CONSTRUCTION PROJECTS  
(Wrap-Up)**

The first step in setting up a "Wrap-Up" program requires the carrier to make application to: State of Delaware Department of Labor, Industrial Accident Board, 4425 North Market Street - 3rd Floor, Wilmington, DE 19802.

The following application of the premium discount is optional for large construction projects which are not under a retrospective rating plan:

Policies issued to two or more legal entities engaged in a construction, erection or demolition project may be combined for the purpose of computing premium discount, subject to the following conditions:

**1. Insurance Carrier**

All such policies must be issued by one or more insurance carriers under the same management.

**2. Policy Limitation**

The policies shall be limited to insurance on such large construction projects.

**3. Eligible Entities**

Entities eligible for combination shall be limited to the general contractor (including any owner or principal acting as a general contractor) and subcontractors performing work under contracts let on an ex-insurance basis. In addition, if the contract between the owner or principal and such general contractor is on an ex-insurance basis, the owner or principal shall be an eligible entity under this rule.

**4. Premium Requirement**

Estimated total standard premium for the project to be done by the combined entities must be \$500,000 or more.

**5. Location Requirement**

The project must be confined to operations at a single location. In connection with the building of roadways, tunnels, waterways or surface or underground conduits, the entire job or sections of the job shall be considered a single location if the construction work is performed by a single general contractor for a single owner or principal.

**6. Duration Requirement**

The project must be of definite duration involving work to be performed continuously to completion.

**7. Bureau Notification**

The Bureau must be notified of the method by which the wrap-up policies will be identified.

**8. Separate Policy Requirement**

A separate policy is required for each entity included in the wrap-up plan and each policy is subject to that entity's own experience rating modification.

**9. Experience Modifications**

The experience developed by each entity in the combinations will be used in calculating the future experience of the entity. There will be no experience rating for the project as a unit.

**RULE VIII – LIMITS OF LIABILITY**

**Item 3-B of the Information Page**

**A. WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY**

**1. Part One – Workers Compensation**

There is no limit of liability in the standard policy for Part One. The policy provides all benefits required by the Delaware Workers Compensation Law.

**2. Part Two – Employers Liability**

**a. Standard Limits**

The standard limits of liability under Part Two are:

Bodily Injury by Accident: **\$100,000** – each accident  
Bodily Injury by Disease: **\$100,000** – each employee  
Bodily Injury by Disease: **\$500,000** – policy limit.

**b. Increased Limits**

The limit under Part Two may be increased, subject to the following:

- (1) The limits of liability shall be the same for all states specified in Item 3-A of the Information Page.
- (2) The additional premium for increased limits shall be determined by multiplying the total premium by the percentage in the following Table for Increased Limits. For this purpose, total premium shall be computed before application of any carrier rate but before application of experience rating modification or retro-spective rating adjustment.

TABLE FOR INCREASED LIMITS

<u>Classification Codes</u>	<u>Limits of Liability</u>	<u>Percentage</u>
	(000s omitted)	
9803	100 / 100 / 1,000	.70%
9804	100 / 100 / 2,500	1.20%
9805	100 / 100 / 5,000	1.70%
9806	100 / 100 / 10,000	2.40%
9807	500 / 500 / 500	1.90%
9808	500 / 500 / 1,000	2.20%
9809	500 / 500 / 2,500	2.70%
9810	500 / 500 / 5,000	3.20%
9811	500 / 500 / 10,000	3.90%
9812	1,000 / 1,000 / 1,000	3.30%
9813	1,000 / 1,000 / 2,500	3.80%
9814	1,000 / 1,000 / 5,000	4.40%
9815	1,000 / 1,000 / 10,000	5.00%
9816	1,000 / 1,000 / over 10,000	(a)
(a) Apply to Bureau for higher limit charges.		

(3) The premium for increased limits shall be subject to experience rating modification, merit rating, deductible credit or retrospective rating. The premium for increased limits on non-ratable classifications is not subject to any experience rating modifications, merit rating or retrospective rating.

**c. Accident Limit**

The limit of liability under Part Two applies to all bodily injury arising out of any one accident.

**d. Disease Limit**

The limit of liability under Part Two for Bodily Injury by Disease – each employee – applies as a separate limit to bodily injury by disease to any one employee and the limit of liability for Bodily Injury by Disease policy limit – applies as an aggregate limit for all bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease.

**e. Show Limit on the Information Page**

The limits of liability under Part Two must be stated in Item 3-B of the Information Page.

**B. VOLUNTARY COMPENSATION INSURANCE**

**1. Standard Limits**

The standard limits of liability under Part Two Employers Liability Insurance for employees subject to voluntary compensation are:

- Bodily Injury by Accident: **\$100,000** – each accident
- Bodily Injury by Disease: **\$100,000** – each employee
- Bodily Injury by Disease: **\$500,000** – policy limit

The limit of liability for Bodily Injury by Accident applies to all bodily injury arising out of any one accident. The limit of liability for Bodily Injury by Disease – each employee – applies as a separate limit to bodily injury by disease to any one employee and the limit of liability for Bodily Injury by Disease – policy limit – applies as an aggregate limit for all bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease.

**2. Increased Limits**

The standard limits under Part Two Employers Liability for employees subject to voluntary compensation insurance may be increased. The premium for the increased limits shall be determined on the basis of the factors in the following table:

**TABLE FOR INCREASED LIMITS  
Employers Liability Insurance Only**

<u>Limit of Liability</u>	<u>Factor</u>
(000s omitted)	
100 / 100 / 1,000	1.053
100 / 100 / 2,500	1.127
100 / 100 / 5,000	1.225
100 / 100 / 10,000	1.284
500 / 500 / 500	1.186
500 / 500 / 1,000	1.206
500 / 500 / 2,500	1.286
500 / 500 / 5,000	1.368
500 / 500 / 10,000	1.424
1,000 / 1,000 / 1,000	1.280
1,000 / 1,000 / 2,500	1.357
1,000 / 1,000 / 5,000	1.436
1,000 / 1,000 / 10,000	1.509
1,000 / 1,000 / 10,000 over	(a)
(a) Apply to Bureau for higher limit factor	

**3. Premium Determination**

Premium shall be determined on the basis of the workers compensation rules, classifications and Bureau rating values in this Manual for the state workers compensation law designated in the schedule in the Voluntary Compensation and Employers Liability Coverage Endorsement.

**4. Payroll Records**

When voluntary compensation insurance is provided for a group of employees, separate payroll records shall be main-tained by the insured for the designated group of employees.

**RULE IX – SPECIAL CONDITIONS OR OPERATIONS AFFECTING COVERAGE AND PREMIUM**

**A. EXECUTIVE OFFICERS**

**1. Definition**

Executive Officers of a corporation are the President, Vice President, Secretary, Treasurer or any other officer appointed or elected in accordance with the charter or by-laws of a corporation or unincorporated association.

**2. Law and Status**

- a. Executive Officers of a corporation and members of a limited liability company, which corporation or limited liability company is not licensed under Title 30, Chapter 25 of the Delaware Code or shown to be conducting business in a manner in which they should be so licensed, are covered under the Delaware Workers' Compensation Law. However, up to eight (8) executive officers who are stockholders of the corporation (except construction contractors – see below) or as many as four (4) individuals who are members of a limited liability company, when executing a written agreement between the corporation and such executive officers or between the limited liability company and such members, may elect not to be subject to the law. To exclude such officers or limited liability company members, attach the Partners, Officers and Others Exclusion Endorsement **WC 00 03 08**.
- b. **Construction Contractors:** Executive officers of a corporation and members of a limited liability company, which corporation or limited liability company is licensed under Title 30, Chapter 25 of the Delaware Code or shown to be conducting

business in a manner in which they should be so licensed, are covered under the Delaware Workers' Compensation Law. However, up to four (4) executive officers who are stockholders of the corporation or as many as four (4) individuals who are members of a limited liability company, when executing a written agreement between the corporation and such executive officers or between the limited liability company and such members, may elect not to be subject to the law. To exclude such officers or limited liability company members, attach the Partners, Officers and Others Exclusion Endorsement **WC 00 03 08**.

**Note:** As a general rule, executive officers and individual members of a Limited Liability Company may be excluded only on the effective date of the policy. Any exceptions to this general rule must be approved in writing by the carrier issuing the policy.

When executive officers are covered under the law they have the same status as employees under the policy.

### 3. Premium Determination

Premium for executive officers, other than elected officers of Delaware or its political subdivisions, shall be based on their total payroll, subject to the following:

- a. The requirements of Rule V - E.
- b. The minimum individual payroll for an executive officer is **\$450** per week.
- c. The maximum individual payroll for an executive officer is **\$2,200** per week.
- d. These limitations apply to the average weekly payroll of each executive officer for the number of weeks the officer was employed during the policy period.
- e. A part of a week shall be considered a full week in determining the average weekly payroll.

### 4. Assignment of Payroll

Payroll assignment shall be made in the same manner as for any employee. No executive officer's payroll may be assigned to a standard exception classification unless that officer's duties fulfill the definition of either Salesman - 951 or Office - 953. See Rule IV.

### 5. Flight Duties

Payroll of an executive officer who is a pilot or member of the flying crew of an aircraft used in the insured's business shall be assigned as follows:

- a. For each week during which the executive officer did not perform flight duties, assign the officer's payroll as provided in Rule IX - A. 4.
- b. For each week during which the executive officer performed flight duties, assign the officer's payroll for that week to Code 7421, Transportation of Personnel for Business. If an executive officer's non-flying duties in such a week are subject to a higher rated classification, that higher rated classification shall be assigned in that week.

Rules 5. a. and b. apply on the basis of the pilot's log book required under Federal regulations or other verifiable records.

If Code 7421, Transportation of Personnel for Business, applies and verifiable records are not maintained to indicate those weeks during which flying is performed by executive officers, their payroll shall be assigned to the highest rated classification which applies to any of their operations.

## B. SOLE PROPRIETORS AND PARTNERS OR MEMBERS OF THEIR IMMEDIATE FAMILY

### 1. Law and Status

- a. Sole proprietors or partners are not covered under Delaware Law.
- b. Sole proprietors or partners **may elect** to be covered in the State of Delaware. They then have the same status as employees under the policy.
- c. Immediate family members of sole proprietors or partners **are covered** under Delaware Law. Immediate family is defined as a parent, spouse, child or sibling of a sole proprietor or partner.

### 2. Coverage

- a. To provide coverage for a sole proprietor or partner, attach the **Sole Proprietors, Partners, Officers and Others Coverage Endorsement, WC 00 03 10.**
- b. To exclude coverage for Immediate Family members, attach the **Partners, Officers and Others Exclusion Endorsement, WC 00 03 08.**

**3. Premium Determination**

- a. Premium for sole proprietors, partners or members of their immediate family shall be based on their total pay-roll.
- b. Rules to set payroll for sole proprietors or partners are the same as for executive officers. (See Rule IX A. 3. for details.)

**C. CONTRACTORS, GENERAL CONTRACTORS , SUBCONTRACTORS and INDEPENDENT CONTRACTOR(S)**

1. No contractor or subcontractor shall receive compensation under the Delaware Workers Compensation Law, but shall be deemed to be an employer and all rights of compensation of the employees of any such contractor or subcontractor shall be against their employer and not against any other employer.
2. Lessees transporting passengers for hire in motor vehicles leased pursuant to written leases shall not receive compensation under the Delaware Workers Compensation Law but shall be deemed to be employers.
3. "Independent contractor" shall mean any person not excluded from mandatory coverage under provisions of Delaware Workers Compensation Law, Title 19 §2311, who performs work or provides services for a contractor, subcontractor or other "contracting entity" in return for remuneration and/or other valuable considerations but who is not an employee of the contractor, subcontractor or other "contracting entity" or any other person or entity with respect to the work performed or the services provided.  
"Contracting entity" shall mean any commercial entity that obtains work or services from a person not excluded from mandatory coverage under provisions of this law and who is not an employee of the "contracting entity" or any other commercial entity with respect to the work performed or services provided.

**Important Note:**

**Partners and sole proprietors, when working in an independent contractor role, shall be subject to the same requirements as outlined above and may not rely upon Title 19 §2308 to elect not to be subject to the law.**

**Coverage**

Independent contractors shall have an option to purchase coverage to satisfy this requirement or alternatively shall be insured by the contractor, general contractor, subcontractor or other contracting entity for which they perform work or provide services.

Up to four (4) executive officers who are stockholders of a corporation and up to four (4) individuals who are members of a limited liability company, which corporation or limited liability company is licensed under Title 30, Chapter 25 of the Delaware Code or shown to be conducting business in a manner in which they should be so licensed, may be exempted from Title 19, Section 2311 (a) (4). Refer to Title 19 §2308 of the Delaware Code for more detail.

**Remuneration**

Actual remuneration of the independent contractor will be used to determine premium subject to the executive officer minimum and maximum payrolls approved by the Department of Insurance. (Refer to Section 1, Rule IX, A. 3. for more detail.)

(a) The general contractor, subcontractor or other contracting entity shall furnish satisfactory evidence that the independent contractor had workers' compensation insurance in force during the time within which the work was performed for the general contractor, subcontractor or other contracting entity. For each independent contractor for which such evidence is not furnished, additional premium shall be charged to the policy which insured the general contractor, subcontractor or other contracting entity as follows:

- i. The general contractor, subcontractor or other contracting entity shall provide a complete payroll record of each uninsured independent contractor. Premium on such payroll shall be based on the classification(s) which would have applied if the independent contractor had been an employee of the general contractor, subcontractor or other contracting entity.

- ii. If the general contractor, subcontractor or other contracting entity does not supply the payroll records of its independent contractor(s), the full subcontract price of the work performed during the policy period by the independent contractor(s) shall be established as the payroll of the independent contractor(s). The additional premium shall be charged on that amount as payroll.

***Exception to (a) ii.***

If investigation on a specific job discloses that a definite amount of the independent contractor's(s') price represents payroll, such amount shall be the payroll for the additional premium computation. In contracts for: (1) for mobile equipment with operators (such as but not limited to: earth movers, graders, bulldozers, or log skidders), the payroll shall not be less than 33 percent of the independent contractor's(s') price; (2) for labor and material, the payroll shall not be less than 50 percent of the independent contractor's(s') price; (3) for labor only, the payroll shall be established as not less than 90 percent of the independent contractor's(s') price.

- iii. If an experience modification has been established for the general contractor, subcontractor or other contracting entity, such experience modification shall be applied to the premium developed for the uninsured independent contractor.
4. Any contracting entity shall obtain from an independent contractor or subcontractor, and retain for three (3) years from the date of the contract, the following: a notice of exemption of executive officers or limited liability company members and/or a certification of workers compensation insurance in force. If the contracting entity should fail to do so, the contracting entity shall not be deemed the employer of any independent contractor or subcontractor or their employees but shall be deemed to insure any workers' compensation claims arising from the transaction.
5. In all other types of commerce, the determination of employee or independent contractor status shall remain as before the adoption of Title 19 §2311 Subsection (a), and Title 19 §2308 and the other provisions defining employees and persons not covered by Title 19, Chapter 23 of the Delaware Code shall apply.

**D. EX-MEDICAL COVERAGE**

Ex-medical coverage is prohibited in the State of Delaware.

**E. PROFESSIONAL AND SEMI-PROFESSIONAL ATHLETES – CLASS CODES 970 and 991**

1. Employees who qualify for payroll limitation include but are not limited to all players, coaches, managers or game officials and include all players on salary list of the employer.
2. The entire remuneration of each player, coach or manager should be included in computing premium, subject to a maximum of \$60,000 per season.
3. Season includes pre-season and post-season exposure.
4. When a player, coach or manager works for two or more teams in the same sport during the season, the maximum shall be pro-rated.
5. The remuneration of an individual player is subject to a minimum of \$600.00 per week of the season or year, including board and lodging. (Limited to Code 970). For more details refer to the Classification and Rating Values Section.

**F. DELAWARE WORKPLACE SAFETY PROGRAM**

**1. The Effective Date**

Delaware Workplace Safety Program effective February 1, 1989. Revised July 1, 1999.

**2. Eligibility**

- a. Employers are eligible for the Workplace Safety Program if they have **\$3,161** or more of annual Delaware only premium at residual market rates.

- b. Qualifying premium and safety credit percent eligibility is based on the most current required unit statistical card filing (for example, July 1999 employers qualify using the unit statistical report for the July 1996 policy).
- c. The Bureau will test each employer by taking the required unit statistical card payroll times current Residual Market Rates times most current experience modification to determine the employer's qualifying premium.

**3. Employer Notification**

Employers meeting the premium qualification requirement will be notified by the Delaware Department of Insurance seven months in advance of renewal date. This notification will inform the employer of the premium credit they are eligible for if attested safe, together with the schedule of inspection costs.

**4. Inspection**

The cost of each Department of Insurance safety inspection will be borne by the employer and will start at **\$150 per location**. Each work location must pass inspection for the employer to be eligible for premium credit under the Work-place Safety Program. Inspection fees for large and/or complex employers may be established by the Department of Insurance.

**5. Employer Action**

Once the employer receives their notification of eligibility, the employer must decide to participate in the Workplace Safety Program. This decision must be made no later than five months before their policy renewal. The employer must contact the Delaware Department of Insurance and request an inspection. Inspections will be made by a representative from one of the independent safety expert companies contracted by the Delaware Department of Insurance.

**6. Delaware Department of Insurance Action**

The Department of Insurance will notify the inspector of the employer's request. The inspector will then contact the employer to set up the first of two inspections. A second unannounced inspection will be made at some later date to confirm initial certifications of safety in the workplace. Failure to pass this non-scheduled inspection will result in withdrawal of the safety credit.

**7. Qualified Employer**

The Bureau will be informed when an employer passes the inspection. The Bureau will then record on the experience rating calculation sheet the credit percentage to apply to the renewal policy. **Code 9880** is to be used in policy issuance and statistical reporting to record the Safety Program premium credit, which is to be applied after experience modification and after deviation or schedule rating adjustments but before calculating premium discount and before adding of expense constant.

**For Example:**

<u>Code</u>	<u>Classification</u>	<u>Payroll</u>	<u>Rate</u>	<u>Premium</u>	
975	Restaurant	\$350,000	\$4.39	\$15,365	
953	Clerical	80,000	.54	432	
	Sub-Total			15,797	
9898	Experience Modification		.95	790	Credit
	Sub-Total			15,007	
9887	Schedule Credit 5%			750	Credit
	Sub-Total			14,257	
<b>9880</b>	<b>Safety Program Credit 19%</b>			<b>2,709</b>	<b>Credit</b>
	Sub-Total			11,548	
0063	Premium Discount if applicable				
0900	Expense Constant if applicable				
9999	Estimated Annual Premium			11,548	

**8. Safety Credit Percentages**

Safety credits will be granted according to the following formula:

$$20\% \times [1.0000 - C]$$

where "C" is the credibility of the qualified employer in the uniform Experience Rating Plan for the policy period expiring immediately prior to the application of the safety credit. If the qualified employer was not experience-rated

in the policy period expiring immediately prior to the application of the safety credit, "C" will be set at 0.050. Safety credit packages will be rounded to the nearest whole percent.

**9. Bureau Rating Values**

A Delaware Workplace Safety Program Correction Factor shall be included in loss costs and residual market rates. This factor shall be designed to make the Workplace Safety Program revenue neutral in the aggregate.

**10. Appeals**

The Bureau's determination of the percentage credit for an individual risk eligible for the Delaware Workplace Safety Program may be appealed pursuant to Rule XVI, APPEALS FROM APPLICATION OF THE RATING SYSTEM PRO-CEDURE, Section 1 of this Manual.

**G. DELAWARE CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM**

**1. Program Description**

The Delaware Construction Classification Premium Adjustment Program provides for a premium credit for up to one year for a policy which contains one or more construction classifications. A credit may be applicable to those policies effective new and renewed with normal anniversary rating dates on or after **July 1, 1990**.

The basis for determining the credit is the total payroll (including overtime premium pay) and hours worked for each construction classification as reported to taxing authorities. The applicable report periods vary according to the normal anniversary rating date of each policy, as set forth below.

**Normal Anniversary Rating Dates**

**Reporting Period for Qualifying Wages**

January 1, 2003 – December 31, 2003  
 January 1, 2004 – December 31, 2004  
 January 1, 2005 – December 31, 2005  
 January 1, 2006 – May 31, 2006  
 June 1, 2006 - May 31, 2007  
 June 1, 2007 - May 31, 2008

Third calendar quarter of 2001  
 Third calendar quarter of 2002  
 Third calendar quarter of 2003  
 Third calendar quarter of 2004  
 Third calendar quarter of 2005  
 Third calendar quarter of 2006

If the insured did not engage in operations for the complete quarter, then the last complete quarter prior to policy year inception shall be used or, if there was no complete quarter of operations prior to the policy inception, then the first complete quarter after policy inception shall be used. A credit may be determined for each construction classification by dividing the total payroll, including overtime premium pay, by the number of hours worked to arrive at the average hourly wage for the classification. In the absence of specific records for salaried employees, it will be assumed each such individual worked forty (40) hours per week. The credit for average hourly wage is listed below:

**DCCPAP Wage Table  
 Effective January 1, 2003 through December 31, 2003**

<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>	<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>
\$14.49-or less	<b>0%</b>	\$19.01-19.25	<b>15%</b>
\$14.50- 16.75	<b>5%</b>	\$19.26-19.75	<b>16%</b>
\$16.76-17.00	<b>6%</b>	\$19.76-20.25	<b>17%</b>
\$17.01-17.25	<b>7%</b>	\$20.26-20.75	<b>18%</b>
\$17.26-17.50	<b>8%</b>	\$20.76-21.25	<b>19%</b>
\$17.51- 17.75	<b>9%</b>	\$21.26-22.00	<b>20%</b>
\$17.76-18.00	<b>10%</b>	\$22.01-22.75	<b>21%</b>
\$18.01-18.25	<b>11%</b>	\$22.76-23.50	<b>22%</b>
\$18.26-18.50	<b>12%</b>	\$23.51-24.25	<b>23%</b>
\$18.51-18.75	<b>13%</b>	\$24.26-25.25	<b>24%</b>
\$18.76-19.00	<b>14%</b>	Over 25.250	<b>25%</b>

**DCCPAP Wage Table  
Effective January 1, 2004 through December 31, 2004**

<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>	<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>
\$14.74-or less	0%	\$19.26-19.75	15%
\$14.75- 17.00	5%	\$19.76-20.25	16%
\$17.01-17.25	6%	\$20.26-20.75	17%
\$17.26-17.50	7%	\$20.76-21.25	18%
\$17.51-17.75	8%	\$21.26-22.00	19%
\$17.76- 18.00	9%	\$22.01-22.75	20%
\$18.01-18.25	10%	\$22.76-23.50	21%
\$18.26-18.50	11%	\$23.51-24.25	22%
\$18.51-18.75	12%	\$24.26-25.00	23%
\$18.76-19.00	13%	\$25.01-26.00	24%
\$19.01-19.25	14%	Over 26.00	25%

**DCCPAP Wage Table  
Effective January 1, 2005 through May 31, 2006**

<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>	<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>
\$15.24 or less	0%	\$19.76 - 20.25	15%
15.25 - 17.00	5%	20.26 - 20.75	16%
17.01 - 17.25	6%	20.76 - 21.25	17%
17.26 - 17.50	7%	21.26 - 22.00	18%
17.51 - 17.75	8%	22.01 - 22.75	19%
17.76 - 18.00	9%	22.76 - 23.50	20%
18.01 - 18.25	10%	23.51 - 24.25	21%
18.26 - 18.50	11%	24.26 - 25.00	22%
18.51 - 18.75	12%	25.01 - 25.75	23%
18.76 - 19.25	13%	25.76 - 26.75	24%
19.26 - 19.75	14%	Over \$26.75	25%

**DCCPAP Wage Table  
Effective June 1, 2006 through May 31, 2007**

<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>	<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>
<b>\$15.94 or less</b>	0%	\$21.41 - 21.95	15%
15.95 - 17.00	5%	21.96 - 22.55	16%
17.01 - 17.40	6%	22.56 - 23.15	17%
17.41 - 17.85	7%	23.16 - 23.80	18%
17.86 - 18.30	8%	23.81 - 24.45	19%
18.31 - 18.80	9%	24.46 - 25.15	20%
18.81 - 19.30	10%	25.16 - 25.85	21%
19.31 - 19.80	11%	25.86 - 26.55	22%
19.81 - 20.30	12%	26.56 - 27.30	23%
20.31 - 20.85	13%	27.31 - 28.05	24%
20.86 - 21.40	14%	Over \$26.75	25%

**DCCPAP Wage Table  
Effective June 1, 2007 through May 31, 2008**

<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>	<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>
\$16.99 or less	0%	21.91-22.45	15%
17.00-17.40	5%	22.46-23.05	16%
17.41-17.85	6%	23.06-23.70	17%
17.86-18.30	7%	23.71-24.35	18%
18.31-18.75	8%	24.36-25.00	19%
18.76-19.25	9%	25.01-25.65	20%
19.26-19.75	10%	25.66-26.35	21%
19.76-20.25	11%	26.36-27.10	22%
20.26-20.80	12%	27.11-27.85	23%
20.81-21.35	13%	27.86-28.65	24%
21.36-21.90	14%	Over \$28.65	25%

The total construction classification credit amount, in dollars, must be calculated and then divided by the total policy premium at Bureau Rating Values - including construction and non-construction classifications. The result would be the percentage credit which is to be applied to the July 1, 1990 or later policy. When calculating the total policy

credit the percentage shall be rounded to the nearest whole number with .5 being rounded upward (as an example, 4.4 rounded to 4% and 4.5 rounded to 5%).

The insured shall submit the required payroll and hours worked information to the Delaware Compensation Rating Bureau, Inc. for calculation of any applicable credit. The carrier shall, upon audit, verify the information that was submitted by the insured and used in the calculation of the credit. If the carrier discovers an error in the original request for policy credit, the revised information must be submitted to the Delaware Compensation Rating Bureau, Inc. for recalculation. If the insured does not furnish records to verify the payrolls and hours worked originally submitted and used in the calculation of the credit, there shall be no credit applied to the policy.

The credit authorized by the Delaware Compensation Rating Bureau, Inc. shall appear on Item 4 of the policy. If the credit applicable to the policy is not available at the time of policy issuance, the carrier shall endorse the policy to provide the appropriate credit information once a qualifying application has been processed and the Bureau has notified the carrier of the credit determined on the basis of such application.

Report Delaware Construction Class Premium Credit on the information page and unit statistical report under **Code 9046**.

Carriers are required to use the approved form to notify all their insureds, who have one or more construction classifications on their policy, that they may be eligible for a premium adjustment credit.

2. "Construction classifications" are those classifications subject to the following code numbers:

601	609	645	652	658	666	676
602	611	646	653	659	667	677
603	615	647	654	661	668	
605	617	648	655	663	669	
607	625	649	656	664	674	
608	643	651	657	665	675	

3. Third Calendar Quarter

<b>a.</b>	<b><u>Policy Anniversary Date</u></b>	<b><u>Quarter Used</u></b>
	07/01/90 to 07/01/91	1989
	07/01/91 to 07/01/92	1990
	07/01/92 to 07/01/93	1991

4. The Bureau will inform the carrier and employer of the credit percentage. The Bureau will then record on the experience rating sheet (when applicable) the credit percentage to apply to the policy. Code 9046 is to be used in policy issuance and statistical reporting to record the construction premium credit, which is to be applied after the experience modification and after the deviation or schedule rating adjustments, but before calculating the premium discount and before adding the expense constant.

**REVISED**

Example:

<u>Code</u>	<u>Classification</u>	<u>Payroll</u>	<u>Rate</u>	<u>Premium</u>	
652	Carpentry	\$300,000	\$13.83	\$41,490	
951	Salesman	41,600	.60	250	
953	Office	176,000	.39	686	
	Sub-Total			42,426	
9898	Experience Modification	1.180		7,637	Debit
				50,063	
9887	Schedule Credit 5%			2,503	Credit
	Sub-Total			47,560	
9880	Safety Program Credit 20%			9,512	
	Sub-Total			38,048	
9046	Construction Credit 20%			9,512	
	Sub-Total			28,536	
0277	Residual Market Surcharge	.18		5,135	Debit
0063	Premium Discount (if applicable)				Credit
	Sub-Total				
9999	Estimated Annual Premium			\$33,672	

**5. Appeals**

The Bureau's determination of an individual risk's eligibility for and/or the percentage of credit under the Delaware Construction Classification Premium Adjustment Program may be appealed pursuant to Rule XVI, APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE, Section 1 of this Manual.

BUREAU FILE NO. \_\_\_\_\_

**DELAWARE WORKERS COMPENSATION – 200\_\_  
PREMIUM CREDIT APPLICATION**

NAME ON INSURANCE POLICY \_\_\_\_\_

INSURANCE COMPANY (Not Agent) \_\_\_\_\_

POLICY NO. \_\_\_\_\_ EFF. DATE \_\_\_\_\_

**Notice:** Unless Code(s), total wages paid as reported to taxing authorities, total hours worked, and calendar quarter reported are indicated and application is signed, it cannot be processed. Must include non-construction class code payrolls. Corporate Officers should be included in the appropriate classification. Do not include corporate officers who have elected to be excluded from the Workers Compensation Act. Contact your agent and/or insurance company if assistance is desired.

<u>CLASSIFICATION DESCRIPTION</u>	<u>DELAWARE WC CLASS CODE</u>	<u>TOTAL DELAWARE WAGES PAID THIS QUARTER</u>	<u>TOTAL HOURS WORKED THIS QUARTER (Including O.T.)</u>
<b>Example: Carpentry</b>	<b>651</b>	<b>\$8,000</b>	<b>520</b>
<b>Example: Office</b>	<b>953</b>	<b>\$2,000</b>	<b>400</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The foregoing is based on actual wages and hours worked, as reflected in our payroll records, for the complete calendar quarter ending \_\_\_\_\_.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**SEND APPLICATION TO DELAWARE COMPENSATION RATING BUREAU, INC., ATTENTION: EXPERIENCE RATING DEPARTMENT, United Plaza Building – Suite 1500, 30 South 17<sup>th</sup> Street PHILADELPHIA, PA 19103-4007.**

**H. WAIVER OF SUBROGATION**

For policies where the carrier waives subrogation rights, the premium charge associated with such waiver shall be assigned to Code 0930.

For policies where a flat charge has been levied for a waiver of subrogation rights, the amount shall be assigned to Code 9115. Code 9115 – Flat Charge Waiver of Subrogation is not included in Total Standard Premium.

**RULE X – CANCELLATION****A. WHO MAY CANCEL**

The Cancellation Condition of the Standard Policy permits cancellation by the insured or by the insurance carrier.

**IMPORTANT NOTICE: CANCELLATION NOTICES MUST BE FILED WITH THE BUREAU WITHIN 10 DAYS OF ISSUANCE; PROVIDED, HOWEVER, THAT FAILURE TO FILE SUCH NOTICE WITHIN THE REQUIRED TIME SHALL NOT INVALIDATE ANY CANCELLATION WHICH HAS BEEN MADE IN ACCORDANCE WITH THE PROVISIONS OF THE POLICY.**

**B. PREMIUM DETERMINATION – CANCELLATION BY THE INSURANCE CARRIER**

Premium for the cancelled policy shall be computed as follows:

**1. Carrier Rating Values and Payroll**

Apply Carrier Rating Values to the payroll developed during the period the policy was in effect.

**2. Experience Rating**

Apply any experience rating modification in accordance with the rules of the Experience Rating Plan Section. Refer to Rule VI - H.

**3. Deductible**

Apply the appropriate deductible credit factor, if any, in accordance with the deductible table in Section 2 of this Manual.

**C. PREMIUM DETERMINATION – CANCELLATION BY THE INSURED WHEN RETIRING FROM BUSINESS**

Compute the premium as provided in B above if a policy is cancelled by the insured when:

1. All the work covered by the policy has been completed, or
2. All interest in any business covered by the policy has been sold, or
3. The insured has retired from all business covered by the policy.

**D. PREMIUM DETERMINATION – CANCELLATION BY THE INSURED, EXCEPT WHEN RETIRING FROM BUSINESS**

The premium for the cancelled policy shall be based on the Short Rate Cancellation Table in this rule and computed as follows:

**1. Actual Payroll**

Determine the payroll developed during the period the policy was in effect.

**2. Extended Payroll**

Extend such payroll pro-rata to an annual basis.

**Example**

A payroll of \$55,500 for 185 days would produce a payroll of \$109,500 on an annual basis:

$$\$55,500 \times \frac{365}{185} = \$109,500.$$

**3. Carrier Rate**

Apply Carrier Rate to the payroll in 2. above.

**4. Experience Rating**

Apply any experience rating modification in accordance with the rules of the Experience Rating Plan Manual. Refer to Rule VI - 1.

**5. Deductible**

Apply the appropriate deductible credit factor, if any, in accordance with the deductible credit schedule in Section 2 of this Manual.

**6. Short Rate Percentage**

Based on the time the policy was in effect, apply the short rate percentage shown in the Short Rate Cancellation Table in this rule to the annual premium computed on the basis of the extended payroll in order to determine the short rate portion of the annual premium.

**7. Example of a Short Rate Cancellation**

A policy in effect for 185 days develops actual payroll of \$55,500, carrier rate \$.50.

a. Payroll extended to annual basis =

$$\$55,500 \times \frac{365}{185} = \$109,500.$$

b. Annual premium = \$109,500 x \$.50 = 548

c. Short rate percentage for 185 days = 61%  
(See Table on next page)

d. Short rate premium for cancelled policy =  
\$548 x .61 = \$334

e. Total premium for cancelled policy = \$334

Refer to the Rules and Interpretation Section for an alternative method of short rate computation.

E. SHORT RATE CANCELLATION TABLE FOR TERM OF ONE YEAR

Days Policy In Force		Percent of One Year Premium
1		5%
2		6
3 - 4		7
5 - 6		8
7 - 8		9
9 - 10		10
11 - 12		11
13 - 14		12
15 - 16		13
17 - 18		14
19 - 20		15
21 - 22		16
23 - 25		17
26 - 29		18
30 - 32	(1 mo)	19
33 - 36		20
37 - 40		21
41 - 43		22
44 - 47		23
48 - 51		24
52 - 54		25
55 - 58		26
59 - 62	(2 mos)	27
63 - 65		28
66 - 69		29
70 - 73		30
74 - 76		31
77 - 80		32
81 - 83		33
84 - 87		34
88 - 91	(3 mos)	35
92 - 94		36
95 - 98		37
99 - 102		38
103 - 105		39
106 - 109		40
110 - 113		41
114 - 116		42
117 - 120		43
121 - 124	(4 mos)	44
125 - 127		45
128 - 131		46
132 - 135		47
136 - 138		48
139 - 142		49
143 - 146		50
147 - 149		51
150 - 153	(5 mos)	52

Days Policy In Force		Percent of One Year Premium
154 - 156		53
157 - 160		54
161 - 164		55
165 - 167		56
168 - 171		57
172 - 175		58
176 - 178		59
179 - 182	(6 mos)	60
183 - 187		61
188 - 191		62
192 - 196		63
197 - 200		64
201 - 205		65
206 - 209		66
210 - 214	(7 mos)	67
215 - 218		68
219 - 223		69
224 - 228		70
229 - 232		71
233 - 237		72
238 - 241		73
242 - 246	(8 mos)	74
247 - 250		75
251 - 255		76
256 - 260		77
261 - 264		78
265 - 269		79
270 - 273	(9 mos)	80
274 - 278		81
279 - 282		82
283 - 287		83
288 - 291		84
292 - 296		85
297 - 301		86
302 - 305	(10 mos)	87
306 - 310		88
311 - 314		89
315 - 319		90
320 - 323		91
324 - 328		92
329 - 332		93
333 - 337	(11 mos)	94
338 - 342		95
343 - 346		96
347 - 351		97
352 - 355		98
356 - 360		99
361 - 365	(12 mos)	100

**RULE XI – THREE-YEAR FIXED RATE POLICY OPTION**

1. A carrier may file a "Three-Year Fixed Rate Option" program with the Delaware Insurance Department.
2. A policy may be issued for a period of three years at a fixed carrier rate, provided the risk is not eligible for the Experience Rating Plan on the effective date of the policy.
3. A policy issued under an approved program shall be designated on the Information Page as follows - "THREE-YEAR FIXED RATE."

**RULE XII – U.S. LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT****A. GENERAL EXPLANATION**

The U.S. Longshore and Harbor Workers' Compensation Act (U.S.L. & H.W. Act) is a Federal law which provides for payment of compensation and other benefits to employees such as longshore, harbor workers, ship repairmen, shipbuilders, ship-breakers and other employees engaged in loading, unloading, repairing or building a vessel. It applies to such employees while working on navigable waters of the United States and also while working on any adjoining pier, wharf, dry dock, terminal, building way, marine railway, or other area adjoining such navigable waters customarily used for loading, unloading, repairing or building a vessel. It does not cover masters or members of the crew of a vessel. For complete details see U.S. Code (1946), Title 33, Section 901-49, amended by Public Law 92-576.

**B. WORKERS COMPENSATION INSURANCE – PART ONE**

The standard policy is used to insure the statutory obligation of an employer to furnish benefits required by the U.S.L. & H.W. Act. Attach the Standard Longshore and Harbor Workers' Compensation Act Coverage Endorsement (**WC 00 01 06A**) to provide such insurance. Do not designate the U.S.L. & H.W. Act in Item 3-A of the Information Page.

**C. EMPLOYERS LIABILITY INSURANCE – PART TWO**

For operations subject to the U.S.L. & H.W. Act, the standard limits of liability under Part Two are:

Bodily Injury by Accident: **\$100,000** – each accident  
Bodily Injury by Disease: **\$100,000** – each employee  
Bodily Injury by Disease: **\$500,000** – policy limit, Refer to Rule VIII.

**a. Accident Limit**

The limit of liability applies to all bodily injury arising out of any one accident.

**b. Disease Limit**

The limit of liability also applies as a separate aggregate limit for all bodily injury by disease. The aggregate limit applies separately to bodily injury by disease arising out of work in each state shown in Item 3-A of the Information Page.

**c. Show Limits on Endorsement**

These limits of liability must be stated in the Maritime Coverage Endorsement and/or the Federal Employers Liability Act Coverage Endorsement.

**D. CLASSIFICATIONS AND RATES****1. Classifications**

Classifications for insurance under the U.S.L. & H.W. Act are listed in "Section 2 – Classifications" of this Manual.

**2. Rates for Federal "F" Classifications**

The manual rates for classification code numbers followed by the letter "F" include premium for operations subject to the U.S.L. & H.W. Act.

**3. Rates for Non-Federal "Non-F" Classifications**

The Bureau Rating Values for classification code numbers not followed by the letter "F" do not include premium for operations subject to the U.S.L. & H.W. Act. If operations under such classifications involve some employees subject to U.S.L. & H.W. Act, the manual rates and minimum premiums for such classifications shall be increased by the U.S. Longshore and Harbor Workers' Compensation Coverage Percentage, the value for which is shown in Section 2. Such increased rate shall apply only to payroll of employees engaged in operations subject to the U.S.L. & H.W. Act.

NOTE: Deductible credit is not permissible in connection with U.S.L. & H.W. Act coverage.

**E. EXTENSIONS OF THE U.S.L. & H.W. ACT****1. Defense Bases Act**

The Defense Bases Act extends the provisions of the U.S.L. & H.W. Act to employers and their employees on overseas military bases and on other overseas locations under public works contracts being performed by contractors with agencies of the United States Government. Employees who are not United States citizens may be exempted from coverage upon approval of a waiver by the Secretary of Labor. For complete details, see Defense Bases Act, U.S. Code (1946) Title 42 Sections 1651-54, Public Law 208, 77th Congress.

To provide such insurance, attach the Standard Defense Bases Act Coverage Endorsement (**WC 00 01 01**).

**2. Civilian Employees of Nonappropriated Fund Instrumentalities Act**

The Nonappropriated Fund Instrumentalities Act extends the provisions of the U.S.L. & H.W. Act to civilian employees of nonappropriated fund instrumentalities such as post exchanges and service clubs of the Armed Forces. For complete details, see U.S. Code (1970) Title 5, Section 8171 (Public Law 85-538, 85th Congress).

To provide such insurance attach the Standard Nonappropriated Fund Instrumentalities Act Coverage Endorsement (**WC 00 01 08**).

**3. Premium Determination**

For insurance under extensions of the U.S.L. & H.W. Act, determine premium as provided in Rule XII - D.

**RULE XIII – THE ADMIRALTY LAW AND THE FEDERAL EMPLOYERS' LIABILITY ACT**

NOTE: The Delaware Compensation Rating Bureau, Inc. has no jurisdiction over the rates or classification for Admiralty or Federal Employers Liability exposure. The following rule was published by the National Council on Compensation Insurance and is shown here for information purposes only.

**A. GENERAL EXPLANATION****1. Admiralty Law**

Masters and members of the crews of vessels are not covered under state workers compensation laws nor under the U.S.L. & H.W. Act. They are subject to admiralty law and, if injured, have the right to sue their employers for damages in the Admiralty Courts where the proceeding is in the nature of an employers' liability suit. They also have the right to transportation, wages, maintenance and cure. Such seamen are subject to a Federal law, the Merchant Marine Act of 1920, known as the Jones Act (46 U.S. Code, Section 688, 1970) which applies the provisions of the Federal Employers Liability Act to seamen. Every person employed on board a vessel is deemed to be a seaman if connected with the operation or welfare of the vessel while in navigable waters. Usually, navigable waters are defined as those which form a continuous highway for interstate or international commerce.

**2. Federal Employers Liability Act (F.E.L.A.)**

The Federal Employers Liability Act applies to employees of interstate railroads. Such employees are not subject to state workers compensation laws. This federal law imposes liability for damages on the railroad if the injured railroad employee can show any negligence on the part of the railroad. For complete details, see 45 U.S. Code Sections 51-60, 1970.

**B. DESCRIPTION OF COVERAGE PROGRAMS**

The Standard Policy may be used to provide insurance for liability under one or more state workers compensation laws and also for liability under admiralty law or F.E.L.A. There are two programs to furnish such insurance:

**1. Program I**

Provides under Part One - Workers Compensation Insurance statutory liability - under the workers compensation law of any state designated on the Information Page and under Part Two - Employers Liability Insurance, Employers liability for damages under admiralty law or F.E.L.A., subject to a standard limit of liability of \$25,000.

**2. Program II**

Provides the same coverage as Program I, but with the addition of Voluntary Compensation. Under Program II, the insurance carrier will offer a settlement of a claim strictly in accord with the statutory benefits provided in the workers' compensation law designated in the Voluntary Compensation Endorsement attached to the policy as if the claim were subject to the laws of negligence. If the offer of settlement is rejected, Employers liability then applies to such claim or suit, with the same standard limit as for Program I.

**C. COVERAGE****1. Admiralty Law Endorsements**

To provide Program I for admiralty law, attach the Standard Maritime Coverage Endorsement (**WC 00 02 01**). To provide Program II for admiralty law, also attach the Standard Voluntary Compensation, Maritime Coverage Endorsement (**WC 00 02 03**).

**2. Admiralty Law Coverage Options**

a. The Maritime Coverage Endorsement (**WC 00 02 01**) excludes liability to provide transportation, wages, maintenance and cure. This endorsement may optionally include a provision to insure such liability for an additional premium based on an (A) rate.

**3. F.E.L.A. Endorsements**

To provide Program I for employments subject to F.E.L.A., attach the Standard Federal Employers Liability Act Coverage Endorsement (**WC 00 01 04**). To provide Program II, also attach the Standard Voluntary Compensation and Employers Liability Endorsement (**WC 00 03 11**).

**4. U.S.L. & H.W. Act**

When insurance is provided for liability under admiralty law or F.E.L.A., insurance for liability under the U.S.L. & H.W. Act also may be necessary. To provide such insurance, attach the Standard Longshore and Harbor Workers' Compensation Act Coverage Endorsement (**WC 00 01 06**).

**D. EXCLUSIONS**

Unless specifically excluded, coverage for liability of an employer under admiralty law or F.E.L.A. is provided by the policy under Part Two - Employers Liability. The policy may be endorsed to exclude such coverage as follows:

**1. Exclusion of Admiralty Law Liability**

To exclude admiralty liability, attach the Standard Maritime Exclusion Endorsement (**WC 00 02 02**).

**2. Exclusion of F.E.L.A. Liability**

To exclude F.E.L.A. liability, attach the Standard Federal Employers Liability Act Exclusion Endorsement (**WC 00 01 05**).

**E. LIMITS OF LIABILITY****1. Standard Limit**

The standard limit of liability under Part Two Employers Liability Insurance for admiralty or F.E.L.A. insurance under Program I or II is \$25,000.

**2. Increased Limits**

Increased limits of liability under Part Two - Employers Liability Insurance are available. The additional premium for increased limits shall be determined by applying the factor in the following Table for Increased Limits to the total premium for admiralty or F.E.L.A. classifications before application of:

- a. Expense Constant
- b. Experience rating modification
- c. Premium discount or retrospective rating adjustment.

The premium for increased limits is subject to an experience rating modification.

**TABLE FOR INCREASED LIMITS**

Limit Per Accident	Factor	Minimum Premium	
		Program I	Program II
\$ 25,000	1.00	100	200
50,000	1.09	109	218
100,000	1.15	115	230
200,000	1.23	123	246
300,000	1.29	129	258
400,000	1.34	134	268
500,000	1.38	138	276

**3. Minimum Premium**

The separate minimum premium shown in the above Table For Increased Limits applies to a policy which includes classifications for operations subject to admiralty law or the F.E.L.A. Such minimum premium is the lowest premium for insuring admiralty or F.E.L.A. operations and it shall apply in addition to the minimum premium or premium for other operations on such a policy. It is not subject to an experience rating modification.

**F. CLASSIFICATIONS**

NOTE: The Delaware Compensation Rating Bureau, Inc. has no jurisdiction over the rates or classification for Admiralty or Federal Employers Liability Exposure. The following rule is for information purposes only.

The classifications for admiralty or F.E.L.A. operations follow.

**Classifications**

**Code Number**

	Code Number		
	Program I	Program II	
		State Act Benefits	USL Act Benefits
Boat Livery - boats under 15 tons. This classification includes the laying up or putting into commission of boats. Boats 15 tons or over to be separately rated under the appropriate vessels classification.	7038	7090	7050
Diving - marine	7394	7395	7398
Dredging - all types	7333	7335	7337
Ferries - This classification includes dock employees.	7019	7027	7062
Fishing Vessels - NOC. This classification includes packing, curing or shipping fish and repair of nets or boats.	7039	7091	7051
Oyster Boats - This classification includes planting; harvesting; and operation of boats.	7079	7097	7070
Salvage Operations - marine.	7394	7395	7398
Supply Boats	7020	7028	7131
Tugboats	7020	7028	7131
Vessels - NOC	7016	7024	7047
Vessels - not self-propelled. Such vessels having a regular master and crew who are furnished living quarters aboard the vessel, shall be rated as "Vessels, NOC."	7046	7098	7099

**Classifications**

**Code Number**

	Program I	Program II	
		State Act Benefits	USL Act Benefits
Vessels - sail	7036	7088	7048
Wrecking - marine. This classification includes salvage operations.	7394	7395	7398
Yachts - private - sail or power	7037	7089	7049

**Federal Employers Liability Act**

Railroad Operation - all employees including drivers. This classification contemplates the normal operations of railroads including nor-mal maintenance and repair. All extraordinary repair work including such work as rebuilding bridges, grade crossing elimination, laying or relaying track and all new construction operations shall be classified as Code 6702 or 6703.	7151	7153	7152
Clerical Office Employees - NOC	8814	8805	8815
Salespersons, Collectors or Messengers - outside	8737	8734	8738
Railroad Construction - all operations including clerical, salespersons and drivers	6702	6704	6703

**G. WATERS NOT UNDER ADMIRALTY JURISDICTION**

**1. Coverage**

An insured may conduct operations on waters not subject to admiralty jurisdiction. The Standard Policy and endorsement forms shall provide insurance and is subject to the rules which apply to statutory workers' compensation insurance.

**2. Admiralty Law or U.S.L. & H.W. Act Liability**

If there is a potential liability under admiralty law, follow the previous rules for insurance under admiralty law. If there is a potential liability under the U.S.L & H.W. Act, refer to Rule XII.

**RULE XIV – AGRICULTURAL, DOMESTIC WORKERS - RESIDENCES**

**A. DEFINITIONS**

**1. Please refer to the "Agriculture" Ruling and Interpretation in Section 5 of this Manual.**

Agriculture is included in Codes 0006, 0008, 0011, 0013, 0016, 0034, 0036 and 0083. For definitions of individual agricultural classes please see the Farms class listing in Section 2.

**2. Inside Domestic Workers**

Domestic Workers – Inside are employees engaged exclusively in household or domestic work performed principally inside the residence. Examples include a cook, housekeeper, laundry worker, maid, butler, companion, nurse and baby sitter.

**3. Outside Domestic Workers**

Domestic Workers – Outside are employees engaged exclusively in household or domestic work performed principally outside the residence. Examples include a private chauffeur and a gardener.

**4. Occasional Domestic Workers**

Domestic Workers – Occasional are domestic workers, inside or outside, who are employed part-time. Any domestic worker employed more than one half of the customary full time shall be assigned and rated as a full-time domestic worker. Examples of occasional domestic workers are persons engaged on certain days for gardening, cleaning, laundering or baby sitting.

**B. COVERAGE**

1. Workers Compensation and Employers Liability Insurance
2. By Voluntary Compensation Insurance

Agricultural and domestic workers are not included within the workers compensation law. Voluntary compensation insurance for agricultural and domestic workers may be provided by attaching the standard Voluntary Compensation Endorsement to a workers compensation policy.

3. Also, agricultural and domestic workers may elect to come under the Workers Compensation Act. This coverage is provided by the standard policy.

**C. NAME OF INSURED**

One or more members of the same residence may be named as the insured, but only with respect to the employment of domestic workers in connection with such residence.

**D. CLASSIFICATIONS**

1. Please refer to the Section 2 Domestic Workers class listing for the Domestic Workers classifications.
2. Please refer to the Section 2 Farms class listing for the agricultural classifications.

**3. Maintenance, Repair Or Construction Operations**

- a. Codes 0913, 0908, 0912 and 0909 include ordinary repair or maintenance of the insured's premises or equipment by domestic workers.
- b. Building maintenance or repair by employees hired only for that purpose shall be assigned to Code 971 - Building NOC - operations by owner or lessee.
- c. Extraordinary repairs, alterations, new construction, erection or demolition of structures shall be assigned to construction or erection classifications.

**E. BUREAU RATING VALUES AND PREMIUM****1. Bureau Rating Values**

The Bureau Rating Values for Codes , 0908, 0908, 0909, 0912 and 0913 are per capita premium charges. All Agriculture code rates are per \$100 of payroll. Foreign Terrorism (9740) and Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents (9741) do not apply to per capita classification premium charges

**2. Records Required**

The insured shall maintain a record of the names, duties and period of service of each domestic worker.

**3. Full Time Domestic Workers**

Estimated premium for Codes 0912 and 0913 shall be computed on the estimated number of such domestic workers during the policy period. If additional domestic workers under Code 0912 and 0913 are employed during the policy period or if some domestic workers are no longer employed and are not replaced, the per capita premium charges shall be pro rated. Each pro rata charge shall be based on the period of employment but shall not be less than 25% of the per capita charge.

**4. Occasional Domestic Workers**

A separate per capita charge shall be applied to each concurrently employed domestic worker.

**F. SCHEDULE RATING**

An approved schedule rating plan shall be applied to the premiums for domestic workers.

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**RULE XV – FINAL EARNED PREMIUM DETERMINATION****A. ACTUAL PAYROLL**

Final earned premium for the policy shall be determined on actual, instead of estimated, payroll or other premium basis.

**B. PREMIUM DETERMINATION**

The determination of final earned premium is governed by the rules, classifications and Bureau rating values and carrier rating values, subject to modification by applicable rating plans.

**C. AUDIT RIGHTS OF CARRIER**

The insurance carrier has the right to compute earned premium based on an examination of original payroll records and books of account of the insured, in accordance with Part Five (Premium Audit) of the Standard Policy.

**D. AUTHORIZED CLASSIFICATIONS**

Classifications which are not expressed on the policy shall not be used in auditing the payroll of any risk upon which a Data Card has been issued by the Delaware Compensation Rating Bureau, Inc. unless upon application to the Bureau the Data Card may be revised.

**RULE XVI – APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE**

- A.** Any person, corporate or otherwise, aggrieved by an application of the rating system of the Delaware Compensation Rating Bureau, Inc. ("the Bureau"), as approved by the Insurance Commissioner pursuant to Title 18, Chapter 26 of the Delaware Code, may appeal such application to the Bureau in accordance with this Procedure. "Rating system" is defined herein to include but is not necessarily limited to the following: the assignment by the Bureau of an individual business to a particular classification, the continuation or discontinuation of an entity's(ies)' previous experience to the experience rating of new ownership, revision of losses used in a business' experience modification or merit rating, an individual business' eligibility for and/or the percentage of credit under the Delaware Construction Classification Premium Adjustment Program, the discount or surcharge applied to a business eligible for the Merit Rating Plan, the percentage credit for a business eligible for the Delaware Workplace Safety Program or any other workers compensation insurance pricing program filed by the Bureau with the Insurance Commissioner. The aggrieved party must commence any appeal of an application of the rating system within 12 months of the policy period in which the application was made by filing an appeal directly with the Bureau in accordance with this Procedure, except for an appeal for revision of losses used in a business' experience modification or merit rating which shall be governed by the specific Revision of Losses provisions of Sections 6 and 7 of this Manual.
- B.** An aggrieved party to which the rating system is found on appeal by the Committee to have been improperly applied as of the time of the aggrieved party's appeal to the Bureau in accordance with this Procedure may have such application amended effective only for the policy currently in effect at the time the aggrieved party first submitted its appeal to the Bureau in accordance with Paragraph F. hereof and for the immediately preceding expired policy. In the case of a multiple year policy application of the rating system may be amended effective only for the policy year currently in effect at the time the aggrieved party first submitted its appeal to the Bureau in accordance with Paragraph F. hereof and for the policy year expiring no more than 12 months prior to such appeal to the Bureau.
- C.** An aggrieved party for which application of the rating system is revised as a result of a change in the Bureau's interpretation of the rating system approved for use by the Insurance Commissioner may have such application amended effective as of the date determined by the Bureau's Classification and Rating Committee, which date may be prospective or retroactive as determined by the Committee; provided, however, that any retroactive effect shall not exceed the time period authorized in Paragraph B. hereof.
- D.** An aggrieved party for which application of the rating system is revised pursuant to a change to the rating system filed by the Bureau and approved for use by the Insurance Commissioner may have such application amended effective only upon the aggrieved party's first normal policy anniversary date on or later than the effective date of the change to the rating system approved by the Insurance Commissioner.
- E.** Nothing in this Procedure shall permit an aggrieved party for which application of the rating system is revised on a new and renewal basis only to have such application amended effective before the aggrieved party's first normal policy anniversary date effective on or later than the effective date of the change to the rating system approved by the Insurance Commissioner.

F. An aggrieved party who wants to appeal an application of the rating system must first submit a written request for review thereof to the Bureau, together with all information in support of its appeal. The Bureau staff shall review the request and supporting information. To make certain the facts of an appeal are fully agreed upon by the Bureau and the appellant, the Bureau staff may make written inquiries to the appellant and/or (as circumstances warrant) visit the appellant's Delaware workplace(s). The Bureau shall notify the appellant in writing that staff's Paragraph F. review has been completed and that this letter is the Bureau's final decision. If the appellant is still aggrieved by the rating system application following completion of the Bureau staff's review and final decision, the appellant shall have the right to present its appeal to the Bureau's Classification and Rating Committee in accordance with the provisions of this Procedure. A further appeal by an appellant of the Classification and Rating Committee decision may be taken to the Insurance Commissioner pursuant to Title 18, Section 2614 of the Delaware Code only after the appellant has first exhausted its rights pursuant to this Procedure.

G. Any party aggrieved by a final decision of the Bureau staff pursuant to Paragraph F. shall have the right to appeal to the Classification and Rating Committee of the Bureau. Any Committee member having a direct pecuniary interest in the aggrieved party's appeal shall recuse its representative from the appeal proceeding.

Such appeal must be received by the Bureau no later than 90 days from the date of the Bureau staff's final decision referred to in Paragraph F.

H. All appeals pursuant to Paragraph G. hereof must be filed with the Bureau and must meet the following requirements:

1. The appeal must be in writing.
2. The appeal must set forth in detail the nature of the complaint, all reasons for believing the Bureau decision to be in error, all documents in support of the appeal, the specific nature of the relief desired, and that the aggrieved party or its designated representative will appear before the Classification and Rating Committee at a to be determined hearing date. The Bureau urges the aggrieved party to appear before the Committee as the aggrieved party is better able to respond to any questions the Committee may have regarding the aggrieved party's business operations than a designated representative.
3. In the event an appeal does not fulfill the requirements of Paragraph H. 2. hereof the Bureau shall make a written request for the needed additional information from the aggrieved party who shall have 30 days to comply. Upon a written showing by the aggrieved party that the requested additional information cannot be provided within 30 days, the Bureau may grant an extension consistent with the circumstances. If the requested additional information is not submitted within the specified time period as extended, the appeal shall be dismissed.

I. Following receipt of an appeal to the Classification and Rating Committee, the Bureau will notify the appellant of the time and place in Delaware of the Classification and Rating Committee meeting at which the matter shall be heard. The appeal shall be dismissed if an appellant, after due notice pursuant to Paragraph M. hereof, fails to be present or represented at three such scheduled hearings.

J. The procedure at the hearing shall be as informal as possible and shall provide for the following steps:

1. The Chairman of the Classification and Rating Committee shall introduce the appellant to the Classification and Rating Committee.
2. The appellant may at its option make an oral presentation of its case or may rely solely upon the written material previously submitted to the Bureau in connection with the appeal.
3. Bureau staff members or consultants to the Bureau may present testimony and other information to the Committee relating to the matter under consideration.
4. The appellant or the Bureau may also present witnesses and documentary evidence relevant to the appeal, and the appellant and the Bureau shall have the opportunity to direct questions to any witness who has testified before the Committee on appeal.
5. After all testimony and other evidence have been presented the hearing shall be declared closed by the Chairman of the Committee. Such hearing may in the discretion of the Committee be reopened at any time prior to the Committee's decision.
6. After the hearing is closed the Committee shall arrive at its decision in executive session.
7. The decision shall be set forth in writing, shall specify all factual and other bases for the decision, and shall be sent to the appellant no later than thirty (30) days after the hearing.
8. The decision shall be included in the minutes of the meetings of the Classification and Rating Committee and retained in the records of the Bureau.
9. The minutes of the Classification and Rating Committee meeting shall be kept by the Bureau staff. As hearings before the Classification and Rating Committee are as informal as possible there shall be no stenographic, audio or video record thereof.

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- 10.** If travel is required for the aggrieved person to be heard by the Classification and Rating Committee in person, the aggrieved person will be reimbursed for travel expenses in the same manner as members of the Classification and Rating Committee.
- K.** An appellant is not required to be represented by an attorney at any stage in any proceeding. However, an appellant has a right at the appellant's expense to be represented by an attorney. An appellant who is represented by an attorney shall notify the Bureau in writing and shall also furnish the Bureau with the attorney's name and mailing address. After the Bureau has received such notification from the appellant, subsequent papers in the proceeding to be served on such appellant shall be served only upon the attorney designated by the appellant.
- L.** All requests pursuant to Paragraph F., appeals pursuant to Paragraph G. or notice of appearance by an appellant's attorney pursuant to Paragraph K. hereof must be filed with the Bureau (to the Bureau's office – United Plaza Building – Suite 1500, 30 South 17<sup>th</sup> Street, Philadelphia, PA 19103-4007).
- M.** Notices of any requirement for additional information pursuant to Paragraph H. 3., or of the time and place in Delaware of the Classification and Rating Committee hearing shall be given to the appellant or its attorney pursuant to Paragraph K. in writing personally or by certified mail (with return receipt). The notice of hearing shall be made at least ten days in advance of such hearing unless such notice is waived by the appellant or its attorney. When a meeting is adjourned to another time or place in Delaware, written notice need not be given of the adjourned hearing if the time and place in Delaware thereof are announced at the meeting during which all parties are present at which the adjournment is taken. All other notices, orders, papers and communications, including a copy of the decision, may be served on an appellant by hand delivery or by regular first class mail to the appellant or its attorney at the last known mailing address provided to the Bureau.
- N.** During the course of all proceedings governed by this Procedure the Classification and Rating Committee shall have the power to interpret and apply the foregoing Paragraphs and such interpretation shall be binding upon the parties.
- O.** Appeals from a final decision of the Classification and Rating Committee pursuant to this Procedure must be filed with the Insurance Commissioner within 30 days of the mailing date of the Committee's decision as provided in Section 2614, Title 18 of the Delaware Code.
- P.** Unless otherwise specifically provided by this Procedure, all periods of time shall be calculated from the postmark on materials sent by first class or certified mail through the United States Postal Service or the date of any hand delivery, whichever date is earlier.
- Q.** Nothing contained in this Procedure shall prevent efforts to resolve any controversies governed by this Procedure on an informal basis at any stage of the proceedings before the Bureau or the Classification and Rating Committee.

**TABLE OF CONTENTS**

**SECTION 2 – CLASSIFICATIONS AND BUREAU RATING VALUES**

**BUREAU RATING VALUES**

**U.S. LONGSHORE AND HARBOR WORKERS' ACT COVERAGE**

**CLASSIFICATIONS – NUMERIC AND GROUP ARRANGEMENT**

**WORKERS COMPENSATION – DOMESTIC WORKERS**

**EXPLOSIVES AND AMMUNITION MANUFACTURING**

**MARITIME OR FEDERAL EMPLOYMENTS**

**AIRCRAFT OPERATIONS**

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 2**

**CLASSIFICATIONS & RATING VALUES**

EFFECTIVE DATE: DECEMBER 1, 2007

Page 1

MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS							
FOR DELAWARE COMPENSATION INSURANCE							
CODE	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ
	ADVISORY	RISK MANUAL	RISK MIN	EXPECTED LOSS FACTORS TABLE**			
NO	LOSS COSTS	RATE	PREM.	A-1	A-2	A-3	GRP
005	22.19	29.36	3,550	5.47	6.83	7.46	III
0006	6.30	8.33	1,230	1.55	1.94	2.12	II
007	7.46	9.87	2,540	1.84	2.30	2.51	III
0008	2.87	3.80	1,145	0.71	0.88	0.97	II
009	35.26	46.64	3,550	8.69	10.86	11.86	III
0011	4.55	6.01	1,650	1.12	1.40	1.53	II
0012	6.28	8.31	2,180	1.55	1.93	2.11	II
0013	5.28	6.99	1,880	1.30	1.63	1.78	II
015	25.26	33.41	3,550	6.22	7.78	8.49	III
0016	4.51	5.96	955	1.11	1.39	1.52	I
028	5.54	7.32	1,955	1.28	1.51	1.57	III
0034	6.43	8.51	1,250	1.59	1.98	2.16	II
0036	6.14	8.13	1,205	1.51	1.89	2.07	II
055	6.64	8.78	2,290	1.53	1.81	1.88	III
059	5.54	7.33	1,955	1.28	1.51	1.57	III
0083	7.45	9.85	1,405	1.83	2.29	2.50	III
101	5.12	6.77	1,825	1.19	1.42	1.51	III
104	4.16	5.51	1,535	0.97	1.15	1.23	II
105	5.66	7.48	1,990	1.31	1.56	1.67	III
106	7.37	9.75	2,515	1.71	2.04	2.18	II
107	4.32	5.71	1,585	1.00	1.19	1.28	II
108	5.69	7.53	2,000	1.32	1.58	1.68	II
109	7.11	9.41	2,435	1.65	1.97	2.10	III
110	4.97	6.58	1,785	1.15	1.38	1.47	II
111	6.02	7.97	2,105	1.40	1.67	1.78	II
112	11.96	15.82	3,550	2.77	3.31	3.53	II
113	4.73	6.26	1,710	1.10	1.31	1.40	II
114	12.23	16.17	3,550	2.83	3.38	3.61	III
115	2.69	3.55	1,085	0.62	0.74	0.79	II
119	8.02	10.60	2,710	1.86	2.22	2.37	II

\* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

\*\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 2**

**CLASSIFICATIONS & RATING VALUES**

EFFECTIVE DATE: DECEMBER 1, 2007

Page 2

MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS							
FOR DELAWARE COMPENSATION INSURANCE							
CODE	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ
	ADVISORY	RISK MANUAL	RISK MIN	EXPECTED LOSS FACTORS TABLE**			
NO	LOSS COSTS	RATE	PREM.	A-1	A-2	A-3	GRP
130	7.15	9.46	2,445	1.66	1.98	2.11	III
132	3.03	4.00	1,190	0.70	0.84	0.89	II
134	3.13	4.14	1,220	0.73	0.87	0.92	II
135	4.11	5.43	1,520	0.95	1.14	1.21	II
136	3.50	4.63	1,335	0.81	0.97	1.03	II
139	6.74	8.91	2,320	1.56	1.86	1.99	II
141	6.71	8.88	2,310	1.56	1.86	1.98	II
142	3.41	4.51	1,305	0.79	0.94	1.01	II
161	3.78	4.99	1,420	0.87	1.04	1.12	II
163	4.35	5.76	1,595	1.01	1.21	1.29	II
165	6.51	8.60	2,250	1.51	1.80	1.92	II
166	3.92	5.19	1,465	0.91	1.08	1.16	II
185	4.16	5.51	1,535	0.97	1.15	1.23	II
187	4.32	5.71	1,585	1.00	1.19	1.28	II
191	3.78	4.99	1,420	0.87	1.04	1.12	II
201	5.43	7.18	1,920	1.26	1.50	1.60	II
204	4.00	5.29	1,485	0.93	1.11	1.18	II
205	4.36	5.77	1,595	1.01	1.21	1.29	II
221	5.23	6.92	1,860	1.21	1.45	1.54	II
222	6.18	8.17	2,150	1.43	1.71	1.83	II
225	5.17	6.83	1,840	1.20	1.43	1.53	II
227	5.14	6.79	1,830	1.19	1.42	1.52	II
255	4.47	5.91	1,630	1.04	1.24	1.32	II
257	5.60	7.40	1,970	1.30	1.55	1.65	II
259	4.00	5.29	1,485	0.93	1.11	1.18	II
261	7.18	9.50	2,455	1.67	1.99	2.12	II
263	4.78	6.32	1,725	1.11	1.32	1.41	II
265	4.69	6.21	1,700	1.09	1.30	1.39	II
275	5.23	6.92	1,860	1.21	1.45	1.54	II
276	6.18	8.17	2,150	1.43	1.71	1.83	II

\* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

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Table A-3 to the second prior policy year.

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 2**

**CLASSIFICATIONS & RATING VALUES**

EFFECTIVE DATE: DECEMBER 1, 2007

Page 3

MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS							
FOR DELAWARE COMPENSATION INSURANCE							
CODE	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ
	ADVISORY	RISK MANUAL	RISK MIN	EXPECTED LOSS FACTORS TABLE**			
NO	LOSS COSTS	RATE	PREM.	A-1	A-2	A-3	GRP
281	3.58	4.73	1,360	0.83	0.99	1.06	II
282	6.81	9.02	2,345	1.58	1.89	2.01	III
285	3.87	5.12	1,450	0.90	1.07	1.14	II
287	5.12	6.76	1,825	1.19	1.41	1.51	II
297	3.58	4.73	1,360	0.83	0.99	1.06	II
301	8.98	11.88	3,000	2.08	2.48	2.65	III
305	9.89	13.08	3,280	2.29	2.74	2.92	II
306	5.91	7.81	2,065	1.37	1.63	1.74	II
309	4.81	6.36	1,735	1.11	1.33	1.42	II
311	5.25	6.95	1,870	1.22	1.45	1.55	II
319	7.22	9.54	2,465	1.67	1.99	2.13	II
323	3.79	5.01	1,420	0.88	1.05	1.12	I
327	4.83	6.38	1,735	1.12	1.33	1.43	II
402	8.07	10.67	2,725	1.87	2.23	2.38	III
403	4.19	5.55	1,545	0.97	1.16	1.24	II
404	6.35	8.40	2,200	1.47	1.76	1.88	III
406	7.00	9.25	2,400	1.62	1.93	2.07	III
407	5.72	7.58	2,015	1.33	1.58	1.69	II
411	12.74	16.86	3,550	2.95	3.52	3.77	III
413	9.88	13.07	3,275	2.29	2.73	2.92	III
415	5.61	7.42	1,975	1.30	1.55	1.66	III
416	11.08	14.65	3,550	2.57	3.06	3.27	II
421	9.04	11.96	3,020	2.10	2.50	2.67	III
425	11.21	14.82	3,550	2.60	3.10	3.31	III
427	5.69	7.53	2,000	1.32	1.58	1.68	III
429	7.33	9.70	2,500	1.70	2.03	2.17	III
431	9.40	12.42	3,125	2.18	2.60	2.77	II
433	5.47	7.23	1,935	1.27	1.51	1.61	II
435	7.03	9.30	2,410	1.63	1.95	2.08	II
441	2.12	2.81	915	0.49	0.59	0.63	II

\* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

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**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 2**

**CLASSIFICATIONS & RATING VALUES**

EFFECTIVE DATE: DECEMBER 1, 2007

Page 4

MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS							
FOR DELAWARE COMPENSATION INSURANCE							
CODE	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ
	ADVISORY	RISK MANUAL	RISK MIN	EXPECTED LOSS FACTORS TABLE**			
NO	LOSS COSTS	RATE	PREM.	A-1	A-2	A-3	GRP
442	2.91	3.85	1,155	0.67	0.80	0.86	II
443	2.91	3.85	1,155	0.67	0.80	0.86	II
445	8.65	11.44	2,900	2.00	2.39	2.55	II
446	2.53	3.36	1,045	0.59	0.70	0.75	II
447	6.82	9.03	2,345	1.58	1.89	2.02	III
449	4.87	6.44	1,750	1.13	1.35	1.44	II
451	5.94	7.85	2,075	1.38	1.64	1.75	II
454	8.47	11.20	2,845	1.96	2.34	2.50	II
456	5.16	6.82	1,840	1.20	1.43	1.52	II
457	10.04	13.27	3,320	2.33	2.77	2.96	II
458	3.45	4.56	1,320	0.80	0.95	1.02	II
459	2.09	2.77	905	0.49	0.58	0.62	II
461	5.23	6.92	1,860	1.21	1.45	1.54	II
463	3.04	4.01	1,190	0.70	0.84	0.90	II
464	4.83	6.39	1,740	1.12	1.34	1.43	II
465	4.38	5.81	1,605	1.02	1.21	1.30	III
467	4.84	6.40	1,740	1.12	1.34	1.43	II
471	2.50	3.30	1,030	0.58	0.69	0.74	II
472	2.74	3.62	1,105	0.64	0.76	0.81	II
473	2.89	3.83	1,150	0.67	0.80	0.86	II
474	1.14	1.51	615	0.27	0.32	0.34	II
475	4.70	6.23	1,705	1.09	1.30	1.39	III
476	2.06	2.73	900	0.48	0.57	0.61	II
477	3.81	5.03	1,425	0.88	1.05	1.12	II
483	1.72	2.27	790	0.40	0.48	0.51	II
485	2.46	3.25	1,020	0.57	0.68	0.73	II
486	3.08	4.07	1,205	0.71	0.85	0.91	II
487	2.02	2.67	885	0.47	0.56	0.60	II

\* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

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**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 2**

**CLASSIFICATIONS & RATING VALUES**

EFFECTIVE DATE: DECEMBER 1, 2007

Page 5

MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS							
FOR DELAWARE COMPENSATION INSURANCE							
CODE	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ
	ADVISORY	RISK MANUAL	RISK MIN	EXPECTED LOSS FACTORS TABLE**			
NO	LOSS COSTS	RATE	PREM.	A-1	A-2	A-3	GRP
488	1.24	1.64	645	0.29	0.34	0.37	II
489	1.96	2.58	865	0.45	0.54	0.58	II
491	4.19	5.55	1,545	0.97	1.16	1.24	II
495	5.94	7.85	2,075	1.38	1.64	1.75	II
497	2.74	3.62	1,105	0.64	0.76	0.81	II
499	4.70	6.23	1,705	1.09	1.30	1.39	III
501	4.52	5.98	1,645	1.05	1.25	1.34	III
502	5.25	6.95	1,870	1.22	1.45	1.55	II
506	3.01	3.97	1,185	0.70	0.83	0.89	II
507	5.22	6.91	1,860	1.21	1.44	1.54	III
509	8.78	11.61	2,940	2.03	2.43	2.59	III
511	10.38	13.72	3,425	2.40	2.87	3.06	III
512	6.81	a 9.01	b 2,340	1.58	1.88	2.01	III
513	4.91	c 6.49	d 1,765	1.14	1.36	1.45	I
535	4.29	5.68	1,575	1.00	1.19	1.27	II
536	7.67	10.14	2,600	1.78	2.12	2.26	II
544	9.35	12.36	3,115	2.17	2.58	2.76	III
551	2.42	3.20	1,005	0.56	0.67	0.71	III
553	5.78	7.66	2,030	1.34	1.60	1.71	III
555	1.11	1.47	610	0.26	0.31	0.33	II
563	2.79	3.70	1,120	0.65	0.77	0.83	II
571	4.01	5.31	1,490	0.93	1.11	1.19	II
573	5.22	6.91	1,860	1.21	1.44	1.54	III
581	3.78	5.00	1,420	0.88	1.05	1.12	III
587	2.79	3.70	1,120	0.65	0.77	0.83	II

- a OD: \$1.36 Supplementary is not subject to experience or retrospective rating. Code as 0175.
- b OD: \$1.80 Supplementary is not subject to experience or retrospective rating. Code as 0175.
- c OD: \$0.49 Supplementary is not subject to experience or retrospective rating. Code as 0176.
- d OD: \$0.65 Supplementary is not subject to experience or retrospective rating. Code as 0176.

\* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

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**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 2**

**CLASSIFICATIONS & RATING VALUES**

EFFECTIVE DATE: DECEMBER 1, 2007

Page 6

MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS							
FOR DELAWARE COMPENSATION INSURANCE							
CODE	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ
	ADVISORY	RISK MANUAL	RISK MIN	EXPECTED LOSS FACTORS TABLE**			
NO	LOSS COSTS	RATE	PREM.	A-1	A-2	A-3	GRP
601	13.04	17.24	3,550	2.80	3.31	3.44	III
602	8.86	11.73	2,820	1.93	2.29	2.38	IV
603	14.52	19.21	3,550	3.17	3.76	3.90	IV
605	10.35	13.69	3,240	2.25	2.67	2.77	III
607	11.79	15.60	3,550	2.60	3.08	3.20	III
608	7.18	9.49	2,290	1.53	1.81	1.88	IV
609	7.04	9.32	2,270	1.52	1.80	1.86	IV
611	14.17	18.75	3,550	3.10	3.67	3.80	IV
615	17.43	23.05	3,550	3.79	4.49	4.66	IV
617	8.89	11.76	2,820	1.93	2.29	2.37	IV
625	8.20	10.84	2,620	1.78	2.11	2.19	III
643	15.14	20.02	3,550	2.17	2.57	2.67	III
645	8.41	11.13	2,560	1.74	2.06	2.13	IV
646	6.31	8.35	2,095	1.38	1.64	1.70	III
647	9.92	13.11	3,135	2.17	2.57	2.67	II
648	6.35	8.40	2,135	1.42	1.68	1.74	III
649	4.83	6.40	1,645	1.04	1.23	1.28	III
651	8.67	11.46	2,785	1.91	2.26	2.34	IV
652	11.46	15.17	3,550	2.61	3.09	3.21	III
653	9.65	12.77	3,035	2.10	2.48	2.58	III
654	8.69	11.51	2,700	1.84	2.18	2.27	IV
655	20.24	26.77	3,550	4.49	5.32	5.52	IV
656	10.66	14.10	3,345	2.33	2.76	2.86	IV
657	13.47	17.81	3,550	2.93	3.47	3.60	IV
658	9.28	12.28	2,945	2.03	2.40	2.49	III
659	20.19	26.71	3,550	4.49	5.32	5.52	IV
660	3.22	4.26	1,250	0.74	0.88	0.91	III
661	4.45	5.89	1,470	0.91	1.08	1.12	III
662	3.98	5.27	1,480	0.92	1.09	1.13	II
663	5.95	7.87	1,945	1.27	1.51	1.56	III

\* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

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**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 2**

**CLASSIFICATIONS & RATING VALUES**

EFFECTIVE DATE: DECEMBER 1, 2007

Page 7

MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS							
FOR DELAWARE COMPENSATION INSURANCE							
CODE	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ
	ADVISORY	RISK MANUAL	RISK MIN	EXPECTED LOSS FACTORS TABLE**			
NO	LOSS COSTS	RATE	PREM.	A-1	A-2	A-3	GRP
664	5.34	7.05	1,750	1.12	1.33	1.38	III
665	11.46	15.16	3,550	2.59	3.07	3.18	IV
666	8.18	10.81	2,640	1.80	2.13	2.21	III
667	2.74	3.62	1,060	0.60	0.71	0.73	III
668	7.02	9.29	2,315	1.55	1.84	1.91	II
669	9.91	13.11	3,110	2.16	2.55	2.65	IV
670	6.13	8.12	2,140	1.42	1.68	1.74	III
673	7.00	9.26	2,400	1.62	1.91	1.99	III
674	6.93	9.17	2,270	1.52	1.80	1.86	III
675	5.17	6.83	1,795	1.16	1.37	1.42	IV
676	7.39	9.78	2,410	1.62	1.92	1.99	IV
677	5.98	7.91	1,985	1.30	1.54	1.60	III
679	12.99	17.18	3,550	3.00	3.55	3.68	III
681	6.13	8.12	2,140	1.42	1.68	1.74	III
682	19.82	26.22	3,550	4.57	5.41	5.62	III
691	7.04	9.32	2,270	1.52	1.80	1.86	IV
693	8.67	11.46	2,785	1.91	2.26	2.34	IV
695	4.45	5.89	1,470	0.91	1.08	1.12	III
709	2.93	3.88	1,160	0.68	0.80	0.83	III
716	4.28	5.66	1,570	0.99	1.17	1.21	III
718	4.37	5.78	1,600	1.01	1.19	1.24	III
721	15.04	19.89	3,550	3.49	4.16	4.44	IV
744	2.38	3.14	990	0.55	0.66	0.70	II
751	2.41	3.18	1,000	0.56	0.66	0.71	III
752	1.22	1.63	645	0.29	0.34	0.36	III
753	5.81	7.68	2,035	1.35	1.61	1.72	III
755	3.39	4.48	1,300	0.78	0.94	1.00	III
757	1.89	2.51	845	0.44	0.53	0.56	III
759	5.12	6.76	1,825	1.19	1.41	1.51	III
801	8.68	11.48	2,910	2.14	2.67	2.92	II

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**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 2**

**CLASSIFICATIONS & RATING VALUES**

EFFECTIVE DATE: DECEMBER 1, 2007

Page 8

MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS							
FOR DELAWARE COMPENSATION INSURANCE							
CODE	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ
	ADVISORY	RISK MANUAL	RISK MIN	EXPECTED LOSS FACTORS TABLE**			
NO	LOSS COSTS	RATE	PREM.	A-1	A-2	A-3	GRP
803	23.00	30.43	3,550	5.67	7.08	7.74	III
804	3.81	5.04	1,430	0.94	1.17	1.28	III
805	6.39	8.46	2,215	1.58	1.97	2.15	III
806	10.42	13.77	3,435	2.56	3.21	3.50	III
807	7.49	9.91	2,550	1.85	2.31	2.52	III
808	10.99	14.54	3,550	2.71	3.39	3.70	III
809	5.70	7.54	2,005	1.41	1.76	1.92	III
811	10.22	13.51	3,375	2.52	3.15	3.44	III
812	8.21	10.86	2,770	2.02	2.53	2.76	III
813	5.95	7.87	2,080	1.47	1.83	2.00	II
814	5.59	7.39	1,970	1.38	1.72	1.88	II
815	5.12	6.76	1,825	1.26	1.57	1.72	III
816	2.87	3.80	1,145	0.71	0.88	0.97	II
817	9.22	12.20	3,075	2.27	2.84	3.10	III
818	3.54	4.68	1,345	0.87	1.09	1.19	III
819	1.04	1.37	585	0.25	0.32	0.35	III
820	3.57	4.72	1,355	0.88	1.10	1.20	III
821	7.73	10.23	2,625	1.91	2.38	2.60	III
825	4.77	6.31	1,720	1.18	1.47	1.60	II
855	7.44	9.84	2,535	1.83	2.29	2.50	III
857	10.43	13.79	3,440	2.57	3.21	3.51	III
858	10.06	13.30	3,330	2.48	3.10	3.38	III
859	11.58	15.32	3,550	2.85	3.57	3.89	III
860	9.56	12.65	3,180	2.36	2.94	3.22	III
862	10.52	13.92	3,470	2.59	3.24	3.54	II
865	2.81	3.72	1,125	0.69	0.86	0.94	II
867	5.95	7.87	2,080	1.47	1.83	2.00	II
877	3.50	4.63	1,335	0.86	1.08	1.18	I
879	4.33	5.73	1,590	1.07	1.33	1.46	II
880	5.72	7.57	2,010	1.41	1.76	1.92	II

\* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

\*\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 2**

**CLASSIFICATIONS & RATING VALUES**

EFFECTIVE DATE: DECEMBER 1, 2007

Page 9

MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS							
FOR DELAWARE COMPENSATION INSURANCE							
CODE	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ
	ADVISORY	RISK MANUAL	RISK MIN	EXPECTED LOSS FACTORS TABLE**			
NO	LOSS COSTS	RATE	PREM.	A-1	A-2	A-3	GRP
881	3.65	4.84	1,385	0.90	1.13	1.23	II
882	8.87	11.73	2,970	2.19	2.73	2.98	II
883	2.74	3.62	1,105	0.67	0.84	0.92	II
884	1.16	1.53	620	0.29	0.36	0.39	II
885	4.09	5.40	1,510	1.01	1.26	1.37	II
886	3.33	4.41	1,285	0.82	1.03	1.12	II
887	1.65	2.17	770	0.40	0.51	0.55	II
889	0.45	0.60	410	0.11	0.14	0.15	II
890	0.66	0.86	470	0.16	0.20	0.22	II
891	1.50	1.99	730	0.37	0.46	0.51	II
895	0.65	0.85	465	0.16	0.20	0.22	II
896	3.26	4.31	1,260	0.80	1.00	1.10	II
897	3.02	3.98	1,185	0.74	0.93	1.01	I
898	4.35	5.76	1,595	1.07	1.34	1.47	II
899	2.31	3.05	970	0.57	0.71	0.77	II
903	0.62	0.81	455	0.15	0.19	0.21	III
904	2.79	3.70	1,120	0.69	0.86	0.94	III
907	7.24	9.57	2,470	1.78	2.23	2.43	II
910	12.18	16.11	3,550	3.00	3.75	4.10	II
911	6.30	8.34	2,190	1.55	1.94	2.12	II
914	3.50	4.63	1,335	0.86	1.08	1.18	I
915	4.90	6.47	1,760	1.21	1.51	1.65	II
916	1.90	2.52	850	0.47	0.59	0.64	II
917	4.35	5.76	1,595	1.07	1.34	1.47	I
918	3.60	4.77	1,365	0.89	1.11	1.21	II
919	3.25	4.30	1,260	0.80	1.00	1.09	II
920	0.65	0.85	465	0.16	0.20	0.22	II
921	6.24	8.25	2,170	1.54	1.92	2.10	II
922	4.07	5.38	1,505	1.00	1.25	1.37	II
923	4.33	5.73	1,590	1.07	1.33	1.46	II

\* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

\*\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 2**

**CLASSIFICATIONS & RATING VALUES**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 10**

MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS							
FOR DELAWARE COMPENSATION INSURANCE							
CODE	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ
	ADVISORY	RISK MANUAL	RISK MIN	EXPECTED LOSS FACTORS TABLE**			
NO	LOSS COSTS	RATE	PREM.	A-1	A-2	A-3	GRP
924	3.91	5.17	1,460	0.96	1.20	1.31	II
925	2.35	3.11	985	0.58	0.72	0.79	II
926	3.65	4.84	1,385	0.90	1.13	1.23	II
927	1.36	1.79	680	0.33	0.42	0.46	II
928	2.74	3.62	1,105	0.67	0.84	0.92	II
929	5.63	7.45	1,985	1.39	1.73	1.89	II
932	1.24	1.64	645	0.30	0.38	0.42	II
933	4.61	6.10	1,675	1.14	1.42	1.55	II
934	3.32	4.40	1,280	0.82	1.02	1.12	II
935	2.11	2.79	910	0.52	0.65	0.71	II
936	0.73	0.97	495	0.18	0.23	0.25	II
937	16.90	22.36	3,550	4.16	5.20	5.68	II
939	6.79	8.99	2,340	1.67	2.09	2.28	III
940	6.56	8.68	2,265	1.62	2.02	2.21	II
941	3.37	4.45	1,295	0.83	1.04	1.13	II
942	3.50	4.63	1,335	0.86	1.08	1.18	II
943	8.16	10.80	2,755	2.01	2.51	2.75	II
944	3.60	4.77	1,365	0.89	1.11	1.21	II
945	3.97	5.26	1,480	0.98	1.22	1.34	I
946	4.91	6.49	1,765	1.21	1.51	1.65	II
947	7.37	9.75	2,515	1.82	2.27	2.48	II
948	2.00	2.65	880	0.49	0.62	0.67	II
949	1.22	1.62	645	0.30	0.38	0.41	II
951	0.72	0.96	490	0.18	0.22	0.24	III
952	0.96	1.27	560	0.24	0.29	0.32	III
953	0.45	0.60	410	0.11	0.14	0.15	II
954	4.22	5.58	1,555	1.04	1.30	1.42	III
955	1.02	1.35	580	0.25	0.31	0.34	III
956	0.27	0.35	350	0.07	0.08	0.09	III
957	0.62	0.82	460	0.15	0.19	0.21	III

\* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

\*\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 2**

**CLASSIFICATIONS & RATING VALUES**

EFFECTIVE DATE: DECEMBER 1, 2007

Page 11

MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS							
FOR DELAWARE COMPENSATION INSURANCE							
CODE	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ
	ADVISORY	RISK MANUAL	RISK MIN	EXPECTED LOSS FACTORS TABLE**			
NO	LOSS COSTS	RATE	PREM.	A-1	A-2	A-3	GRP
958	1.51	2.00	730	0.37	0.46	0.51	III
959	2.22	2.94	945	0.55	0.69	0.75	II
960	5.55	7.34	1,960	1.37	1.71	1.87	II
961	1.12	1.48	610	0.28	0.35	0.38	III
962	0.19	0.25	330	0.05	0.06	0.06	III
963	0.78	1.04	510	0.19	0.24	0.26	II
964	2.92	3.86	1,160	0.72	0.90	0.98	I
965	0.65	0.85	465	0.16	0.20	0.22	II
966	3.70	4.89	1,395	0.85	1.01	1.05	III
967	1.07	1.41	595	0.26	0.33	0.36	III
968	2.84	3.76	1,135	0.70	0.87	0.96	II
969	6.00	7.94	2,095	1.48	1.85	2.02	III
970	10.52	13.92	3,470	2.59	3.24	3.54	II
971	5.15	6.80	1,835	1.27	1.58	1.73	II
973	3.22	4.26	1,250	0.79	0.99	1.08	II
974	4.18	5.53	1,540	1.03	1.29	1.41	II
975	2.96	3.92	1,170	0.73	0.91	1.00	I
976	2.09	2.77	905	0.52	0.64	0.70	II
977	0.72	0.95	490	0.18	0.22	0.24	II
978	4.01	5.31	1,490	0.99	1.24	1.35	III
979	5.53	7.31	1,950	1.36	1.70	1.86	II
980	4.67	6.19	1,695	1.15	1.44	1.57	III
981	3.64	4.82	1,380	0.90	1.12	1.22	II
983	8.56	11.32	2,875	2.11	2.64	2.88	II
984	0.43	0.57	400	0.11	0.13	0.14	II
985	5.74	7.60	2,020	1.41	1.77	1.93	III
986	1.72	2.27	790	0.42	0.53	0.58	II
988	0.24	0.32	345	0.06	0.07	0.08	II
991	10.52	13.92	3,470	2.59	3.24	3.54	II
992	5.70	7.54	2,005	1.41	1.76	1.92	III

\* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

\*\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 2**

**CLASSIFICATIONS & RATING VALUES**

EFFECTIVE DATE: DECEMBER 1, 2007

Page 12

MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS							
FOR DELAWARE COMPENSATION INSURANCE							
CODE	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ
	ADVISORY	RISK MANUAL	RISK MIN	EXPECTED LOSS FACTORS TABLE**			
NO	LOSS COSTS	RATE	PREM.	A-1	A-2	A-3	GRP
995	10.84	14.34	3,550	2.67	3.34	3.65	III
997	1.07	1.41	595	0.26	0.33	0.36	II
999	6.53	8.63	2,255	1.61	2.01	2.19	II
4771	6.13	8.12	2,605	1.42	1.70	1.81	IV
0771	1.54	2.04					IV
4777	10.22	13.51	3,375	2.52	3.15	3.44	III
7405	1.52	2.02	890	0.38	0.47	0.51	III
7445	0.50	0.67					IV
7413	1.92	2.54	980	0.47	0.59	0.65	IV
7453	0.40	0.54					IV
7421	2.33	3.08	980	0.57	0.72	0.78	III
7424	5.50	7.27	1,940	1.35	1.69	1.85	IV
7428	2.20	2.91	940	0.54	0.68	0.74	II
9108	77.82	102.93					I
9740	0.02	0.03					
9741	0.01	0.01					
Per capita							
0908	127.83	169.08	439	31.49	39.36	42.99	II
0909	86.78	114.79	385	21.38	26.72	29.18	II
0912	298.11	394.30	664	73.44	91.79	100.25	II
0913	362.44	479.40	749	89.28	111.59	121.89	II
A rated							
9985	A	A	A	A	A	A	

\* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

\*\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

Associated classes- both codes must be applied. The second code is not subject to experience rating and applies to the full payroll of the associated class.

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 2**

**CLASSIFICATIONS & RATING VALUES**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 13**

**MISCELLANEOUS VALUES**

United States Longshore and Harbor Workers Compensation Premium Discount Percentages. The following premium discounts are applicable to Standard Premiums:

Total Workers Compensation Standard Premium		
First	\$ 5,000	None
Next	\$ 95,000	10.9%
Next	\$ 400,000	12.6%
Over	\$ 500,000	14.4%

**DELAWARE UNITED STATES LONGSHORE AND HARBOR WORKERS RATES**

**MANUAL RATES AND EXPECTED LOSS RATES**

Code No.	Assigned Risk Rates	Loss Costs	Min. Prem.	Experience Rating Plan Expected Loss Rate Table*			Hazard Group
				A-1	A-2	A-3	
6824F	7.65	5.52	1,945	3.22	3.22	3.22	III
6826F	7.76	5.60	1,965	3.26	3.26	3.26	III
6843F	8.71	6.28	2,175	3.66	3.66	3.66	III
6872F	10.96	7.90	2,670	4.61	4.61	4.61	IV
7309F	30.47	21.97	3,450	12.82	12.82	12.82	IV
7313F	11.10	8.01	2,700	4.67	4.67	4.67	IV
7317F	23.58	17.01	3,450	9.92	9.92	9.92	IV
7327F	12.58	9.07	3,030	5.29	5.29	5.29	IV
7366F	5.90	4.26	1,560	2.48	2.48	2.48	IV
8709F	2.37	1.71	780	1.00	1.00	1.00	III
8726F	3.21	2.32	965	1.35	1.35	1.35	III

\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Rule XII..... **47.10%** (1.4710 X Carrier Rate)

USL&H Expense Constant..... **\$260**

**Residual Market Expense Constant \$270**

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 2**

**CLASSIFICATIONS & RATING VALUES**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 14**

**DELAWARE DEDUCTIBLE TABLE**

Delaware Law permits an employer to buy workers compensation insurance with a deductible. The deductible is for death and medical benefits and applies to each accident. The deductibles available and the corresponding premium reductions are as follows:

<u>Deductible Per Accident</u>	<u>Loss Elimination Ratio</u>	<u>Premium Credit</u>
\$500	0.020	0.015
1,000	0.035	0.030
1,500	0.045	0.040
2,000	0.055	0.045
2,500	0.065	0.055
3,000	0.070	0.060
3,500	0.080	0.065
4,000	0.085	0.070
4,500	0.090	0.075
5,000	0.095	0.080

(Refer to Section 1, Rule II, F for more details)

**Delaware Residual Market Premium Discount**

<b>Total Workers Compensation Standard Premium</b>		<b>Discounts Applicable to Delaware Portion Assigned Risks</b>
First	\$10,000	0.0%
Next	\$190,000	9.1%
Next	\$1,550,000	11.3%
Over	\$1,750,000	12.3%

**DELAWARE RETROSPECTIVE DEVELOPMENT FACTORS\***

Retrospective development factors for first, second and third adjustments are calculated below. They are intended for use in retrospective plans with no loss limitation and applicable to the expected loss portion of premium.

First Adjustment	RDF =	0.6662
Second Adjustment	RDF =	0.5530
Third Adjustment	RDF =	0.4795

For those companies using retrospective development factors with loss limitations, the following formula may be used.

$$RDF(LIM) = (1.0 - ELF) \times RDF$$

RDF(LIM) = Retrospective Development Factors at limited basis

ELF = Excess Loss (Pure Premium) Factors exclusive of allocated loss adjustment expenses for given Hazard Group and Loss Limitation

RDF = Retrospective Development Factors without Loss Limitation

**For Example:**

\$25,000 limit, Hazard Group II ELF =		0.6930
First Adjustment	RDF =	$(1 - 0.6930) \times 0.6662 = 0.2045$
	RDF =	0.2045

\*The use of retrospective development factors is optional.

**RETROSPECTIVE RATING PLANS  
Rating Values**

Residual Market Expected Loss Ratio .....	0.6635
Residual Market Tax - Multiplier .....	1.1078

**STATE & HAZARD GROUP RELATIVITIES**

HAZ Group I .....	1.283
HAZ Group II .....	0.977
HAZ Group III .....	0.718
HAZ Group IV .....	0.515

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 2**

**CLASSIFICATIONS & RATING VALUES**

EFFECTIVE DATE: DECEMBER 1, 2007

Page 16

Excess Loss Premium Factors

Loss Limit	Hazard Group			
	I	II	III	IV
\$10,000	0.578	0.584	0.615	0.632
\$15,000	0.553	0.562	0.597	0.623
\$20,000	0.533	0.544	0.586	0.615
\$25,000	0.517	0.530	0.575	0.608
\$30,000	0.500	0.516	0.566	0.600
\$35,000	0.484	0.504	0.557	0.594
\$40,000	0.472	0.492	0.550	0.589
\$50,000	0.448	0.473	0.536	0.577
\$75,000	0.403	0.433	0.502	0.549
\$100,000	0.370	0.398	0.480	0.530
\$125,000	0.340	0.372	0.457	0.514
\$150,000	0.318	0.351	0.440	0.499
\$175,000	0.299	0.332	0.422	0.483
\$200,000	0.279	0.316	0.404	0.468
\$225,000	0.264	0.299	0.389	0.452
\$250,000	0.250	0.285	0.374	0.440
\$275,000	0.236	0.271	0.361	0.428
\$300,000	0.225	0.257	0.348	0.416
\$325,000	0.214	0.246	0.336	0.403
\$350,000	0.203	0.236	0.324	0.391
\$375,000	0.195	0.226	0.312	0.379
\$400,000	0.187	0.218	0.302	0.367
\$425,000	0.179	0.210	0.292	0.357
\$450,000	0.173	0.202	0.283	0.347
\$475,000	0.167	0.194	0.273	0.338
\$500,000	0.161	0.187	0.265	0.328
\$600,000	0.142	0.166	0.237	0.296
\$700,000	0.127	0.148	0.213	0.268
\$800,000	0.114	0.135	0.196	0.244
\$900,000	0.105	0.123	0.178	0.227
\$1,000,000	0.0969	0.1142	0.1658	0.2102
\$1,500,000	0.0717	0.0843	0.1221	0.1555
\$2,000,000	0.0577	0.0675	0.0979	0.1254
\$3,000,000	0.0426	0.0497	0.0717	0.0913
\$4,000,000	0.0347	0.0404	0.0574	0.0728
\$5,000,000	0.0299	0.0346	0.0486	0.0610
\$6,000,000	0.0265	0.0303	0.0423	0.0533
\$7,000,000	0.0238	0.0272	0.0379	0.0472
\$8,000,000	0.0217	0.0250	0.0344	0.0428
\$9,000,000	0.0203	0.0231	0.0315	0.0395
\$10,000,000	0.0190	0.0215	0.0296	0.0363

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 2**

**CLASSIFICATIONS & RATING VALUES**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 17**

Excess Loss Pure Premium Factors

Loss Limit	Hazard Group			
	I	II	III	IV
\$10,000	0.756	0.764	0.804	0.825
\$15,000	0.724	0.735	0.781	0.813
\$20,000	0.697	0.711	0.767	0.800
\$25,000	0.676	0.693	0.752	0.791
\$30,000	0.654	0.675	0.741	0.782
\$35,000	0.633	0.659	0.730	0.774
\$40,000	0.618	0.644	0.720	0.767
\$50,000	0.586	0.618	0.701	0.752
\$75,000	0.528	0.565	0.657	0.717
\$100,000	0.485	0.520	0.627	0.691
\$125,000	0.445	0.486	0.597	0.670
\$150,000	0.417	0.458	0.574	0.651
\$175,000	0.390	0.434	0.551	0.631
\$200,000	0.363	0.411	0.528	0.612
\$225,000	0.343	0.390	0.510	0.592
\$250,000	0.325	0.370	0.492	0.575
\$275,000	0.309	0.350	0.473	0.559
\$300,000	0.292	0.335	0.455	0.543
\$325,000	0.279	0.321	0.439	0.527
\$350,000	0.266	0.308	0.423	0.511
\$375,000	0.255	0.295	0.407	0.495
\$400,000	0.244	0.284	0.394	0.480
\$425,000	0.233	0.273	0.380	0.466
\$450,000	0.225	0.263	0.368	0.453
\$475,000	0.217	0.252	0.356	0.440
\$500,000	0.209	0.243	0.345	0.427
\$600,000	0.184	0.216	0.308	0.387
\$700,000	0.165	0.193	0.278	0.350
\$800,000	0.148	0.176	0.255	0.318
\$900,000	0.136	0.160	0.232	0.296
\$1,000,000	0.1254	0.1481	0.2157	0.2739
\$1,500,000	0.0924	0.1090	0.1585	0.2021
\$2,000,000	0.0741	0.0870	0.1267	0.1627
\$3,000,000	0.0542	0.0636	0.0924	0.1180
\$4,000,000	0.0439	0.0514	0.0736	0.0938
\$5,000,000	0.0376	0.0438	0.0621	0.0784
\$6,000,000	0.0332	0.0381	0.0538	0.0682
\$7,000,000	0.0296	0.0341	0.0481	0.0603
\$8,000,000	0.0269	0.0312	0.0435	0.0546
\$9,000,000	0.0251	0.0287	0.0397	0.0502
\$10,000,000	0.0234	0.0267	0.0372	0.0460

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 2**

**CLASSIFICATIONS & RATING VALUES**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 18**

Excess Loss Pure Premium Factors including ALAE

Loss Limit	Hazard Group			
	I	II	III	IV
\$10,000	0.805	0.813	0.856	0.880
\$15,000	0.771	0.783	0.832	0.867
\$20,000	0.742	0.758	0.816	0.855
\$25,000	0.719	0.739	0.802	0.844
\$30,000	0.697	0.719	0.790	0.833
\$35,000	0.675	0.702	0.777	0.825
\$40,000	0.657	0.685	0.766	0.817
\$50,000	0.623	0.659	0.747	0.802
\$75,000	0.561	0.602	0.699	0.765
\$100,000	0.515	0.554	0.668	0.735
\$125,000	0.473	0.518	0.636	0.714
\$150,000	0.443	0.488	0.612	0.694
\$175,000	0.416	0.462	0.588	0.673
\$200,000	0.388	0.438	0.565	0.652
\$225,000	0.367	0.416	0.544	0.631
\$250,000	0.347	0.395	0.523	0.612
\$275,000	0.327	0.375	0.505	0.595
\$300,000	0.312	0.356	0.487	0.578
\$325,000	0.296	0.342	0.469	0.561
\$350,000	0.281	0.328	0.451	0.544
\$375,000	0.270	0.314	0.433	0.527
\$400,000	0.259	0.303	0.419	0.510
\$425,000	0.248	0.291	0.405	0.497
\$450,000	0.240	0.280	0.392	0.484
\$475,000	0.231	0.268	0.379	0.471
\$500,000	0.223	0.259	0.367	0.453
\$600,000	0.196	0.229	0.328	0.412
\$700,000	0.176	0.205	0.296	0.372
\$800,000	0.157	0.187	0.271	0.339
\$900,000	0.145	0.170	0.247	0.315
\$1,000,000	0.1333	0.1575	0.2295	0.2915
\$1,500,000	0.0982	0.1158	0.1685	0.2151
\$2,000,000	0.0786	0.0923	0.1347	0.1731
\$3,000,000	0.0575	0.0674	0.0982	0.1254
\$4,000,000	0.0464	0.0544	0.0781	0.0996
\$5,000,000	0.0398	0.0463	0.0658	0.0832
\$6,000,000	0.0350	0.0403	0.0570	0.0724
\$7,000,000	0.0312	0.0361	0.0509	0.0640
\$8,000,000	0.0284	0.0329	0.0461	0.0578
\$9,000,000	0.0264	0.0302	0.0420	0.0532
\$10,000,000	0.0246	0.0281	0.0393	0.0487

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 2**

**CLASSIFICATIONS & RATING VALUES**

EFFECTIVE DATE: DECEMBER 1, 2007

Page 19

Excess Loss Premium Factors including ALAE

Loss Limit	Hazard Group			
	I	II	III	IV
\$10,000	0.615	0.622	0.654	0.672
\$15,000	0.589	0.598	0.636	0.662
\$20,000	0.567	0.579	0.624	0.652
\$25,000	0.550	0.564	0.612	0.644
\$30,000	0.532	0.549	0.603	0.635
\$35,000	0.515	0.537	0.593	0.629
\$40,000	0.502	0.524	0.586	0.623
\$50,000	0.477	0.503	0.571	0.612
\$75,000	0.429	0.460	0.535	0.583
\$100,000	0.394	0.424	0.511	0.562
\$125,000	0.362	0.396	0.486	0.546
\$150,000	0.339	0.373	0.468	0.529
\$175,000	0.318	0.354	0.449	0.513
\$200,000	0.297	0.335	0.431	0.497
\$225,000	0.281	0.318	0.415	0.481
\$250,000	0.266	0.303	0.398	0.468
\$275,000	0.250	0.288	0.385	0.455
\$300,000	0.238	0.273	0.371	0.442
\$325,000	0.227	0.262	0.358	0.429
\$350,000	0.216	0.251	0.345	0.416
\$375,000	0.207	0.240	0.334	0.403
\$400,000	0.199	0.232	0.322	0.390
\$425,000	0.190	0.223	0.312	0.380
\$450,000	0.184	0.215	0.301	0.369
\$475,000	0.177	0.206	0.291	0.359
\$500,000	0.171	0.199	0.281	0.348
\$600,000	0.151	0.176	0.251	0.314
\$700,000	0.135	0.158	0.227	0.285
\$800,000	0.121	0.144	0.208	0.260
\$900,000	0.112	0.131	0.190	0.242
\$1,000,000	0.1028	0.1213	0.1762	0.2235
\$1,500,000	0.0761	0.0895	0.1297	0.1652
\$2,000,000	0.0611	0.0716	0.1039	0.1332
\$3,000,000	0.0450	0.0526	0.0761	0.0968
\$4,000,000	0.0366	0.0427	0.0608	0.0772
\$5,000,000	0.0315	0.0365	0.0514	0.0647
\$6,000,000	0.0279	0.0319	0.0447	0.0564
\$7,000,000	0.0250	0.0287	0.0400	0.0500
\$8,000,000	0.0228	0.0263	0.0363	0.0453
\$9,000,000	0.0213	0.0242	0.0332	0.0418
\$10,000,000	0.0199	0.0226	0.0312	0.0383

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 2**

**CLASSIFICATIONS & RATING VALUES**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 20**

TABLE OF EXPECTED LOSS RANGES

(From NCCI ITEM **B-1403**)

Expected Loss Group	Expected Loss Range	Expected Loss Group	Expected Loss Range	Expected Loss Group	Expected Loss Range
95	950 - 1,482	65	79,631 - 86,005	35	993,169 - 1,115,100
94	1,483 - 2,195	64	86,006 - 92,890	34	1,115,101 - 1,252,005
93	2,196 - 2,899	63	92,891 - 100,326	33	1,252,006 - 1,427,664
92	2,900 - 3,832	62	100,327 - 108,357	32	1,427,665 - 1,641,009
91	3,833 - 4,985	61	108,358 - 117,031	31	1,641,010 - 1,886,237
	-		-		-
90	4,986 - 6,020	60	117,032 - 126,424	30	1,886,238 - 2,168,113
89	6,021 - 7,266	59	126,425 - 136,696	29	2,168,114 - 2,577,266
88	7,267 - 8,435	58	136,697 - 147,592	28	2,577,267 - 3,081,849
87	8,436 - 9,791	57	147,593 - 159,021	27	3,081,850 - 3,685,227
86	9,792 - 11,357	56	159,022 - 171,339	26	3,685,228 - 4,543,120
	-		-		-
85	11,358 - 12,844	55	171,340 - 184,612	25	4,543,121 - 5,781,252
84	12,845 - 14,520	54	184,613 - 199,613	24	5,781,253 - 7,356,812
83	14,521 - 16,398	53	199,614 - 215,895	23	7,356,813 - 9,400,713
82	16,399 - 18,246	52	215,896 - 233,510	22	9,400,714 - 12,029,102
81	18,247 - 20,301	51	233,511 - 252,554	21	12,029,103 - 15,392,375
	-		-		-
80	20,302 - 22,583	50	252,555 - 272,532	20	15,392,376 - 19,696,001
79	22,584 - 25,126	49	272,533 - 294,043	19	19,696,002 - 25,202,895
78	25,127 - 27,726	48	294,044 - 317,406	18	25,202,896 - 34,570,976
77	27,727 - 30,525	47	317,407 - 345,321	17	34,570,977 - 51,130,195
76	30,526 - 33,609	46	345,322 - 375,689	16	51,130,196 - 75,621,156
	-		-		-
75	33,610 - 36,933	45	375,690 - 408,729	15	75,621,157 - 111,843,086
74	36,934 - 40,435	44	408,730 - 446,652	14	111,843,087 - 165,415,034
73	40,436 - 44,268	43	446,653 - 488,733	13	165,415,035 - 244,647,514
72	44,269 - 48,471	42	488,734 - 534,783	12	244,647,515 - 382,966,802
71	48,472 - 52,908	41	534,784 - 589,532	11	382,966,803 - 606,006,859
	-		-		-
70	52,909 - 57,713	40	589,533 - 651,490	10	606,006,860 - 958,945,559
69	57,714 - 62,948	39	651,491 - 719,961	9	958,945,560 - & over
68	62,949 - 68,250	38	719,962 - 795,628		
67	68,251 - 73,720	37	795,629 - 884,563		
66	73,721 - 79,630	36	884,564 - 993,168		

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**TABLE 1 EXCESS LOSS PREMIUM FACTORS  
FOR  
UNITED STATES LONGSHORE AND HARBOR WORKERS' ACT**

**(Applicable to New and Renewal Policies)**

Accident Limitation	Hazard Group		
	<u>II</u>	<u>III</u>	<u>IV</u>
\$ 25,000	0.440	0.508	0.528
30,000	0.426	0.494	0.515
35,000	0.414	0.482	0.508
40,000	0.402	0.475	0.496
50,000	0.380	0.452	0.479
75,000	0.332	0.402	0.431
100,000	0.291	0.359	0.391
125,000	0.257	0.322	0.357
150,000	0.231	0.291	0.327
175,000	0.210	0.267	0.302
200,000	0.193	0.246	0.281
250,000	0.166	0.215	0.247
300,000	0.146	0.191	0.222
500,000	0.101	0.136	0.162
1,000,000	0.061	0.083	0.102

**TABLE 2 EXCESS LOSS PURE PREMIUM FACTORS  
FOR  
UNITED STATES LONGSHORE AND HARBOR WORKERS' ACT**

**(Applicable to New and Renewal Policies)**

Accident Limitation	Hazard Group		
	<u>II</u>	<u>III</u>	<u>IV</u>
\$ 25,000	0.511	0.591	0.613
30,000	0.495	0.574	0.598
35,000	0.481	0.560	0.590
40,000	0.467	0.552	0.576
50,000	0.442	0.525	0.556
75,000	0.386	0.467	0.501
100,000	0.338	0.417	0.454
125,000	0.299	0.373	0.414
150,000	0.269	0.338	0.380
175,000	0.244	0.310	0.351
200,000	0.224	0.286	0.327
250,000	0.193	0.249	0.287
300,000	0.170	0.222	0.258
500,000	0.117	0.158	0.189
1,000,000	0.071	0.097	0.118

Tax Multiplier for coverage developed on classifications providing U.S.L. benefits ..... **1.2330**

**CLASSIFICATIONS – NUMERICAL AND GROUP ARRANGEMENT****SUBCLASSIFICATION – CARRIER OPTION**

House Bill 430 of 2004 (amending §2607, Title 18 of the Delaware Code) permits an insurer to develop a subclassification or subclassifications to the Bureau's classification system as approved by the Insurance Commissioner. The developing insurer shall file any such subclassification or subclassifications with the Bureau and the Insurance Commissioner at least thirty (30) days prior to the proposed effective date for such subclassification or subclassifications. The insurer's filing shall demonstrate that exposure and loss data produced under any proposed subclassification or subclassifications can be reported to the Bureau consistent with the Bureau's uniform classification system and Statistical Plan. The Insurance Commissioner must disapprove any subclassification filing for which such demonstration is not satisfactorily made.

**AGRICULTURAL AND LOGGING**

**005 TREE PRUNING**, Spraying, Repairing or Fumigating. No payroll division with Code 012 at the same location or job site.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**007 FARM MACHINERY OPERATION** by Contractors: threshing, shredding, ensilage cutting, harvesting and hay baling, excluding logging and sawmill operations.

**009 LOGGING OR LUMBERING – N.O.C.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**012 LANDSCAPE CONTRACTOR** Or Lawn Cutting Or Maintenance Contractor.

Includes the construction of dry stone walls, rock gardens, patios, garden walks and the like when such operations are incidental to the landscape or lawn maintenance operations.

Assign Code 0013 to separately staffed nursery, Christmas tree raising or sod farm operations.

Personal servants engaged in the care of lawns, shrubs or grounds surrounding the residence of the insured shall be assigned to Code 0912 or Code 0909.

**015 LOGGING OR LUMBERING – MECHANIZED TREE FELLING EQUIPMENT.**

Please see the Rulings and Interpretations, Section 5 for further information on the cope of this class

**MINING AND QUARRYING**

**028 OIL OR GAS PRODUCTION**, Operation of Wells – including gasoline mfg. from casing-head gas.

As provided for in this Manual separately classify: erecting or dismantling of derricks, drilling, re-drilling or deepening, installation or recovery of casing, well shooting, cementing, tank building or tapping operations.

**055 SAND, Gravel or Slag EXCAVATION** – Including Crushing.

Includes establishments principally engaged in operating sand or gravel pits and in washing, screening, or otherwise preparing sand or gravel. Also included are establishments principally engaged in surface mining, milling or otherwise preparing fire clay, fuller's earth, kaolin, ball clay, clay ceramic, refractory minerals or performing the dredging of materials on non-navigable waters with incidental shore operations.

**059 MINERAL MILLING** – applicable to businesses that do not operate either a mine or quarry and are principally engaged in the crushing, grinding, pulverizing or otherwise preparing clay, ceramic or refractory minerals, barite or miscellaneous metallic or non-metallic minerals.

**FOOD INDUSTRIES**

**101 GRAIN MILLING.**

**104 FOOD SUNDRIES MFG., N.O.C.,** No cereal milling.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

# DELAWARE WORKERS COMPENSATION MANUAL

## SECTION 2

## CLASSIFICATIONS & RATING VALUES

EFFECTIVE DATE: DECEMBER 1, 2007

Page 23

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**105 BAKERY, Wholesale.**

Includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the insured's products to customers.

**106 PROCESSED MEAT PRODUCTS MFG. – No Slaughtering or Handling of Livestock.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class

**107 CANDY, Chocolate or Chewing Gum MFG.**

**108 BREWERY.**

Includes the distribution of beer or malt liquors by the manufacturer, bottler or canner. Also includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the insured's products to customers.

**109 DAIRY PRODUCTS MFG.**

Ice cream manufacturing by a separate group of employees in a physically separate department shall be assigned to Code 110.

Includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the insured's products to customers.

**110 ICE CREAM MFG.**

**111 SLAUGHTERHOUSE – Wholesale, all operations.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**112 BEVERAGE MFG., N.O.C., including bottling or canning.**

Includes the distribution of beverages, not otherwise classified, by the manufacturer, bottler or canner. Also includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the insured's products to customers.

Payroll developed in the brewing, bottling or canning of beer, ale or malt liquors shall be assigned to Code 108.

**113 PRESERVING OR CANNING OF FOOD.**

**114 RENDERING Works –** Applicable to businesses principally engaged in rendering inedible grease and tallow from animal fat, bones and meat scraps; and businesses principally engaged in manufacturing animal oils and animal meal.

**115 TOBACCO PRODUCTS MFG., including tobacco rehandling.**

**119 MEAT PRODUCTS MFG., N.O.C.**

Applicable to businesses principally engaged in making hamburger and/or hamburger or veal patties and/or sandwich steaks.

Includes payroll developed by employees engaged as delivery salespersons, route salespersons, and/or route supervisors engaged in the delivery of the insured's products to customers.

**TEXTILES AND CLOTHING MFG.****130 TEXTILE WASTE, Shoddy and Unwoven Felt, MFG., the garnetting of Fibers.****132 SPINNING OR WEAVING.****134 KNIT GOODS MFG.**

Applies to the knitting of yarn into cloth or fabric and the dyeing and/or finishing of the knitted fabric by the knitting mill. Subsequent manufacturing of clothing or non-apparel textile product shall be assigned to either Code 161 or to Code 163, respectively, when performed by a separate crew of employees in a physically separate work area.

**135 HOSIERY MFG.****136 EMBROIDERY MFG.**

Includes quilted cloth manufacturing for garment and household furnishings. Payroll developed in mattress or box spring mfg. shall be classified by Code 165.

**139 DYEING, Mercerizing, Bleaching, Printing, Coating or Finishing New Goods – excluding hosiery finishing, rubber or resin coating and oil cloth manufacturing which are separately rated as provided for in this manual.****141 LAUNDRY, N.O.C.**

Receiving, collecting or distributing stations that are separately staffed and with no laundering at the same or contiguous location shall be assigned to Code 928.

Also includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors performing the pick-up of items to be laundered or cleaned and the delivery of the items after laundering or cleaning.

**142 DRY CLEANING PLANT.**

Receiving, collecting or distributing stations that are separately staffed and with no dry cleaning at the same or contiguous location shall be assigned to Code 928.

Includes risks primarily engaged in dry cleaning or dyeing apparel or household fabrics other than rugs (see Code 141). Establishments dyeing fabrics for the trade are classified by Code 139.

Also includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors performing the pick-up of items to be dry cleaned and the delivery of the items after dry cleaning.

**161 APPAREL MFG.**

Restricted to the manufacture of wearing apparel from woven or knit fabrics or related materials such as leather, rubber or resin coated fabrics.

The manufacture of yarn into knitted cloth or fabric shall be assigned to Code 134 when performed by a separate group of employees in a physically separate department. If there is no separation, all payroll shall be assigned to Code 134.

**163 TEXTILE PRODUCTS MFG., N.O.C.**

Contemplates sewn non-apparel textile products including products made from soft textile type plastics such as vinyls.

The manufacture of yarn into cloth or fabric shall be separately classified as provided in this Manual.

Separately rate the installation, removal or repair of furnishing goods to Code 670.

**165 MATTRESS or BOX SPRING MFG.**

The manufacture of wire springs shall be classified by Code 457 provided such operations are conducted by a separate crew of employees in a physically separate department.

**166 CANVAS or BURLAP PRODUCTS MFG.**

Includes manufacturing or repairing bags made from textile cloth or fabric.

Separately rate the installation, removal or repair of awnings, tents or other canvas products away from the shop to Code 681.

**185 Employment Contractor – Temporary FOOD SUNDRIES MFG., N.O.C. Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 104.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**187 Employment Contractor – Temporary CANDY, Chocolates or Chewing Gum MFG. Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 107.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**191 Employment Contractor – Temporary APPAREL MFG. Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 161.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**LEATHER, RUBBER AND COMPOSITION GOODS****201 TANNING and Leather Dressing.****204 SHOE MFG.****205 LEATHER GOODS MFG., N.O.C.**

Includes the manufacture of handbags, purses, wallets, dog collars, leashes, straps, belts, etc. from leather, simulated leather or vinyl sheet.

**221 PLASTIC Articles MFG., Injection Molding.****222 PLASTIC Articles MFG., N.O.C.**

Applicable to plastic molding businesses principally engaged in the molding of any plastic product by any plastic molding technique except for plastic molding businesses principally engaged in injection molding which is assigned to Code 221 or businesses principally engaged in molding plastic composite products which is assigned to Code 227.

**225 RUBBER GOODS or Tire MFG.****227 OILCLOTH, Linoleum and Cork Carpet MFG.**

**PAPER AND PAPER GOODS MFG. AND PRINTING**

**255 PAPER** or Pulp **MFG.** – all kinds.

**257 BOX MFG. – PAPER.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**259 PAPER PRODUCTS MFG., N.O.C.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**261 CORRUGATED PAPER AND/OR CORRUGATED PRODUCTS MFG.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**263 PAPER COATING/FINISHING.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**265 STATIONERY PRODUCTS MFG.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**275 Employment Contractor – Temporary PLASTICS Articles MFG. – INJECTION MOLDING Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 221.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**276 Employment Contractor – Temporary PLASTICS Articles MFG. – N.O.C. Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 222.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**281 PRINTING, N.O.C.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**282 NEWSPAPER** or Periodical **PRINTING** -By Publisher Or Contract Printer

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**285 PRINTING** – Principally **SHEET-FED PRESS** Production.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**287 PUBLISHER** – Printing Outsourced, Performs **PRODUCT DISTRIBUTION.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**297 Employment Contractor – Temporary PRINTING Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 281.

Please see the Employment Contractor – Temporary Staffing Ruling and interpretation in Section 5 for further information on classifying temporary staff.

**WOODWORKING**

**301 SAWMILL.**

Includes the grading, sorting, pulling, piling, air or kiln drying, loading and storage of sawmill products. Subsequent wood products manufacturing operations conducted by a separate crew of employees in a physically separate department shall be separately classified as provided in this Manual.

**305 CARPENTRY SHOP**, including Planing Mill.

Includes but is not necessarily limited to the manufacture of sash, doors, assembled millwork, pallets or wood trusses. For the manufacture of turned wood products, see Class 306.

Separately rate erection work as provided in this Manual.

Businesses also engaged in selling lumber and/or building materials on a wholesale or retail basis with a separate staff of employees may have a division of payroll with Code 855. Code 855 will apply to the yard and delivery staff. If further engaged in the sale of hardware in a physically separate department by a separate staff, payroll so developed shall be assigned to Code 935.

**306 WOOD TURNED PRODUCTS MFG.****309 WOODENWARE MFG., N.O.C.****311 CABINET WORKS** – with power-driven machinery.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**319 FURNITURE ASSEMBLY.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**323 FURNITURE MFG.** – Wood.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**327 FURNITURE UPHOLSTERING, SHOP** only.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**PRIMARY NONFERROUS METAL WORKING****402 SMELTING** of nonferrous metals **OR** hot-dip **GALVANIZING**.

Also includes employers principally engaged in melting nonferrous scrap metal to produce ingots.

Not available for businesses principally engaged in the handling of any ferrous scrap metals. Such businesses must be assigned to Code 858.

Galvanizing by methods other than the hot-dipping procedure shall be assigned to the classification best describing the process.

**403 ROLLING, DRAWING OR EXTRUDING OF NONFERROUS METALS.**

Also includes making nonferrous pipe or tubes or forging nonferrous metals.

Subsequent product(s) manufacturing operations conducted by a separate crew(s) of employees, in a physically separate department(s), shall be separately classified as provided for in this Manual.

**STEEL MAKING AND ROLLING MILLS**

**404 STEEL MFG.**

**406 ROLLING MILL** – Ferrous Metals – Not available for rolling mills operated by steel manufacturers.

**407 TUBE or Pipe MFG.,** Iron or Steel – not cast iron pipe – excluding steel making but including skelp rolling.

**STEEL FABRICATING**

**411 STEEL FABRICATING** – Bridge and Structural Shops, Shop Only, erection to be separately rated as Class 655.

**413 IRON WORKS** – Shop – Ornamental, non-structural iron or steel fabricating.

Separately rate installation, erection or repair operations to Code 658 or to Code 675 as provided in this Manual.

**415 FABRICATED PLATE WORK** – metal, including but not necessarily limited to boiler or tank mfg. – shop only.

Plate shall be #3 U.S. Standard Gauge (1/4" thick) or thicker.

**416 CAR MFG.,** Railroad – all kinds.

**FOUNDRIES**

**421 STEEL FOUNDRY,** Open-Hearth and Electric.

The secondary machining of castings by a separate staff in a physically separate work area shall be assigned to Code 461.

**425 IRON FOUNDRY,** N.O.C.

The secondary machining of castings by a separate staff in a physically separate work area shall be assigned to Code 461.

**427 MALLEABLE Iron FOUNDRY.**

The secondary machining of castings by a separate staff in a physically separate work area shall be assigned to Code 461.

**429 DIE CASTING MFG.**

Also includes secondary machining of die castings by the die casting employer. There is no payroll division with Code 461.

**447 NONFERROUS METALS FOUNDRY** – Includes secondary machining of nonferrous castings by the foundry employer. There is no payroll division with Code 461.

**METAL WORKING**

**431 FORGING.**

Includes die making, trimming or grinding and heat treating operations. The secondary machining of forgings by a separate staff in a physically separate work area shall be assigned to Code 461.

**433 TOOL MFG.** – Forged.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**435 SPRING MFG.** – Hot Wound.

Also includes Chain Mfg.

**441 TOOL MFG., N.O.C.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**442 HAND TOOL MFG – NON-FORGED.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**443 SAW BLADE OR INDUSTRIAL KNIFE MFG.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**446 PRECISION MACHINED PARTS MFG., N.O.C.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**445 HARDWARE MFG., N.O.C.****447 (See "Foundries")****449 ELECTROPLATING.****451 AUTOMOBILE, Truck or Trailer BODY MFG.**

Also includes an employer principally engaged in fabricating an automobile, truck or trailer body and then attaching the fabricated body onto a customer supplied or purchased chassis.

This class is not available for payroll division with Code 463. Code 463 shall be assigned to an employer engaged in both the making of the automobile, truck, or trailer body and chassis and then assembling the complete motor vehicle.

**454 SHEET METAL PRODUCTS FABRICATION, N.O.C., Shop only.**

Sheet metal shall be thinner than #3 U.S. Standard Gauge (less than 1/4" thick).

Code 676 shall be assigned to both the shop and the erection or installation payroll developed by an insured engaged in both the shop fabrication of sheet metal products and the erection or installation thereof.

**456 METAL FURNITURE or Furnishing Goods MFG., N.O.C.**

Sheet metal shall be thinner than #3 U.S. Standard Gauge (less than 1/4" thick).

Also includes the manufacture of major household or commercial kitchen or laundry appliances.

Upholstering operations conducted by a separate crew of employees in a physically separate department shall be assigned to Code 327.

**457 WIRE GOODS MFG.**

Includes the manufacture of wire springs by cold winding technologies. The making of springs from bar stock by hot wound methodologies must be assigned to Code 435.

**458 JEWELRY MFG.****459 EYELET, Needle, Pin, Pen or Tack MFG.****MACHINERY MFG.****461 MACHINE SHOP – no woodworking – no boiler making.**

Also includes the manufacture of all types of internal combustion engines, all types of pumps, pneumatic drills or hammers or hydraulic devices (e.g., hydraulic jacks or lifts).

**463 AUTOMOBILE MFG.**

Code 463 shall be assigned to an employer engaged in both the making of the automobile, truck, or trailer body and chassis and then assembling the complete motor vehicle.

This class is not available for payroll division with Code 451. Code 451 shall be assigned to an employer principally engaged in fabricating an automobile, truck, or trailer body and then attaching the fabricated body onto a customer supplied or purchased chassis.

**464 MACHINERY MFG., N.O.C**

Includes but is not necessarily limited to the manufacture of confection, food processing, paper making, printing, textile or woodworking machinery.

The manufacture of industrial equipment, such as furnaces made primarily from plate, shall be assigned to Code 415.

**465 CONVEYOR or Hoisting Systems MFG., or Reconditioning.**

Elevator, escalator, conveyor or hoisting system erection, installation or repair is to be separately rated as Code 675.

**467 BALL or Roller BEARING MFG.**

Applicable to businesses principally engaged in the fabrication of either metal ball or roller bearings. Where a business is engaged in the fabrication of either metal ball or roller bearings and these are consumed by the business' production process, such operations shall be classified in accordance with the class appropriate to the business.

**471 PRINTED CIRCUIT BOARD ASSEMBLY OR ELECTRICAL WIRE HARNESS MFG. – BY CONTRACTOR.**

Applies to concerns principally engaged in performing any of the services discussed below for others on a contract basis.

Includes the manufacture/assembly of printed circuit boards, the placement of components onto printed circuit boards (mounting/stuffing) or the installation of resultant boards into a chassis with the addition of wire leads.

Also contemplated by this class is the assembly of electrical wire harnesses, automotive wire harnesses or connector cable assemblies. Electrical cord assembly is to be assigned to Code 473. The manufacture of wire or cable shall be separately classified as provided for in this Manual.

**472 ELECTRONIC COMPONENT MFG., N.O.C.**

Applies to the manufacture of electronic component parts used to receive, store, govern or direct the flow of current within an electrical circuit, such as resistors, capacitors, coils, transformers (less than 746 watts), filters or transducers.

Also applies to semiconductor material refining, the manufacture of integrated circuits, quartz crystal culturing or glass to metal seals.

Not applicable to the manufacture of non-electronic parts (e.g., pushbuttons, springs or gaskets). The inclusion of such non-electronic parts in an electronic device is not to be construed as an electronic component as defined by this classification.

**473 ELECTRICAL APPARATUS MFG., N.O.C.**

Applies but is not limited to the manufacture or shop repair of electrical housewares, hand-held power tools, electrical fixtures or small electrical appliances.

**474 ELECTRIC POWER OR ELECTRIC TRANSMISSION EQUIPMENT MFG.**

Contemplates the manufacture of equipment for the generation, storage or transmission of electrical energy or vacuum furnaces.

Includes the manufacture of power transformers (over one horsepower), switchgear or switchboard apparatus, generators or vacuum furnaces.

**475 BATTERY MFG., Storage.**

**476 INDUSTRIAL CONTROLS OR SYSTEMS MANUFACTURE/ASSEMBLY.**

Applies to the manufacture/assembly of motor controllers, control panels and/or systems used in industrial plants for the distribution of power, control of heating or air conditioning or batch control.

Risks engaged in the manufacture of meters, counters, thermometers or other electronic analytical/measuring instrumentation not otherwise classified shall be assigned to Code 488.

Installation or repair provided at customer locations shall be separately classified as provided for in this Manual.

**477 ELECTRIC MOTOR MFG. OR REPAIR.**

Applies to firms principally engaged in the manufacture, shop repair or rewinding of electric motors, armatures or field coils.

**483 OFFICE MACHINE MFG. – Installation or repair conducted by a separate crew to be separately classified by Code 952.**

**485 COMMUNICATIONS, SEARCH, DETECTION OR SIGNAL PROCESSING EQUIPMENT MFG.**

Includes but is not limited to the manufacture of:

- (1) Telephone or telegraph equipment or apparatus
- (2) Radio or TV broadcasting or communications equipment
- (3) Search, detection, navigation, guidance, aeronautical or nautical systems

**486 INCANDESCENT LIGHT BULB or ELECTRONIC TUBE MFG.**

**487 SURGICAL OR OPTICAL INSTRUMENT MFG.**

Applies but is not limited to the manufacturing of surgical or dental instruments, optical instruments, optical lens grinding, fiber optics or other precision metal instruments such as drafting equipment, compasses, T-squares or triangles.

**488 ELECTRONIC MEASURING OR ANALYTICAL INSTRUMENT MFG.**

Includes the manufacture of electric test equipment, totalizing fluid meters or counters, electronic test or measuring instrumentation.

Also contemplated by this class is the manufacture of medical diagnostic equipment such as CAT scanners or MRIs.

**489 DENTAL LABORATORY.**

**491 Employment Contractor – Temporary ROLLING, DRAWING or EXTRUDING NONFERROUS METALS Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 403.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**495 Employment Contractor – Temporary AUTOMOBILE, Truck or Trailer BODY MFG. Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 451.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**497 Employment Contractor – Temporary ELECTRONIC COMPONENT MFG. Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 472.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**499** Employment Contractor – Temporary **BATTERY MFG.** Staff.

Applicable only to temporary staff provided to customers whose business classification is Code 475.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**STONE AND CLAY PRODUCTS MFG.**

**501 CEMENT MFG.** – including quarrying.

**502 PLASTER STATUARY** or Ornament **MFG.**

**506 POWDER METAL PRODUCTS MFG.**

**507 GRAPHITE PRODUCTS MFG.**

**509 ASBESTOS GOODS MANUFACTURING** – For establishments utilizing asbestos fibers in their manufacturing processes that result in an asbestos product.

**511 CONCRETE PRODUCTS MFG.**

**512 BRICK MFG.,** N.O.C.

Excluding quarrying or mining, also excluding clay or shale digging in open pits.

A supplementary dust disease loading shall be added by the Bureau to cover the potential hazard of those employers using material containing free silica.

Code 0175 at either the carrier or assigned risk rate is to apply to such exposure, but note that payroll developed by the exposure is also to be included in the Class 512 payroll at either the carrier or assigned risk rate. Premium developed under Code 0175 is not subject to experience or retrospective rating.

**513 POTTERY,** N.O.C. – no brick, non-decorative tile, sewer pipe or gas retorts mfg.

A supplementary dust disease loading shall be added by the Bureau to cover the potential hazard of those employers using material containing free silica.

Code 0176 at either the carrier or assigned risk rate is to apply to such exposure, but note that payroll developed by the exposure is also to be included in the Class 513 payroll at either the carrier or assigned risk rate. Premium developed under Code 0176 is not subject to experience or retrospective rating.

**GLASS MFG.**

**535 GLASS OR GLASSWARE MFG.**

The manufacture of glass products from purchased glass shall be assigned to Code 536.

**536 GLASS PRODUCTS MFG.** – from purchased glass – no glass manufacturing.

**544** Employment Contractor – Temporary Staff – **MANUFACTURING** or **LIGHT INDUSTRIAL OPERATIONS,** N.O.C.

Applies to temporary employees provided to manufacturing businesses except for temporary manufacturing or light industrial staff subject to Codes 185, 187, 191, 275, 276, 297, 491, 495, 497, 499 or 587.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on the manufacturing businesses assignable to Code 544 and on classifying temporary staff.

**CHEMICALS INDUSTRIES**

- 551 CHEMICAL** Processing or Products **MFG.**, N.O.C.  
For establishments engaged in manufacturing miscellaneous chemical preparations not otherwise classified.
- 553 GASES – MFG.** of carbonic oxide, anhydrous ammonia, oxygen or hydrogen.
- 555 DRUG** or **MEDICINE MFG.**
- 563 PAINT** or Colors **MFG.** – no red or white lead mfg.
- 571 SOAP MFG.**
- 573 FERTILIZER MFG.**
- 581 OIL REFINING**, Petroleum.
- 587** Employment Contractor – Temporary **PAINT** or **COLORS MFG.** Staff.  
Applicable only to temporary staff provided to customers whose business classification is Code 563.  
Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**EXCAVATION AND CONSTRUCTION**

- 601 ROAD** or Street **CONSTRUCTION:** Paving or Repaving.  
Applies to the laying of the road starting with the sub-base and includes all kinds of paving or repaving, surfacing or resurfacing or scraping, including airport runways or warming aprons. Also included are trimming and finishing of shoulders, installing curbing and erecting guard rails or fences.  
Asphalt plants operated by a paving contractor shall be classified in accordance with the following procedure. Permanently located plants staffed by a separate crew shall be assigned to Code 855. Portable/temporarily located asphalt plants shall be assigned to Code 601.  
As provided for in this Manual separately rate: clearing of right-of-way, earth or rock excavation, filling or grading, tunneling, bridge or culvert building, quarrying and stone crushing.
- 602 ROAD** or Street **CONSTRUCTION:** Subsurface work.  
Applies to all operations of bringing road bed to grade including clearing of right-of-way, earth or rock excavation, filling or grading. It does not include laying the sub-base.  
As provided for in this Manual separately rate: tunneling, bridge or culvert building where clearance is more than 10 feet at any point or the entire distance between terminal abutments exceeds 20 feet, quarrying and stone crushing.
- 603 SEWER CONSTRUCTION** – all work to completion, including masonry work in connection therewith – no tunneling.
- 605 RAILROAD CONSTRUCTION** and Maintenance of Way by Contractors – all operations incident thereto, except tunneling and bridge building.  
The entire payroll in construction of bridges or culverts exceeding a span of 12 ft. or in the construction of tunnels must be separately classified and rated.
- 607 DRILLING** by Contractors.
- 608 FLAT CEMENT WORK** – Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.
- 609 EXCAVATION** – Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.
- 611 PILE DRIVING**, including timber wharf building.

**615 TUNNELING** or Shaft Sinking, all work to completion.

**617 GAS, STEAM or WATER MAIN CONSTRUCTION** – all work to completion except tunneling under pressure.

**625 CONDUIT CONSTRUCTION** – for cables or wires, all work to completion.

Also includes cable laying by specialist contractors employing automatic equipment, which in one operation opens the trench, lays the cable and backfills.

### **BUILDING CONSTRUCTION**

**643 ASBESTOS CONTRACTOR** – all work to completion. Employees engaged in asbestos removal, replacement, repair, enclosure or encapsulations.

**645 WALLBOARD INSTALLATION** – within buildings. Includes the entire operation of installing drywall/wallboard including taping, seaming, texturing, but not painting.

**646 FURNITURE or FIXTURES INSTALLATION** – portable – in offices or stores.

**647 INSULATION WORK, N.O.C.** – Includes the installation or application of acoustical or thermal insulating material in buildings or within walls. The class applies when insulating work is performed as a separate operation not part of or incidental to any other construction operations performed by the same contractor at the same job or location.

**648 CARPENTRY – INSTALLATION of CABINET WORK**, finished wooden flooring or interior trim. Also includes installation of parquet flooring. Not applicable to contractors who perform any other carpentry operations at the same job or location.

**649 CEILING INSTALLATION** – suspended acoustical grid type. Insulation work will be separately rated.

**651 CARPENTRY – COMMERCIAL Structures.**

**652 CARPENTRY – RESIDENTIAL** . Includes one- or two-family detached houses, townhouse or row houses or buildings designed primarily for multiple occupancy (e.g. apartments) three stories or less in height or garages constructed in connection with the houses or apartments.

This classification shall include the payroll developed by all employees that interchange trades at a specific location. For specific locations where there is no interchange between trades, all trades shall be separately classified.

**653 MASONRY.**

Masonry work in connection with sewers must take the Sewer classification and not the Masonry classification.

**654 CONCRETE CONSTRUCTION.**

Payroll to include persons engaged in making, setting up, taking down or operating forms, scaffolds, false work and concrete mixing or distributing apparatus.

**655 IRON ERECTION.**

**656 ELECTRIC**, Telephone or Telegraph **LINE CONSTRUCTION** by Contractor.

Includes the setting of poles, installation of pole hardware or transformers or the stringing of lines. Erection of steel towers for cross-country lines must be assigned to Class 655. Clearing of right-of-way on new lines, maintenance of right-of-way on existing lines or tree trimming must be assigned to Class 005.

**657 RIGGING**, N.O.C.

**658 IRON ERECTION** or Installation – ornamental or non-structural only.

**659 ROOFING** – Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**660 ALARM OR SOUND SYSTEM** – Installation or Repair.

**661 ELECTRICAL WIRING** – within **BUILDINGS**.

Includes electric fixtures or apparatus installation or the making of service connections. For electric, telephone or telegraph line construction, see Class 656.

**662 APPLIANCE** – Electrical – **SERVICE** or **REPAIR**.

Includes the service or repair of window-unit type air conditioners, domestic refrigerators and/or commercial or domestic appliances including but not necessarily limited to: stoves, dishwashers, washing machines or clothes dryers. Also includes incidental shop or parts department employees. Electrical wiring or plumbing to be separately rated.

Separately staffed store operations shall be assigned to the appropriate store class. Assign Code 664 to the installation, service or repair of central air conditioning units or commercial refrigeration (including walk-in) units. Assign Code 675 to the installation, service or repair of industrial equipment (e.g., conveyor ovens).

**663 PLUMBING**: gas, steam, hot water or other pipefitting, including house connections – shop payroll, if any, must be included.

Includes work within buildings. Pipefitting in connection with the installation of machinery or apparatus outside of buildings must be assigned to Class 675.

**664 HEATING, VENTILATING** or **AIR CONDITIONING CONTRACTOR**.

Applicable to contractors performing forced air heating, ventilating or air conditioning equipment installation required for air comfort control or engaged in the service or repair of such equipment. Further included is any incidental duct or shop work.

Payroll developed in the installation, service or repair of heating equipment which will utilize either hot water or steam shall be assigned to Code 663. High pressure water or steam heating systems shall be assigned to Code 677 for the installation, service or repair thereof.

**665 PAINTING** and Decorating, including shop.

The painting of steel structures or bridges shall be assigned to Code 655.

**666 PLATE** and Wire **GLASS INSTALLATION**.

Payroll developed by a separate shop crew engaged in the manufacture of glass products including bending, beveling, grinding or silvering of plate glass shall be separately classified by Code 536.

**667 PAPER HANGING**.

**668 TILE, STONE, MOSAIC** or **TERRAZZO WORK** – Interior Construction Only including Marble Setting and Tile Wainscoting, but excluding Cement Finishing and Structural Glass Block Installation.

Structural glass block installation shall be assignable to Code 653.

**669 PLASTERING**, including lathing.

**670 HOUSE FURNISHINGS INSTALLATION, N.O.C.**

Separately staffed store operations shall be assigned to the appropriate store class.

**WRECKING OR DEMOLITION OR BUILDING MOVING OR RAISING PROJECT**

All work to completion at a wrecking or demolition or a building moving or raising site shall be assigned to one of the following classifications:

1. Code 651 – Applicable to wooden buildings or structures including those designed for residential occupancy and interior stripping/gutting.
2. Code 654 – Applicable to concrete or concrete encased buildings or structures.
3. Code 655 – Applicable to iron or steel buildings or structures.
4. Code 653 – Applicable to masonry buildings or structures.
5. Code 611 – Applicable to piers or wharfs.

Where wrecking or demolition or building moving or raising involves a building or structure of more than one type of construction, the classification with the highest rating value applies.

All wrecking or demolition or building moving or raising work not specifically described above shall be assigned by analogy to one of the classifications designated above. No other classification is applicable.

Secondhand material businesses at a separate location with no interchange of employees shall be assigned to the appropriate scrap metal dealer classification based on whether the dealer is principally engaged in handling ferrous or nonferrous scrap metal. Assign ferrous scrap dealers to Code 858 and assign nonferrous scrap dealers to Code 859. Assign Code 860 to secondhand materials dealers who do not have a principal line of merchandise.

**673 ADVERTISING SIGNS, Manufacture, Erection or Repair – Not Outdoor Advertising Companies.****674 SWIMMING POOL CONSTRUCTION, all work to completion. The construction of iron or steel pools shall be assigned to Code 655. Pool cleaning or Maintenance work by a separate crew or a specialist contractor is to be assigned to Code 971.****675 MACHINERY or EQUIPMENT ERECTION or REPAIR.**

Applies to the erection or repair of factory machinery or to the installation, erection or repair of elevators, escalators, conveyors or hoisting systems.

**676 SHEET METAL INSTALLATION, No payroll division with Code 659 at the same location or job site.**

Code 676 shall be assigned to both the shop and the erection or installation payroll developed by an insured engaged in both the shop fabrication of sheet metal products and the erection or installation thereof.

**677 BOILER INSTALLATION or Repair.**

Includes all work to completion except brickwork, which must be assigned to Code 653.

**679 ADVERTISING COMPANY, OUTDOOR.**

Applicable to outdoor advertising companies and includes but is not necessarily limited to: shop operations, the erection, painting, repair, maintenance or removal of signs, sign painting or lettering in or upon buildings or structures or bill posting.

**681 CANVAS GOODS, Awning or Tent ERECTION, Removal or Repair.**

**682 Employment Contractor – Temporary Staff – CONSTRUCTION Or ERECTION OPERATIONS.**

Applies to temporary employees provided to a construction or erection contractor except for temporary excavation, commercial structure carpentry or electrical wiring (within buildings) staff which are subject to Codes 691, 693 or 695, respectively.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on the construction or erection business operations assignable to Code 682 and on classifying temporary staff.

**691 Employment Contractor – Temporary EXCAVATION Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 609.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**693 Employment Contractor – Temporary COMMERCIAL Structure CARPENTRY Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 651.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**695 Employment Contractor – Temporary ELECTRICAL WIRING (within buildings) Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 661.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**SPECIAL STATE ACT EXPOSURES****709 TALLYMEN AND CHECKING CLERKS – engaged in connection with stevedoring work.**

Coverage under State Act only.

**716 MARINA.**

Applicable to all waterfront operations, including but not necessarily limited to: the operation of boat docks, storage facilities, repair shops or marine railways, the sale or repair of boats or engines, the sale of parts or accessories, dockside snack bars and all dockside employees. The operation of separately-staffed inland boat showrooms or the operation of separately-staffed motels, restaurants, swimming pools, bowling lanes or other recreational facilities shall be separately classified as provided for in this Manual.

Separate staff engaged in boat building are assignable to Code 718.

Coverage under State Act only.

**718 BOAT BUILDING OR REPAIR.**

Coverage under State Act only.

Applicable to the construction or repair of wood, metal, fiberglass or plastic yachts, motor boats, sailboats or rowboats not exceeding 65' in length overall.

Also includes insureds exclusively engaged in the building, repairing or dismantling of small vessels as defined in Public Law 98-426 who have been granted exemption from the United States Longshore and Harbor Workers Act by the Secretary of Labor. A copy of the exemption certificate shall be made available to the Bureau as documentation.

**721 RAILROAD OPERATION, N.O.C., including shop, ordinary maintenance and repair of roadbed.**

The policies for risks with operations assignable to Class 721 must be endorsed excluding insurance of Federal Employers' Liability Act coverage. (Part Two)

**744 AIRCRAFT MFG.**

**UTILITIES OPERATION**

**751 GAS UTILITY.**

Payroll developed by meter readers having no regular duty of any other nature in the service of the employer shall be assigned to Code 951.

As provided for in this Manual separately classify: geophysical exploration, drilling for gas deposits, the operation of gas wells and the construction or operation of cross-country pipelines.

**752 OIL OR GAS PIPELINE OPERATION** – Construction, Operations of Wells or Oil Refining shall be separately classified.

**753 WATERWORKS.**

Payroll developed by meter readers having no regular duty of any other nature in the service of the employer shall be assigned to Code 951.

**755 ELECTRIC UTILITIES** Operation.

Payroll developed by meter readers having no regular duty of any other nature in the service of the employer shall be assigned to Code 951.

**757 TELECOMMUNICATIONS COMPANY** – including installation, maintenance, repair and operation of telephone lines and systems, remote transmission sites and central office switching equipment.

Applicable to FCC licensed telecommunications firms. The services provided include but are not necessarily limited to: wireline, long distance, cellular, radio paging or mobile radio services for customers on a fee basis.

**759 CABLE TELEVISION OPERATIONS.**

Applicable to contractors and/or operators engaged in cable television system installation or erection or system hook-up or service and/or repair or the operation of a cable television system.

Separately staffed broadcasting studios and/or separate crews engaged in the presentation and/or filming of news or sporting events shall be assigned to Code 936.

**TRUCKING AND STORAGE**

**801 STABLE,** Livestock Commission Merchant Stockyards not associated with Slaughterhouses.

**803 TAXICAB COMPANY.**

Lessees transporting passengers for hire in motor vehicles leased pursuant to written leases shall not receive compensation under the Delaware Workers' Compensation Law but shall be deemed to be employers.

*Effective July 7, 1982, New, Renewal, and Outstanding.*

**804 SCHOOL BUS OPERATION.**

**805 MILK HAULING** – by contractor.

For contractors exclusively engaged in hauling unprocessed or processed milk by tank truck.

**806 FURNITURE MOVING** and/or **STORAGE.**

Includes the packaging or handling of household goods away from the employer's premises by the furniture moving and/or storage company or by an independent packing contractor. The transporting or delivery and the setting into place at customers' locations of furniture and/or major household appliances under contract for a manufacturer or store shall be assigned to Code 811.

**807 AMBULANCE SERVICE** – Non-volunteer.

**808 PARCEL DELIVERY** Company – No Handling of Bulk Merchandise or Freight – all employees except office.

Applies to risks engaged in the delivery of envelopes, parcels or packages limited to 150 pounds or less. Envelopes, parcels or packages refers to those items where the delivery tariff or charge is allocable to the individual envelope, parcel or package. Also includes messenger or courier services engaged in deliveries on foot, by bicycle or motor vehicle.

Assign Code 811 when the haulage or transport charge is based on truckload or partial truckload, the cumulative weight of the packages and/or parcels being transported or a flat contract price for the consignment.

The transport of mail under contract to the United States Postal Service is to be assigned to Code 812.

**809 FUEL DISTRIBUTION – Retail or Wholesale.**

For businesses principally engaged in the sale of processed coal, fuel oil, liquefied petroleum (LP), gas (bottled gas or in bulk), or any combination of these lines. Separate crews engaged in installing and/or servicing fuel oil or gas heating units may be separately classified as provided for in this Manual. This classification is not available to businesses operating coal or oil docks or to truckers hauling fuel for others.

**811 TRUCKING, N.O.C.**

Includes dispatchers and/or clerks on loading platforms, drivers, chauffeurs and their helpers and employees repairing vehicles.

Applicable to hauling contractors principally engaged in hauling or delivering for unrelated concerns or transporting or delivering and setting into place furniture and/or major household appliances at customers' locations under contract with a manufacturer or store.

Also includes the rental of cranes with operator by a specialist contractor.

**812 MAIL HAULING or Delivery Service COMPANY.**

Applies to risks engaged under contract to the United States Postal Service for the hauling or delivery of mail involving letters, parcels, packages, sacks, pallets or rolling containers. Includes U.S. Postal Service contract mail delivery performed on a bulk or individual item basis.

**813 WAREHOUSING – Other than Furniture Moving and/or Storage.**

For establishments principally engaged in either the cold storage or the warehousing or storage of general merchandise for unrelated concerns.

**814 DEALER IN MOBILE, SELF-PROPELLED factory, farm or construction EQUIPMENT including parts department.**

Payroll developed by employees engaged in the sale of mobile self-propelled factory, farm or construction equipment shall be assigned to Code 819.

**815 AUTOMOBILE SERVICE CENTER or Garage – including counter personnel (see the Auditing Ruling and Interpretation "Counter Personnel – Automobile Repair Facilities," Section 5 for further information) and estimators.**

Tire recapping or retreading shall be assigned to Code 225 when performed by a separate crew of employees in a physically separate work area.

Please see the Automobile Service/Gasoline Station Ruling and Interpretation for information on classifying such business enterprise.

See the Code 934 Section 2 class description for how to classify an auto parts store that also provides automobile repair services.

**816 AUTOMOBILE FILLING STATION – Retail.**

Please see the Automobile Service/Gasoline Station Ruling and Interpretation for information on classifying such business enterprise.

**817 BUS (except school bus) OPERATION.****818 AUTOMOBILE or Automobile Truck DEALER – including service counter and parts department.**

Please see the Auditing Ruling and Interpretation – "Automobile Dealerships," Section 5 for further information.

Also includes but is not necessarily limited to: , inland boat dealers, mobile home dealers, recreational vehicle dealers or specialist contractors performing mobile home set-up or warranty service.

**819 AUTOMOBILE or Automobile Truck SALESPERSON.****820 AUTOMOBILE AUCTION** - including snack bar or restaurant.

Automobile auctioneers shall be assigned to Code 819.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**821 BEVERAGE DISTRIBUTOR, Wholesale.**

Includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the insured's merchandise to customers.

**825 AUTOMOBILE STORAGE GARAGE or PARKING STATION or LOT – No Automobile Repair.**

For automobile storage garages/parking stations/parking lots whose business is the storing or parking of automobiles. Includes cashiers who receive payment from customers.

Parking attendants on the payroll of enterprises such as hotels, restaurants, stores or theaters – not drive-in theaters – which operate parking facilities for their customers shall be rated with the enterprise.

**855 LUMBER and/or BUILDING MATERIAL DEALER.**

Applicable to establishments engaged in selling lumber and/or building materials on a wholesale or retail basis. The lumber may include but is not necessarily limited to rough and dressed lumber, flooring, molding, doors, sashes, frames and other millwork. The building materials may include but are not necessarily limited to roofing, siding, shingles, wallboard, paint, brick, tile, cement, ready-mix concrete, sand or gravel. This class also includes payroll developed in the delivery of hardware, lumber and/or building materials by the lumber/building material dealer.

The operation of an outlet on the premises of a lumber and/or building material dealer in which hardware, paint, and other similar merchandise is sold shall be subject to separate classification provided the outlet is located in a physically separate department with no interchange of labor between the outlet and other operations. Payroll developed in the outlet operations is subject to Code 935.

Risks engaged in manufacturing millwork are assignable to Code 305. Dealers in secondhand building materials are assignable to Code 860.

**857 METAL SERVICE CENTER (Ferrous or Nonferrous Metals).**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**858 FERROUS SCRAP METAL DEALER.**

Applicable to businesses principally engaged in collecting and handling ferrous metals. Ferrous metals contain iron and include any type of steel or any steel alloy such as stainless steel.

The term "principally engaged" means more than 50 percent of the employer's gross receipts.

**859 NONFERROUS SCRAP METAL DEALER.**

Applicable to businesses principally engaged in collecting and handling nonferrous metals. Nonferrous metals contain no iron and include but are not limited to: aluminum, copper, brass, lead or zinc.

The term "principally engaged" means more than 50 percent of the employer's gross receipts.

Businesses principally engaged in the melting of nonferrous scrap to produce ingots shall be assigned to Code 402.

**860 JUNK DEALER.**

For businesses collecting and handling a combination of ferrous and/or nonferrous scrap metal and other secondhand commodities (e.g., paper, glass, rubber, rags or bottles) with no principal line of merchandise.

Also includes secondhand material yards of a wrecking or demolition contractor that are separately located and staffed.

WRECKING OR DEMOLITION PROJECTS shall be classified as delineated in Section 2.

**862 RECYCLING CENTER.**

Please see Rulings and Interpretations, Section 5 for further information on the scope of this class.

**865 POULTRY and/or FISH DEALER/ PROCESSOR.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**867 Employment Contractor – Temporary WAREHOUSING Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 813.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**877 Employment Contractor – Temporary DEPARTMENT STORE Staff.**

Applicable only to temporary staff (except clerical office) provided to customers whose business classification is Code 914.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**879 Employment Contractor – Temporary PACKAGING – Contract – Non-crating Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 923.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**880 APARTMENT HOUSE** or Condominium Complex Operation.

Applicable to an employer operating an apartment house or a condominium complex or for cooperative buildings used for residential occupancy.

**881 Employment Contractor – Temporary **HARDWARE STORE** – Wholesale Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 926.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**882 HOUSE CLEANING** by Contractor.

Applicable to businesses principally engaged in providing interior cleaning services to residential customers. The cleaning services may include but are not necessarily limited to: dusting, mopping floors, vacuuming rugs or carpets, cleaning or sanitizing bathrooms or wiping or cleaning kitchen or bathroom fixtures.

The term “principally engaged” means more than 50 percent of the employer’s gross receipts.

Payroll developed in the cleaning of exterior walls at residential or commercial sites shall be assigned to Code 653.

**883 Employment Contractor – Temporary **RETAIL STORE**, N.O.C. Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 928.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**884 HEALTH OR EXERCISE CLUB** – all employees including office.

Organized athletics are excluded from this classification and separately rated by Code 970 or Code 991.

**885 PLUMBING SUPPLIES DEALER OR PIPE MERCHANT** – Wholesale.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**886 ELECTRICAL SUPPLIES DEALER** – Wholesale.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**887 MUSEUM** – all employees including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**889 Employment Contractor – Temporary **CLERICAL** Staff.**

Applicable to temporary clerical or technical service staff whose payroll shall be assigned to Code 889 regardless of the customer’s business classification. Such employees include but are not necessarily limited to: draftsmen, designers, writers, illustrators, computer or data processing operators, programmers or clerical office.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**890 LIBRARY - PUBLIC** – all employees including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**891 PRE-SCHOOL (CHILD CARE OR EARLY EDUCATION) SERVICES** – all employees including office.

Please see the Rulings and Interpretations, Section 5, for further information on the scope of this class.

**895 Employment Contractor – Temporary COLLEGE or SCHOOL Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 965.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**896 CLUB, N.O.C** – All employees except office.

Please see the Rulings and Interpretations, Section 5, for further information on the scope of this class.

**897 FAST-FOOD RESTAURANT** – All employees except office.

Please see the Rulings and Interpretations, Section 5, for further information on the scope of this class.

**898 CATERER** – All employees except office.

Please see the Rulings and Interpretations, Section 5, for further information on the scope of this class.

**899 BAR, Tavern, Cocktail Lounge, NIGHTCLUB or Discotheque** – All employees except office.

Please see the Rulings and Interpretations, Section 5, for further information on the scope of this class.

**903 LABOR UNION** – all employees including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**904 INVESTIGATIVE AGENCY - All Types** – All employees except office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**STORES**

**907 FRUIT OR VEGETABLE DEALER** – Wholesale.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**910 MEAT DEALER** – Wholesale.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**911 GROCERY** – Wholesale.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**914 DEPARTMENT STORE** – all employees, including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**915 MEAT, FISH and/or POULTRY STORE** – Retail, all employees except office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**916 CLOTHING OR DRY GOODS STORE** – Wholesale or Retail.

**917 GROCERY STORE** – Retail, including meat, poultry, fish, bakery, pharmacy and produce departments.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**918 BAKERY SHOP** – Retail, including on-site preparation, all employees except office.

Applicable to businesses principally engaged in producing bakery products or businesses who buy finished bakery products from unrelated producers and the principal sales are over-the-counter for personal or household consumption, either on premises or through satellite outlets.

**919 FLORIST STORE** – Retail or Wholesale.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**920 JEWELRY STORE** – Wholesale or Retail.

**921 FURNITURE STORE – WHOLESALE.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**922 FURNITURE STORE** – Retail , All Employees Except Office – no woodworking.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**923 PACKAGING – CONTRACT – NON-CRATING.**

Applicable to businesses principally engaged in packaging or repacking merchandise owned by unrelated customers as a contract service. Such includes but is not necessarily limited to cosmetics, toiletries, pharmaceuticals, soaps, cleaning agents or hardware. Assign Code 305 to payroll developed by separate staff in a physically separate work area in the preparation and crating of any type of merchandise for shipment (in shop as a contract service) . Crating or packaging of any type at customer locations or the repackaging of explosives shall be classified as provided in this Manual.

**924 WHOLESALE STORE, N.O.C.**

**925 HARDWARE STORE** – Retail.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**926 HARDWARE STORE** – Wholesale.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**927 PHARMACY** – Retail – all employees, including office.

**928 RETAIL STORE, N.O.C.**

**929 Employment Contractor – Temporary Staff – MERCANTILE OPERATIONS.**

Applies to temporary employees provided to retail or wholesale store businesses except for businesses assignable to wholesale fruit, grocery or wholesale store, N.O.C.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on which store businesses are assignable to Code 929 and on classifying temporary staff.

**932 COPYING OR DUPLICATING SERVICE** – All employees including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**933 VENDING OR COIN-OPERATED MACHINE** – Installation, Service or Repair, all employees except office.

**934 AUTOMOBILE PARTS AND ACCESSORY STORE – Retail and/or Wholesale.**

An auto parts store that also provides automobile repair services shall have payroll divided with Code 815 provided the following conditions are fulfilled: the auto parts sales and the automobile repair services are conducted in physically separate work areas by separate employee crews and the majority of the parts/accessories sold by the auto parts store must be sold to others and are neither installed nor used by the insured for repair services. If both operations are conducted and these conditions are not met, then payroll developed in both the auto parts sales and the auto repair services shall be assigned to Code 815.

The machining of brake drums and other auto parts conducted in a physically separate work area and staffed by a separate employee crew shall be assigned to Code 461.

**935 LUMBER AND/OR BUILDING MATERIAL DEALER – Store Employees – For use in conjunction with Class 855 only.****936 BROADCASTING STATION – Radio or Television, all employees including office.****937 Employment Contractor – Temporary Staff – HEAVY SERVICE.**

Applies to temporary employees provided to businesses including but not limited to tree pruning, logging, surface or underground mining or mineral recovery, transportation (of persons or any type of commodity), lumber and/or building material or metal service centers, scrap metal yards, commodity recycling, rubbish and/or garbage collection or warehousing (all types except where the customer's business classification is Code 813 which is subject to Code 867).

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on which customer business classifications are assignable to Code 937 and on classifying temporary staff.

**939 CARNIVAL, Circus or Amusement Device Operator – TRAVELING.****940 RESIDENTIAL CARE FACILITY For The Developmentally Disabled – all employees except office and the separate staff of a certified sheltered workshop.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**941 SOCIAL REHABILITATION FACILITY – For Adults or Children – all employees including office.**

Please see the Social Rehabilitation Facility Ruling and Interpretation in Section 5 for information on the scope of this class.

**942 HOME HEALTH CARE – Professional Staff, all employees except office.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**943 HOME HEALTH CARE – Nonprofessional Staff, all employees except office.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**944 CLUB – Country, Golf or Yachting – all employees except office.**

Includes restaurant or tavern employees and all operations performed by club employees including but not necessarily limited to: those conducted by desk and room clerks, housekeepers, instructors, pro shop sales clerks, club attendants and golf starters.

Assign the appropriate marina classification to separately-staffed marina or yacht basin operations.

**CLERICAL AND PROFESSIONAL EMPLOYMENTS**

**945 HOTEL RESTAURANT** employees, all employees except office. For use in conjunction with **Code 973** only.

For tips and for musicians and entertainers, see Rule V, Section 1.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**946** Employment Contractor – Temporary **MEDICAL** Staffing.

Applicable to professional and/or nonprofessional medical staff provided to unrelated health care facilities or to physicians/ dentists' practices on a temporary basis. Such employees include but are not necessarily limited to: registered nurses or licensed practical nurses, pharmacists, aides, orderlies, attendants, medical technicians or doctors.

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided in this Manual.

Payroll developed by temporary janitorial, laundry, kitchen or other non-medical staff (except clerical) provided to health care facilities shall be assigned to Code 947.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**947** Employment Contractor – Temporary Staff – **MAINTENANCE OR SERVICE**.

Applies to temporary employees provided to businesses such as flower growing, landscaping or lawn care, laundry or dry cleaning, utilities (except meter readers), cable television, hotels, restaurants, automobile service or repair (including auto dealers), security, theaters, amusements (either indoor or outdoor) or building maintenance.

Also applies to non-medical temporary staff provided to health care facilities (except clerical), and to airport/airline temporary ground personnel.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on which customer business classifications are assignable to Code 947 and on classifying temporary staff.

**948 MAILING or ADDRESSING COMPANY** – all employees including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**949** Employment Contractor – Temporary **MARKETING** Staff.

Applicable to temporary marketing help such as sales or demonstration personnel including conventions, shows or exhibits.

Also includes temporary help engaged as appraisers, inspectors, meter readers or personnel notifying utility customers of service cutoffs.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

**951 SALESPERSON** – Outside.

Excluding salespersons or collectors who deliver goods, door-to-door salespersons or messengers employed by a messenger or courier service company.

Messengers employed by other establishments whose field of business is not that of a messenger or courier service company shall be assigned to Code 951.

**952 OFFICE MACHINE SERVICE** or Repair.

Includes shop. Manufacturing to be separately rated.

Specialist contractors performing delivery and/or set-up of office machines or equipment shall be assigned to Code 811.

**953** Clerical **OFFICE** Employees.

**954 SECURITY OR AGENCY**.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**955 ENGINEERING CONSULTING FIRM**, mechanical, civil, electrical or mining engineering consulting firms, or architectural firms.

Businesses principally engaged in providing computer and/or software consulting services are assignable to Code 951 and to Code 953 as classes may apply.

Engineers or architects employed by concerns whose field of business is actual construction, manufacturing, mining or installation operations shall be assigned in accordance with the class or classes appropriate to the business of the employer, unless the operations subject to Code 955 are conducted as a separate and distinct enterprise.

Clerical or drafting employees of consulting architects or engineers are properly assigned to Code 953 provided they meet the conditions described in Section 1, Rule IV, B. 2. a. and b.

Separate staff performing test boring for soil samples shall be assigned to Code 607.

**956 LAW FIRM** – all employees including office.

This classification is for law firms. Attorneys employed by other establishments whose field of business includes but is not limited to manufacturing or construction shall be assigned to the classification consistent with the employer's business.

**957 PHYSICIAN or DENTIST**, all employees including clerical office except home health care service employees.

This classification is for the physician's or dentist's office. Includes licensed practitioners engaged in the practice of general or specialized dentistry, medicine, surgery or therapy (physical or mental). Does not apply where inpatient overnight care is provided. Those practicing veterinary medicine shall be assigned to Code 959.

Physicians or Dentists employed by a health care facility shall be assigned in accordance with the class appropriate to the medical business at the location. Physicians or Dentists employed by a temporary medical staffing contractor, and who are provided on a temporary basis to unrelated health care facilities, shall be assigned to Code 946.

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided in this Manual.

**958 REHABILITATION HOSPITAL**, all employees including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**959 VETERINARIAN**, including employers raising and caring for non-farm domestic animals.

**960 NURSING and CONVALESCENT HOME** – Long Term Care Facility with 50% or more beds Licensed as Intermediate Care or Higher – all employees except office and home health care services.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class..

**961 HOSPITAL** – all employees, including office but excluding employees performing home health care services.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**962 ACCOUNTING or AUDITING FIRM** – all employees including clerical office.

This classification is for accounting or auditing firms. Accountants or auditors employed by other establishments whose field of business includes but is not necessarily limited to manufacturing or construction shall be assigned to the classification consistent with the employers' business. An independent insurance traveling auditor shall be assigned to Code 951. An insurance company traveling auditor shall be assigned to Code 984.

Businesses principally engaged in providing computer and/or software consulting services are assignable to Code 951 and to Code 953 as these classes may apply

**963 CHURCHES** – all employees including office, except cemetery employees.

Includes religious education provided by the church.

Payroll division must be provided for separately-staffed schools and hospitals at separate locations.

Payroll division shall also be provided to Code 891 for a day nursery school, kindergarten or daycare center or to Code 965 for an elementary and/or secondary school for children operated on the church premises from Monday through Friday, when such is separately staffed.

Churches and missions in the charge of one minister or pastor shall be taken as a single risk.

The policy must be written in the name of all such churches, missions or parishes citing the location of each.

**964 SHELTERED WORK SHOPS** – all employees including office.

This classification is for establishments certified as sheltered work shops (exempted from the Federal Minimum Wage Law) by the United States Department of Labor, Employment Standards Administration, Wage and Hour Division.

**965 COLLEGE OR SCHOOL, N.O.C** – all employees including office.**966 TELEVISION, VIDEO, AUDIO or RADIO EQUIPMENT SERVICE OR REPAIR** – Shop or Outside.

Separately staffed store operations shall be assigned to the appropriate store class.

**967 THEATERS** – all employees, including office.**968 AMUSEMENT, INDOOR**

Health or exercise clubs shall be assigned to Code 884.

Organized athletics are excluded from this classification and separately rated by Code 970 or Code 991.

**969 AMUSEMENT, OUTDOOR:** fairs, exhibitions, amusement parks or any outdoor amusement that is permanently sited. This classification includes ticket sellers or collectors and box office employees.

Payroll developed in the operation of a restaurant, when conducted in a physically separate department and by a separate crew of employees, shall be assigned to the applicable restaurant classification. Please see the Rulings and Interpretations, Section 5 of the Manual, for further information.

Code 928 shall be assigned to payroll developed by the sale of gifts/souvenirs when conducted in a physically separate department and by a separate crew of employees.

Employees engaged in the sale of food or drink or gifts/souvenirs from vending carts or by carrying the merchandise on their person shall remain assigned to Code 969.

Assign Code 981 to payroll developed in slot machine gambling operations when conducted in a physically separate department by a separate staff.

Race track pari-mutuel employees shall be separately rated by Code 953.

Organized athletics are excluded from this classification and separately rated by Code 970 or Code 991.

**970 ATHLETIC TEAM: CONTACT SPORTS** – Professional or Semiprofessional.

Includes but is not necessarily limited to all players on the salary list of the insured whether regularly played or not, coaches, managers, referees or umpires. Separate scouting staff is assignable to Class 951.

Contact sports include but are not necessarily limited to: football, hockey, lacrosse or roller derby.

The entire remuneration of each player, coach or manager should be included in computing premium, subject to a maximum of \$60,000 per season. Season includes pre-season and post-season exposure. When a player, coach or manager works for two or more teams in the same sport during the season, the maximum shall be pro-rated.

The remuneration of an individual player is subject to a minimum of \$600.00 per week of the season as defined above, including board and lodging.

**971 COMMERCIAL BUILDINGS** – operation by owner lessee or management firms, including care, custody and/or maintenance of premises. Also includes generalist and specialist commercial building cleaning (including window cleaning) and building maintenance contractors.**973 HOTEL** - all employees, except office and food service or beverage operations staff.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**974 RETIREMENT OR LIFE CARE COMMUNITY** – with less than 50% of beds Licensed as Intermediate Care or Higher – all employees except office and home health care services.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

**975 RESTAURANT, N.O.C.** – All employees except office.

See the Rulings and Interpretations, Section 5, for information on the scope of this class.

**976 Y.M.C.A., Y.W.C.A., and Community Center, including summer camps and day care centers** – all employees including office, except home health care services employees.

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided in this Manual.

**977 BARBER SHOP, BEAUTY PARLOR OR HAIR STYLING SALON.****978 CAMPS, SUMMER OR WINTER, N.O.C.** – all employees including office at camp locations.

Separate staff at other than camp locations shall be classified in accordance with the class appropriate to the business at the location.

**CITIES AND TOWNS****979 RESIDENTIAL FACILITY FOR THE ELDERLY – NON-MEDICAL** – all employees except office and home health care services.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class..

**980 CITY, TOWN, Township or County** – all employees, excluding only the following which must be separately classified as provided in this Manual: Golf Courses, Health Clubs, Housing Authorities, Municipal Authorities, Salaried Police Officers or Firefighters, Museums, Public Libraries or Clerical Office. Inspectors shall be assigned to Code 951.**981 SLOT MACHINE GAMBLING.**

For all personnel in the slot machine gaming area including but not limited to: floor attendants, vault cashiers, merchandising clerks, guest service representatives, service technicians, parking valets or money counters.

**983 HOUSING AUTHORITY** – including resident or on-site managers. New construction, alterations or demolition work shall be separately rated.**984 INSURANCE COMPANY** – All Employees including Office.

An establishment chartered under state law that undertakes to indemnify for losses pursuant to a written contract of insurance and to perform other insurance related operations.

Any contractor providing a service(s) to an insurance company including but not necessarily limited to independent insurance agents, consulting actuarial firms, advisory rating organizations or establishments engaged in premium auditing or performing the adjusting or administration of insurance claims shall be separately classified as provided for in this Manual.

**985 POLICE OR FIREFIGHTERS**, Salaried Employees of Cities, Towns, Boroughs or Counties.

**VOLUNTEER FIRE COMPANIES**; Members treated as state employees see Chapter 23, Section 2312 of the Workers' Compensation Law for more detail.

**986 SHELTER OR HALFWAY HOUSE – RESIDENTIAL – NON-MEDICAL** – All Employees including Office.

Please see the Shelter or Halfway House Ruling and Interpretation in Section 5 for information on the scope of this class.

**988 BANK** – All Employees including Office.

Applicable to businesses whose operations must include the deposit and holding of money in the form of checking/savings accounts or certificates of deposit. In addition these risks may also provide credit extensions, commercial/consumer loans or mortgages.

Also applicable to establishments principally engaged in check cashing for a fee. Such risks may also provide money orders, wire transfers, lottery tickets, transit passes/tokens, or postage stamps to their customers, each for a separate fee.

**Operations Not Covered:**

1. The operation of trusts, repossessed or other business properties away from the bank premises.
2. Financial agencies engaged solely in providing home equity loans, debt consolidation, or mortgage services who do not receive money deposits and/or provide interest bearing accounts to their borrowers.

**991 ATHLETIC TEAM: NON-CONTACT SPORTS** – Professional or Semiprofessional.

Includes but is not necessarily limited to all players on the salary list of the insured whether regularly played or not, coaches, managers, referees or umpires. Separate scouting staff is assignable to Class 951.

Non-contact sports include but are not necessarily limited to: baseball, basketball or soccer.

The entire remuneration of each player, coach or manager should be included in computing premium, subject to a maximum of \$60,000 per season. Season includes pre-season and post-season exposure. When a player, coach or manager works for two or more teams in the same sport during the season, the maximum shall be pro-rated.

The remuneration of an individual player is subject to a minimum of \$500.00 per season or year, including board and lodging.

**992 SANITARY COMPANY.**

For establishments engaged in the cleaning of septic tanks, cesspools or chemical portable toilets.

Rubbish or garbage removal performed by a separate staff shall be assigned to Code 995.

**995 RUBBISH OR GARBAGE REMOVAL.**

Also includes but is not necessarily limited to environmental cleanup services, sewer or water main cleaning by hydraulic method, street sweeping or tank cleaning – including bulk storage type.

Collection and sorting of recyclables (e.g., newspapers, beverage cans, glass or plastic bottles) by a separate staff (with sorting in a physically separate work area) shall be assigned to Code 862.

**CEMETERIES AND UNDERTAKERS**

**997 UNDERTAKER.**

**999 CEMETERY.**

**FARMS**

**0006 FIELD CROP or VEGETABLE FARM** – the raising of all field crops or vegetables or the general farms which carry on a variety of operations.

Separately staffed food processing operations shall be assigned to Code 113.

Inservants shall be separately classified.

**0008 MUSHROOM RAISING.**

Applies to businesses engaged in raising mushrooms, including the incident production of hay or other materials for compost.

Separately staffed mushroom canning operations shall be assigned to Code 113.

**0011 FLOWER RAISING.**

Applicable only to businesses raising flowers in fields or under glass to be marketed on a commercial basis as cut flowers or living plants.

A store or outlet at the same or contiguous location may be separately classified by Code 919 provided the store or outlet is separately staffed and is located in a physically separate area or department.

**0013 NURSERY.**

Applicable to businesses principally engaged in raising trees (including Christmas trees), shrubs, plants or sod farms.

**0016 ORCHARD** – the raising of fruit or nut trees or of berries or grapes.

Separately staffed wine, apple juice or similar product production operations shall be assigned to Code 113.

Inservants shall be separately classified.

**0034 ANIMAL RAISING** – Egg Production, Fish Hatcheries, Hogs, Poultry, Calf Raising for Veal or Fur Bearing Animals.

Separately staffed poultry dressing operations shall be assigned to Code 865. Separately staffed hog or calf dressing operations shall be assigned to Code 111.

Inservants shall be separately classified.

**0036 DAIRY FARM** – Farms engaged in the production of milk.

Separately staffed milk processing or other dairy product (except separately staffed and located ice cream manufacturing) operations shall be assigned to Code 109.

Inservants shall be separately classified.

**0083 LIVESTOCK** (excluding dairy or horse) **FARM** – includes but is not necessarily limited to the raising of cattle, sheep or goats in fields/pastures.

Inservants shall be separately classified.

**DOMESTIC WORKERS**

**0908 DOMESTIC WORKERS – INSIDE - OCCASIONAL.**

**0909 DOMESTIC WORKERS - OUTSIDE – OCCASIONAL –** including occasional private chauffeurs.

(Classes 0912 and 0909 are not available for use in connection with the operation of a farm.)

**0912 DOMESTIC WORKERS – OUTSIDE –** including private chauffeurs.

(Classes 0912 and 0909 are not available for use in connection with the operation of a farm.)

**0913 DOMESTIC WORKERS - INSIDE,** excluding office employees.

**EXPLOSIVES AND AMMUNITION MFG.**

**4771 EXPLOSIVES Or Ammunition MFG., N.O.C.**

Includes but is not necessarily limited to: bag loading – propellant charges, black powder mfg., cap, primer, fuse, booster or detonator assembly, cartridge charging or loading, fireworks mfg., high explosives mfg., projectile, bomb, mine or grenade loading, projectile or shell mfg., shell case loading or smokeless powder mfg. – single base.

Code 0771 must be applied to Class 4771 payroll to determine the mandatory catastrophe reserve which is not subject to experience or retrospective rating.

Businesses engaged in the preparation and/or distribution of blasting agents and/or the distribution of high explosives shall be classified by Code 4777.

**4777 EXPLOSIVES DISTRIBUTOR.**

Includes the preparation and/or distribution of blasting agents and/or the distribution of high explosives. Blasting operations conducted by a separate crew shall be assigned to Code 609. No manufacturing of explosives assigned to Code 4771.

**MARITIME or FEDERAL EMPLOYMENTS**

**(1) Liability under the U.S. Longshore and Harbor Workers' Compensation Act.**

- (a) *To provide insurance against liability under the U.S. Longshore and Harbor Workers' Compensation Act, the Standard Workmen's Compensation and Employers' Liability Policy shall be used with endorsement providing for coverage under such Act (See Section 3).*
- (b) *The rates for the following classifications have been calculated to provide coverage under the U.S. Longshore and Harbor Workers' Compensation Act:*

**STEVEDORING:**

*Any or all of the following operations conducted by employees not members of the crews of vessels shall be classified as "Stevedoring":*

- 1. Loading or unloading, stowing, shifting or trimming of cargo, supplies and materials on board vessel.*
- 2. Transfer of cargo, supplies and materials between vessels and pier, irrespective of the necessity of work on board vessels by employees of the insured.*
- 3. Transfer between stringpiece and point of deposit on dock or adjacent warehouses – including tiering, sorting and breaking down.*
- 4. Operation of all mechanical equipment, including dock tractors, in connection with the above.*

*Any or all operations as defined above shall be assigned to Code 7309F if the operations described by Item 2 above, whether conducted by one or more concerns, require the use of hoisting equipment except as provided under Code 7327F. All other operations shall be assigned to Code 7317F. Drivers not conducting Stevedoring operations as defined above shall be assigned to Code 811.*

**6824F BOAT BUILDING OR REPAIR.**

This classification is applicable to the construction or repair of wood, metal, fiberglass or plastic yachts, motor boats, sailboats or rowboats not exceeding 150' in length overall where the coverage is under the U.S. Act.

**6826F MARINA.**

Applicable to all waterfront operations, including but not necessarily limited to: the operation of boat docks, storage facilities, repair shops or marine railways, the sale or repair of boats or engines, the sale of parts or accessories, dockside snack bars and all dockside employees. The operation of separately-staffed inland boat showrooms or the operation of separately-staffed motels, restaurants, swimming pools, bowling lanes or other recreational facilities shall be separately classified as provided for in this Manual.

Separate staff engaged in boat building are assignable to Code 6824F.

**6843F SHIP BUILDING, IRON OR STEEL.**

Includes fabrication or assembling of ship plates or frames, all yard operations and shops directly connected with the construction of hull.

**6872F SHIP REPAIR OR CONVERSION – ALL OPERATIONS.**

Includes shop or yard operations as well as the operation of dry docks and marine railways. Applicable only to concerns engaged in general ship repair or conversion. Work performed on ships by other concerns shall be assigned to the Manual classes describing the work. See special rules for application of U.S.L. factor to State classification. (See Rule XII).

**7309F STEVEDORING, N.O.C.**

When policies are issued covering both Classes 7317F and 7309F, no division of payroll shall be permitted in connection with the loading or unloading of any one vessel.

**7313F COAL DOCK OPERATION AND STEVEDORING.**

Applies to coal docks using mechanical apparatus. Not applicable to contract stevedores or coal merchants operating yards.

**7317F STEVEDORING – BY HAND OR HAND TRUCK EXCLUSIVELY.**

Includes incidental use of power-driven escalators or conveyors or operation of tractors or trailers through side ports. No use of hoisting equipment. No payroll division in connection with a single vessel.

**7327F STEVEDORING – CONTAINERIZED FREIGHT.**

Applies to ships designed for freight carrying containers. No work in holds. Separately staffed over-the-road trucking operations shall be assigned to Code 811. No payroll division with a single vessel.

**7366F FREIGHT HANDLERS – On piers or in terminals in areas adjoining piers.**

Applies to handling cargo on piers or adjoining areas or terminals, incident to loading or unloading vessels. Such cargo handling includes but is not necessarily limited to: freight checks, stuffing and/or stripping containers, loading and/or unloading trucks and/or railroad cars.

Freight handling not on piers or in terminals in areas adjoining piers (Stevedoring) conducted by a separate staff shall be assigned in accordance with the class or classes appropriate to the business of the employer.

**8709F STEVEDORING – TALLYMEN AND CHECKING CLERKS.**

Engaged in connection with stevedoring work. Coverage under U.S. Act.

**8726F STEAMSHIP LINE OR AGENCY – PORT EMPLOYEES.**

This classification includes superintendents, captains, engineers, stewards or their assistants and pay clerks.

\*\*\*\*\*

**(2) Other Maritime or Federal Employments.**

Maritime or Federal employments other than the U.S. Longshore and Harbor Workers' Compensation Act do not come under the provisions of the Delaware Insurance Laws. Accordingly, the Delaware Insurance Department indicates that they do not have jurisdiction over the coverage, rules and rates for these other Maritime and Federal employments. In compliance with Federal Anti-Trust laws the Delaware Compensation Rating Bureau, Inc. cannot promulgate rates for these coverages.

**(3) Dredging Operations.**

The rating values published in the Delaware Compensation Manual for Code 055 (for dredging of materials on non-navigable waterways) contemplate coverage under the State Act only. If coverage is desired under the U.S.L. Act, the Federal increase factor shown in Section 2 on Page 9 shall be applied.

A single policy may be issued including Delaware Act coverage, U.S.L. coverage and Admiralty coverage providing the classification of operations in the policy declarations is subdivided to clearly indicate the classes and rating values for the Dredging operations subject to:

- (a) The Delaware Act alone or including U.S.L. Act coverage and
- (b) Admiralty jurisdiction.

In lieu of a single policy, two separate policies may be issued as follows:

- (a) A standard Delaware policy using rates approved by the Delaware Insurance Commissioner, applicable to Delaware coverage only, or to Delaware and U.S.L. coverage. Such policy shall be endorsed to exclude Admiralty coverage.
- (b) An Admiralty policy.

**AIRCRAFT OPERATION**

The classifications described under this class group apply to fixed wing and other aircraft. The phrase "members of the flying crew" is defined to mean all flying personnel engaged in the operation of aircraft or the care of passengers or cargo in flight. It includes, but is not limited to employees designated as airplane commanders, pilots, check pilots, co-pilots, flight engineers, navigators, technical or other observers, flight technicians, radio or radar operators, hosts, hostesses, stewards, stewardesses and pursers.

Ticket sellers and information clerks away from airport locations shall be separately classified by Code 953. Ticket sellers, information clerks and personnel engaged in performing the checking-in of passengers and baggage at airport locations shall be assigned to Code 7428.

When noted, an aircraft operations classification allows use of an associated classification for a nonratable catastrophe reserve.

**7405 AIRCRAFT OPERATION** – scheduled and supplemental air carriers - all members of the flying crew.

This classification shall apply to scheduled or commercial air carriers, including cargo carriers, operating under Part 121 of the Federal Aviation Regulations.

*Code 7445 must be applied to Class 7405 payroll to determine the mandatory catastrophe reserve which is not subject to experience or retrospective rating.*

**7413 AIRCRAFT OPERATION** – commuter air carriers – all members of flying crew.

This classification shall apply to commuter air carriers who operate under Part 135 of the Federal Aviation Regulations, conduct at least five round trips per week between two or more points, and publish flight schedules that specify the times and places between which flights are performed.

*Code 7453 must be applied to Class 7413 payroll to determine the mandatory catastrophe reserve which is not subject to experience or retrospective rating.*

**7421 AIRCRAFT OPERATION** – transportation of personnel in the business of an employer not otherwise engaged in aircraft operations – all members of the flying crew.

This classification applies to the payroll of the pilot and all members of the flying crew. In the case of aircraft owned or operated by an employer in the conduct of his business, this classification shall apply to the payroll of executive officers or other employees acting as pilots or members of the flying crew. If the records of the employer clearly indicate the weeks in which flying is performed by such employees, (1) only the payroll for each week during any part of which the employee has engaged in flight duties shall be assigned to this classification unless the classification applicable to the employee's non-flying operations carries a higher rate in which event such classification shall apply and (2) the payroll for each week in which no flying has been done shall be assigned to those classifications which would otherwise apply. If the records of the employer do not clearly indicate the weeks in which flying is performed by such employees, the entire payroll for such employees shall be assigned to this classification unless the classification applicable to the employee's non-flying operations carries a higher rate in which event such classification shall apply.

Commercial aircraft operation to be separately rated.

A per passenger seat surcharge, subject to a maximum surcharge of ten seats per aircraft, shall be charged in addition to the premium otherwise determined under this classification. These surcharges shall not be cumulative in the event of substitution of aircraft during the policy period; but these surcharges shall be cumulative in the event more than one aircraft is owned or operated during the same policy period. These surcharges shall not be subject to pro rata or short rate adjustment except in the event of cancellation of the policy. These surcharges and losses to employees, other than members of flying crew, arising out of the operation of an aircraft, are to be reported under **Code 9108**. Attach Endorsement **WC 00 04 01A**.

**7424 AIRCRAFT OPERATION, N.O.C** – including but not necessarily limited to air taxi, patrol, photography, mapping, skywriting advertising, survey work, sightseeing, student instruction, crop dusting or spraying or flight testing – all members of the flying crew.

**7428 AIRPORT OPERATION** – ground employees.

Ticket sellers or information clerks away from airport locations shall be separately classified by **Code 953**. Ticket sellers, information clerks or personnel engaged in performing the checking-in of passengers or baggage at airport locations shall be assigned to **Code 7428**.

**9108 AIRCRAFT Passenger Seat Surcharge.**

The maximum surcharge is ten seats per aircraft. For details see **Class 7421**, Aircraft Operations, Transportation of Personnel for Business. Premium developed under **Code 9108** is not subject to experience or retrospective rating.

**9740 Terrorism Premium Charge.**

Statistical **Code 9740** relates to premium charged for losses covered under the Terrorism Risk Insurance Act of 2002 (TRIA 2002). Premium developed under **Code 9740** is not subject to experience, merit or retrospective rating.

**9741 Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents**

**ENDORSEMENTS**

**General Information**

**(Regarding standard policy, information page and endorsements)**

*GENERAL ENDORSEMENT NOTES*

1. Insurance carriers may use their own attachment clause and method of execution on each endorsement. The execution clause of endorsements issued subsequent to the policy must include at a minimum the following information: policy number, endorsement, effective date, name of the insurer and insured, and premium (if applicable). Multi-company groups must show the name or the five digit NCCI carrier code of the member of the group providing the insurance.
2. The endorsement forms shown on the subsequent pages are for use with policies effective 4/1/84 and thereafter, in conjunction with the adoption of the revised standard policy form and information page.

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The license extended to the Delaware Compensation Rating Bureau Inc. by the National Council on Compensation Insurance for use of its copyrighted forms permits this Bureau's members to use such forms provided the form carries the legend "Copyright 19\_\_ National Council on Compensation Insurance" (the year to be filed in accordance with the appropriate year of copyright as found in the Forms Manual issued by the NCCI). Any of the standard forms included in this change may be ordered from the National Council on Compensation Insurance.

The standard policy and endorsements have been filed on behalf of the members of the Bureau and approved by the Insurance Commissioner. Accordingly, individual filings with the Insurance Department or the Industrial Accident Board are not required if a member carrier uses the standard form. However, a specimen copy of each approved form prepared by the carrier shall be filed with the Bureau. Any company which makes other than authorized changes in or additions to such approved Bureau forms must file the forms directly with the Insurance Department, providing a copy of such filing to the Industrial Accident Board and the Bureau. See Section 5, Filing and Approval of Policy and Endorsements Procedure, for specific instructions.

The information page and its notes were also filed and approved as a standard form. The specific form copyrighted by the National Council on Compensation Insurance. It will be seen that some of the notes require modifications to this form for use in Delaware, while other notes give the carrier many options as to items to be included. Use of an information page which includes the Delaware requirements and the exercise of any of the other specified options will be considered an approved form, subject only to filing with the Bureau. Any omission(s) of required items from an information page will require filing of such information page with the Insurance Department, with a copy of such filing to be forwarded to the Bureau.

**TABLE OF CONTENTS TO SECTION 3  
ENDORSEMENTS**

The circumstances under which each endorsement must or may be used are described in the supplementary notes following each endorsement.

<u><a href="#">Agreement by Executive Officer(s)/LLC Member(s) Not To Be Subject To The Delaware Workers' Compensation Law</a></u>	
<u><a href="#">Alternate Employer Endorsement</a></u>	<u><a href="#">WC 00 03 01A</a></u>
<u><a href="#">Aircraft Premium Endorsement</a></u>	<u><a href="#">WC 00 04 01A</a></u>
<u><a href="#">Amendatory Endorsement</a></u>	<u><a href="#">WC 00 03 18</a></u>
<u><a href="#">Amendatory Endorsement – Farming Operations – Delaware</a></u>	<u><a href="#">WC 07 03 03</a></u>
<u><a href="#">Anniversary Rating Date Endorsement</a></u>	<u><a href="#">WC 00 04 02</a></u>
<u><a href="#">Deductible Endorsement – Delaware</a></u>	<u><a href="#">WC 07 04 01</a></u>
<u><a href="#">Defense Base Act Coverage Endorsement</a></u>	<u><a href="#">WC 00 01 01A</a></u>
<u><a href="#">Delaware Construction Classifications Premium Adjustment Endorsement</a></u>	<u><a href="#">WC 07 04 02</a></u>
<u><a href="#">Delaware Nonrenewal Endorsement</a></u>	<u><a href="#">WC 07 06 01</a></u>
<u><a href="#">Designated Workplaces Exclusion Endorsement</a></u>	<u><a href="#">WC 00 03 02</a></u>
<u><a href="#">Domestic and Agricultural Workers Exclusion Endorsement</a></u>	<u><a href="#">WC 00 03 15</a></u>
<u><a href="#">Domestic Terrorism, Earthquake &amp; Catastrophic Industrial Accident Premium Endorsement</a></u>	<u><a href="#">WC 00 04 21A</a></u>
<u><a href="#">Employers Liability Coverage Endorsement</a></u>	<u><a href="#">WC 00 03 03C</a></u>
<u><a href="#">Experience Rating Modification Factor Endorsement</a></u>	<u><a href="#">WC 00 04 03</a></u>
<u><a href="#">Federal Coal Mine Health &amp; Safety Act Coverage Endorsement</a></u>	<u><a href="#">WC 00 01 02</a></u>
<u><a href="#">Federal Employers Liability Act Coverage Endorsement</a></u>	<u><a href="#">WC 00 01 04A</a></u>
<u><a href="#">Foreign Terrorism Premium Endorsement</a></u>	<u><a href="#">WC 00 04 22</a></u>
<u><a href="#">Insurance Company as Insured Endorsement</a></u>	<u><a href="#">WC 00 03 04</a></u>
<u><a href="#">Joint Venture as Insured Endorsement</a></u>	<u><a href="#">WC 00 03 05</a></u>
<u><a href="#">Longshore &amp; Harbor Workers' Compensation Act Coverage Endorsement</a></u>	<u><a href="#">WC 00 01 06A</a></u>
<u><a href="#">Maritime Coverage Endorsement</a></u>	<u><a href="#">WC 00 02 01A</a></u>
<u><a href="#">Nonappropriated Fund Instrumentalities Act Coverage Endorsement</a></u>	<u><a href="#">WC 00 01 08A</a></u>
<u><a href="#">Outer Continental Shelf Lands Act Coverage Endorsement</a></u>	<u><a href="#">WC 00 01 09A</a></u>
<u><a href="#">Partners, Officers and Others Exclusion Endorsement</a></u>	<u><a href="#">WC 00 03 08</a></u>
<u><a href="#">Pending Rate Change Endorsement</a></u>	<u><a href="#">WC 00 04 04</a></u>
<u><a href="#">Policy Information Page Endorsement</a></u>	<u><a href="#">WC 89 06 00A</a></u>
<u><a href="#">Policy Period Endorsement</a></u>	<u><a href="#">WC 00 04 05</a></u>
<u><a href="#">Premium Determination Endorsement – Former Self-Insurers</a></u>	<u><a href="#">WC 00 04 09</a></u>
<u><a href="#">Premium Discount Endorsement</a></u>	<u><a href="#">WC 00 04 06</a></u>
<u><a href="#">Premium Due Date Endorsement</a></u>	<u><a href="#">WC 00 04 19</a></u>
<u><a href="#">Rate Change Endorsement</a></u>	<u><a href="#">WC 00 04 07</a></u>
<u><a href="#">Residual Market Limited Other States Insurance Endorsement</a></u>	<u><a href="#">WC 00 03 26A</a></u>
<u><a href="#">Retrospective Premium Endorsement – Aviation Exclusion</a></u>	<u><a href="#">WC 00 05 08</a></u>
<u><a href="#">Retrospective Premium Endorsement Changes</a></u>	<u><a href="#">WC 00 05 09A</a></u>
<b>Retrospective Premium Endorsement/Multiple Line</b>	
<i>(See NCCI's "Forms Manual of Workers Compensation and Employers Liability Insurance" for actual endorsement forms. Non NCCI members contact Bureau.)</i>	
<u><a href="#">(See NCCI's "Forms Manual of Workers Compensation and Employers Liability Insurance" for actual endorsement forms. Non NCCI members contact Bureau.)</a></u>	<u><a href="#">WC 00 05 12</a></u>
<u><a href="#">(See NCCI's "Forms Manual of Workers Compensation and Employers Liability Insurance" for actual endorsement forms. Non NCCI members contact Bureau.)</a></u>	<u><a href="#">WC 00 05 13</a></u>
<u><a href="#">(See NCCI's "Forms Manual of Workers Compensation and Employers Liability Insurance" for actual endorsement forms. Non NCCI members contact Bureau.)</a></u>	<u><a href="#">WC 00 05 14</a></u>
<u><a href="#">Retrospective Premium Endorsement – Non-Rateable Catastrophe Element or Surcharge</a></u>	<u><a href="#">WC 00 05 10</a></u>
<u><a href="#">Retrospective Premium Endorsement – Rating Option V, One Year Plan</a></u>	<u><a href="#">WC 00 05 03</a></u>
<u><a href="#">Retrospective Premium Endorsement – Rating Option V, Three Year Plan</a></u>	<u><a href="#">WC 00 05 04</a></u>
<u><a href="#">Retrospective Premium Endorsement – Rating Option V, Long Term Construction Project</a></u>	<u><a href="#">WC 00 05 05</a></u>
<u><a href="#">Retrospective Premium Endorsement – Short Form</a></u>	<u><a href="#">WC 00 05 11</a></u>
<u><a href="#">Rural Electrification Administration Endorsement</a></u>	<u><a href="#">WC 00 03 09</a></u>
<u><a href="#">Sole Proprietors, Partners, Officers and Others Coverage Endorsement</a></u>	<u><a href="#">WC 00 03 10</a></u>
<u><a href="#">Terrorism Risk Insurance Extension Act Endorsement</a></u>	<u><a href="#">WC 00 01 13</a></u>
<u><a href="#">Voluntary Compensation and Employers Liability Coverage Endorsement</a></u>	<u><a href="#">WC 00 03 11A</a></u>
<u><a href="#">Voluntary Compensation Maritime Coverage Endorsement</a></u>	<u><a href="#">WC 00 02 03</a></u>
<u><a href="#">Waiver of Our Right to Recover from Others Endorsement</a></u>	<u><a href="#">WC 00 03 13</a></u>
<u><a href="#">Delaware Merit Rating Plan Endorsement</a></u>	<u><a href="#">WC 07 04 08</a></u>

**TABLE OF CONTENTS TO SECTION 3  
ENDORSEMENTS**

**Standard Workers Compensation and Employers Liability Policy Form**

**Policy Format**

The policy consists of a General Section and six Parts.

**Part One** is statutory workers compensation coverage.

**Part Two** is employers liability coverage.

**Part Three** provides Other States insurance. This was previously provided by the Other States Endorsement.

**Part Four** shows the insured's duties in event of loss.

**Part Five** consists of all premium provisions, including premium calculation on cancellation.

**Part Six** shows the five Conditions of the policy.

**Standard Policy:** See National Council on Compensation Insurance Forms Manual

**WC 00 00 00A**

**Information Page:** See National Council on Compensation Insurance Forms Manual .....

**WC 00 00 01A**

**Information Page Notes**

The information page notes found in the National Council on Compensation Insurance Forms Manual apply in **Delaware**. Non-NCCI member can contact the Bureau for details.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 01 01A**

**DEFENSE BASE ACT COVERAGE ENDORSEMENT**

This endorsement applies only to the work described in the Schedule or described on the Information Page as subject to the Defense Base Act. The policy applies to that work as though the location included in the description of the work were a state named in item 3.A. of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

**C. Workers' Compensation Law**

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Defense Base Act (42 USC Sections 1651-1654). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Defense Base Act.

Schedule

Description of Work:

**Note 1:** The Defense Base Act makes the Longshore and Harbor Workers' Compensation Act apply to contractors performing work at overseas military bases, whether in a territory or possession of the United States or in a foreign country, and to various public works contracts performed outside the continental United States.

**Note 2:** Use this endorsement to provide workers compensation insurance and employers liability insurance for work subject to the Defense Base Act extension of the Longshore and Harbor Workers' Compensation Act.

**Note 3:** The description of the work include the location where the work is to be performed.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 01 02**

**FEDERAL COAL MINE HEALTH AND SAFETY ACT COVERAGE ENDORSEMENT**

This endorsement applies only to work in a state shown in the Schedule and subject to the Federal Coal Mine Health and Safety Act of 1969 (30 USC Sections 931-942). Part One (Workers Compensation Insurance) applies to that work as though that state were shown in item 3.A. of the Information Page.

The definition of workers compensation law includes the Federal Coal Mine Health and Safety Act of 1969 (30 USC Sections 931-942) and any amendment to that law that is in effect during the policy period.

Part One (Workers Compensation Insurance), section A.2., How This Insurance Applies, is replaced by the following:

Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period or, when the last exposure occurred prior to July 1, 1973, a claim based on that disease must be first filed against you during the policy period shown in item 2 of the Information Page.

Schedule

State

- Note 1:** Use this endorsement when the policy is to cover exposures subject to the Federal Coal Mine Health and Safety Act.
- Note 2:** Federal Black Lung workers compensation insurance is provided in a state (including monopolistic state fund states) by naming the state in the Schedule.
- Note 3:** If this endorsement is used with a policy that does not provide any state workers insurance, the insurer may enter the words "no coverage", or "none", or the equivalent, in item 3.A. of the Information Page.



**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 01 06A**

**LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT  
COVERAGE ENDORSEMENT**

This endorsement applies only to work subject to the Longshore and Harbor Workers' Compensation Act in a state shown in the Schedule. The policy applies to that work as though that state were listed in item 3.A. of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

**C. Workers' Compensation Law**

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Longshore and Harbor Workers' Compensation Act.

This endorsement does not apply to work subject to the Defense Base Act, the Outer Continental Shelf Lands Act, or the Nonappropriated Fund Instrumentalities Act.

Schedule

State

Longshore and Harbor Workers'  
Compensation Act Coverage Percentage

The rates for classifications with code numbers not followed by the letter "F" are rates for work not ordinarily subject to the Longshore and Harbor Workers' Compensation Act. If this policy covers work under such classifications, and if the work is subject to the Longshore and Harbor Workers' Compensation Act, those non-F classification rates will be increased by the Longshore and Harbor Workers' Compensation Act Coverage Percentage shown in the Schedule.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 01 08A**

**NONAPPROPRIATED FUND INSTRUMENTALITIES ACT COVERAGE  
ENDORSEMENT**

This endorsement applies only to the work described in the Schedule or described on the Information Page as subject to the Nonappropriated Fund Instrumentalities Act. The policy applies to that work as though the location shown in the Schedule were a state named in item 3.A. of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

**C. Workers Compensation Law**

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Nonappropriated Fund Instrumentalities Act (5 USC Sections 8171-8173). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Nonappropriated Fund Instrumentalities Act.

Schedule

Description and Location of Work:

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 02 01A**

**MARITIME COVERAGE ENDORSEMENT**

This endorsement changes how insurance provided by Part Two (Employers Liability Insurance) applies to bodily injury to a master or member of the crew of any vessel.

**A. How This Insurance Applies** is replaced by the following:

**A. How This Insurance Applies**

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to work described in item 1 of the Schedule of the Maritime Coverage Endorsement.
3. The bodily injury must occur in the territorial limits of, or in the operation of a vessel sailing directly between the ports of the continental United States of America, Alaska, Hawaii or Canada.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
6. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

**C. Exclusions** is changed by removing exclusion 10 and by adding exclusions 13 and 14.

This insurance does not cover:

13. bodily injury covered by a Protection and Indemnity Policy or similar policy issued to you or for your benefit. This exclusion applies even if the other policy does not apply because of another insurance clause, deductible or limitation of liability clause, or any similar clause.
14. your duty to provide transportation, wages, maintenance and cure. This exclusion does not apply if a premium entry is shown in item 2 of the Schedule.

**D. We Will Defend** is changed by adding the following statement:

We will treat a suit or other action in rem against a vessel owned or chartered by you as a suit against you.

**G. Limits of Liability**

Our liability to pay for damages is limited. Our limits of liability are shown in the Schedule. They apply as explained below.

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident - each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. Bodily Injury by Disease. The limit shown for "bodily injury by disease - aggregate" is the most we will pay for all damages covered by this insurance because of bodily injury by disease to one or more employees. The limit applies separately to bodily injury by disease arising out of work in each state shown in Item 3.A. of the Information Page. Bodily injury by disease will be deemed to occur in the state of the vessel's home port.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

**WC 00 02 01A**  
(Continued)

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

Schedule

1. Description of work:
2. Transportation, Wages, Maintenance and Cure Premium \$
3. Limits of Liability
  - Bodily Injury by Accident \$ \_\_\_\_\_ each accident
  - Bodily Injury by Disease \$ \_\_\_\_\_ aggregate

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 02 03**

**VOLUNTARY COMPENSATION MARITIME COVERAGE ENDORSEMENT**

This endorsement adds Voluntary Compensation Maritime Insurance to the policy.

**A. How This Insurance Applies**

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by an employee who is a master or member of the crew of a vessel described in the Schedule.
2. The bodily injury must occur in employment that is necessary or incidental to work described in item 2 of the Schedule.
3. The bodily injury must occur in the territorial limits of, or in the operation of a vessel sailing directly between the ports of, the continental United States of America, Alaska, Hawaii or Canada.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employees' last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

**B. We Will Pay**

We will pay an amount equal to the benefits that would be required of you if you and your employees described in the Schedule were subject to the workers compensation law shown in the Schedule. We will pay those amounts to the persons who would be entitled to them under that law.

**C. Exclusions**

This insurance does not cover:

1. any obligation imposed by a workers compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.

**D. Before We Pay**

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 03 11A**

**VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY  
COVERAGE ENDORSEMENT**

This endorsement adds Voluntary Compensation Insurance to the policy.

**A. How This Insurance Applies**

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by an employee included in the group of employees described in the Schedule.
2. The bodily injury must arise out of and in the course of employment necessary or incidental to work in a state listed in the Schedule.
3. The bodily injury must occur in the United States of America, its territories or possessions or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen temporarily away from those places.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

**B. We Will Pay**

We will pay an amount equal to the benefits that would be required of you if you and your employees described in the Schedule were subject to the workers compensation law shown in the Schedule. We will pay those amounts to the persons who would be entitled to them under the law.

**C. Exclusions**

This Insurance does not cover:

1. any obligation imposed by a workers compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.

**D. Before We Pay**

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

**E. Recovery From Others**

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

**WC 00 03 11A**  
(Continued)

**F. Employers Liability Insurance**

Part Two (Employers Liability Insurance) applies to bodily injury covered by this endorsement as though the State of employment shown in the Schedule were shown in item 3.A. of the Information Page.

Schedule

Employees

State of Employment

Designated Workers  
Compensation Law

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 03 13**

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

Schedule

**Note 1:** Use this endorsement to waive the company's right of subrogation against named third parties who may be responsible for an injury.

**Note 2:** The sentence in ( ) is optional with the company. It limits the endorsement to apply only to specific jobs of the insured, and only to the extent that the insured is required to obtain this waiver.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 04 02**

**ANNIVERSARY RATING DATE ENDORSEMENT**

The premium and rates for this policy, and the experience rating modification factor, if any, may change on your anniversary rating date shown in the Schedule.

Schedule

Anniversary Rating Date \_\_\_\_\_ (Month) \_\_\_\_\_ (Day)

**Note 1:** The anniversary rating date is explained in Rule 1 of the Basic Manual.

**Note 2:** Use this endorsement to show the insured's normal anniversary rating date if different from the policy effective date.

**Note 3:** The insurer may show the anniversary rating date in item 2 or item 4 of the Information Page.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 04 03**

**EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT**

The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor, if any, shown on the Information Page is an estimate. We will issue an endorsement to show the proper factor, if different from the factor shown, when it is calculated.

**Note 1:** This endorsement may be used if the insured's experience rating modification factor is not available when the policy is issued.

**Note 2:** An appropriate typewritten entry may be made in the Information Page instead of using this endorsement.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 04 04**

**PENDING RATE CHANGE ENDORSEMENT**

A rate change filing is being considered by the proper regulatory authority. The filing may result in rates different from the rates shown on the policy. If it does, we will issue an endorsement to show the new rates and their effective date.

If only one state is shown in Item 3.A. of the Information Page, this endorsement applies to that state. If more than one state is shown there, this endorsement applies only in the state shown in the Schedule.

Schedule

State

**Note 1:** Use this endorsement if the rates shown in the policy may change because of a rate filing pending when the policy is issued.

**Note 2:** An appropriate typewritten entry may be made on the Information Page instead of using this endorsement.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 04 05**

**POLICY PERIOD ENDORSEMENT**

The policy period shown in item 2 of the Information Page consists of the consecutive periods shown in the Schedule. Our Manuals and all provisions of the policy apply separately to each period.

		Schedule	
From _____	to _____	_____	12:01 A.M.
From _____	to _____	_____	12:01 A.M.
From _____	to _____	_____	12:01 A.M.

**Note 1:** Use this endorsement if the policy period is longer than one year and sixteen days and does not consist of complete twelve month periods.

**Note 2:** Rule III-C of the Basic Manual requires this endorsement to show which period, the first or the last, is to be less than twelve months.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 04 06**

**PREMIUM DISCOUNT ENDORSEMENT**

The premium for this policy and the policies, if any, listed in item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in item 1 or 2 of the Schedule. The Final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

<b>1. <u>State</u></b>	<b><u>Estimated Eligible Premium</u></b>			
	First \$5,000	Next \$95,000	Next \$400,000	Balance

2. Average percent discount: \_\_\_\_\_ %

3. Other policies:

4. If there are no entries in items 1, 2 and 3 of the Schedule see the Premium Discount Endorsement attached to your policy number:

**Note 1:** Use this endorsement to show the application of Manual Rule VII, Premium Discount, or to identify the insured's policy which shows the application of the Discount Rule.

**Note 2:** Do not make entries in items 1, 2 or 3 if a policy number is to be shown in item 4.

**Note 3:** The company has the option of replacing item 1 with the appropriate Table in use by the company.

**Note 4:** Item 2 may be used if all eligible premium is developed in one or more states using the same discount.

**Note 5:** Item 3 is available to list all policies that are combined under the Discount Rule.

**Note 6:** Use item 4 if premium discount is shown on another policy issued to the insured.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 04 07**

**Rate Change Endorsement**

Rate changes that apply to the policy have been approved by the proper regulatory authority. The changes are shown in the Schedule.

Schedule

State	Date of Change	State Coverage % Change	Longshore and Harbor Workers Act Coverage %
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**Note 1:** Use this endorsement to show a change in rates for state coverage.

**Note 2:** Use the first and second columns to show the state and effective date of the change.

**Note 3:** Use the third column if the change is a flat percentage applicable to all classifications.

**Note 4:** Use the fourth Column to show the new percentage, if any, applicable to non-F classifications for work subject to the Longshore and Harbor Workers Compensation Act.

**Note 5:** The company may show a fifth column (Classification Code Number and Rate) in order to show the change on a Schedule of Rate basis.

**Workers Compensation and Employers Liability Insurance Policy****WC 00 05 03****RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V – ONE YEAR PLAN**

This endorsement is added to Part Five (Premium) because you chose to have the cost of the insurance rated retrospectively by Rating Option V. This endorsement explains the rating plan and how the retrospective premium will be determined.

This endorsement applies in the states listed in the Schedule. It determines the retrospective premium for the insurance provided during the rating plan period by this policy and any policy listed in the Schedule. The rating plan period is the one year period beginning with the effective date of this endorsement.

The amount of retrospective premium depends on five standard elements and two elective elements.

**A. Retrospective Premium Standard Elements**

The five standard elements are explained here.

1. Standard premium is the premium we would charge during the rating plan period if you had not chosen retrospective premium rating, but with two exceptions. Standard premium does not include the expense constant charge or the premium discount credit.
2. Basic premium is less than standard premium. It is standard premium multiplied by a percentage called the basic premium factor. The basic premium factor varies depending on the total amount of standard premium. The Schedule shows a range of basic premium factors for differing amounts of estimated standard premium. The actual basic premium factor will be determined after the standard premium is determined. If earned standard premium is not within the range of the estimated standard premiums shown in the Schedule, the basic premium will be recalculated.
3. Incurred losses are all amounts we pay or estimate we will pay for losses, interest on judgments, expenses to recover against third parties, and employers liability loss adjustment expenses.
4. A converted loss is an incurred loss multiplied by a percentage called the loss conversion factor. The loss conversion factor is shown in the Schedule.
5. Taxes are a part of the premium we collect. Taxes are determined as a percentage of basic premium and converted losses. The percentage is called the tax multiplier. It varies by state and by Federal and non-Federal classifications. The tax multipliers are shown in the Schedule.

**B. Retrospective Premium Elective Elements**

Two other elements are included in retrospective premium if you elected to include them. They are the excess loss premium for the loss limitation, and the retrospective development premium. They are explained here.

1. The election of a loss limitation means that the amount of incurred loss to be included in the retrospective premium is limited to an amount called the loss limitation. The loss limitation applies separately to each person who sustains bodily injury by disease and separately to all bodily injury arising out of any one accident.

The charge for this loss limitation is called the excess loss premium. Excess loss premium is a percentage of standard premium multiplied by the loss conversion factor. The percentage is called the excess loss premium factor. Taxes are added to excess loss premium just as they are for other elements of retrospective premium.

Excess loss premium factors vary by state, by classification, and by the amount of the loss limitation. If you chose this elective element, the loss conversion factor, the loss limitation, the excess loss premium factors, and the states where they apply are shown in the Schedule.

2. The retrospective development element is used to help stabilize premium adjustments. The premium for this element is charged with the first three calculations of retrospective premium, and is called the retrospective development premium. It is a percentage of standard premium multiplied by the loss conversion factor. The percentage of standard premium is called the retrospective development factor. Taxes are added to retrospective development premium just as they are for other elements of retrospective premium.

**WC 00 05 03**

(Continued)

Retrospective development factors vary by state, by electing a loss limitation, and by first, second, and third calculations of retrospective premium. If you chose this elective element, the retrospective development factors are shown in the Schedule.

**C. Retrospective Premium Formula**

Insurance policies listed in the Schedule will be combined with this policy to calculate the retrospective premium. If the policies provide insurance for more than one insured, the retrospective premium will be determined for all insureds combined, not separately for each insured.

1. Retrospective premium is the sum of basic premium, converted losses, and taxes, plus the excess loss premium and retrospective development premium elective elements if you chose them.
2. The retrospective premium will not be less than the minimum nor more than the maximum retrospective premium. The minimum and maximum retrospective premiums are determined by applying the minimum and maximum factors shown in the Schedule to the standard premium.
3. If this endorsement applies to more than one policy or state, the standard premium will be the sum of the standard premiums for each policy and state.

**D. Premium Calculations and Payments**

1. We will calculate the retrospective premium using all loss information we have as of a date six months after the rating plan period ends and annually thereafter. We will have the calculation verified by the appropriate rate service organization at your request.

We may make a special valuation of the retrospective premium as of any date that you are declared bankrupt or insolvent, make an assignment for the benefit of creditors, are involved in reorganization, receivership, or liquidation, or dispose of all your interest in work covered by the insurance. You will pay the amount due us if the retrospective premium is more than the total standard premium as of the special valuation date.

2. After a calculation of retrospective premium, you and we may agree that it is the final calculation. No other calculation will be made unless there is clerical error in the final calculation.
3. After each calculation of retrospective premium, you will pay promptly the amount due us, or we will refund the amount due you. Each insured is responsible for the payment of all standard premium and retrospective premium calculated under this endorsement.

**E. Work In Other States**

If any of the policies provide insurance in a state not listed in the Table of States, and if you begin work in that state during the rating plan period, this endorsement will apply to that insurance if this rating plan applies in that state on an interstate basis. The retrospective premium standard elements, and the elective elements you chose, will be determined by our manuals for that state, and added to the Schedule by endorsement.

**F. Cancellation**

1. If any insurance subject to this endorsement is canceled, the effective date of cancellation will become the end of the rating plan period for all insurance subject to this endorsement unless we agree with you, by endorsement, to continue the rating plan period.
2. If we cancel for nonpayment of premium, the maximum retrospective premium will be based on the standard premium for the rating plan period, increased pro rata to 365 days.
3. If you cancel, the standard premium for the rating plan period will be increased by our short rate table and procedure. This short rate premium will be the minimum retrospective premium and will be used to determine the basic premium.

The short rate premium will be used to determine the excess loss premium and retrospective development premium if you chose these elective elements.

The maximum retrospective premium will be based on the standard premium for the rating plan period, increased pro rata to 365 days.

- 4. Section F.3. will not apply if you cancel because:
  - a. all work covered by the insurance is completed;
  - b. all interest in the business covered by the insurance is sold; or,
  - c. you retire from all business covered by the insurance.

Schedule

1. Other policies subject to this Retrospective Premium Endorsement: \_\_\_\_\_

2. Loss limitation: \$

3. Loss conversion factor: \_\_\_\_\_

Minimum Retrospective Premium Factor \_\_\_\_\_

Maximum Retrospective Premium Factor \_\_\_\_\_

4. The basic premium factors shown here are based on estimates of standard premium. If the actual standard premium is within the range of estimated standard premiums shown here, the basic premium factor will be obtained by linear interpolation to the nearest one-tenth of 1%. If the actual standard premium is not within the range of estimated standard premiums, the basic premium factor will be recalculated.

Estimated standard premium:	\$ <u>50%</u> _____	\$ <u>100%</u> _____	\$ <u>150%</u> _____
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Basic premium factor:	_____	_____	_____
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5. The tax multipliers, excess loss premium factors, and retrospective development factors, and the states where they apply, are shown in the Table of States.

**NOTES TO RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V - ONE YEAR PLAN**

- 1. This endorsement is to be used for Rating Option V of the Retrospective Rating Plan. It is designed for a one year rating plan period.
- 2. Identify by policy number any other policy to be combined with this policy for retrospective rating. Other policies should be endorsed with Retrospective Premium Endorsement (Short Form) to show that they are subject to this endorsement.
- 3. Show the amount of the loss limitation, if applicable, in item 2 of the Schedule. If a loss limitation was not elected, enter "none," "does not apply," or other appropriate text. If the limitation applies in some but not all states, name the states where it applies.
- 4. Use item 3 of the Schedule to show the loss conversion factor, minimum retrospective premium factor, and the maximum retrospective premium factor.
- 5. Use item 4 to show basic premium factors for 50%, 100%, and 150% of estimated standard premium. Additional columns may be added to show the basic premium factor for other percentages of estimated standard premium.
- 6. The Table of States may be printed at the beginning or end of the Schedule or printed separately. If printed separately, an appropriate attachment clause should be included on the Schedule, such as "This Schedule includes the attached Table of States." The display of information on the Table of States may be rearranged by the company.

**Workers Compensation and Employers Liability Insurance Policy****WC 00 05 04****RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V –  
THREE YEAR PLAN**

This endorsement is added to Part Five (Premium) because you chose to have the cost of the insurance rated retrospectively by Rating Option V. This endorsement explains the rating plan and how the retrospective premium will be determined.

This endorsement applies in the states listed in the Schedule. It determines the retrospective premium for the insurance provided during the rating plan period by this policy, any policy listed in the Schedule, and the renewals of each. The rating plan period is the three year period beginning with the effective date of this endorsement.

The amount of retrospective premium depends on five standard elements and two elective elements.

**A. Retrospective Premium Standard Elements**

The five standard elements are explained here.

1. Standard premium is the premium we would charge during the rating plan period if you had not chosen retrospective premium rating, but with two exceptions. Standard premium does not include the expense constant charge or the premium discount credit.
2. Basic premium is less than standard premium. It is standard premium multiplied by a percentage called the basic premium factor. The basic premium factor varies depending on the total amount of standard premium. The Schedule shows a range of basic premium factors for differing amounts of estimated standard premium. The actual basic premium factor will be determined after the standard premium is determined. If earned standard premium is not within the range of the estimated standard premiums shown in the Schedule, the basic premium will be recalculated.
3. Incurred losses are all amounts we pay or estimate we will pay for losses, interest on judgments, expenses to recover against third parties, and employers liability loss adjustment expenses.
4. A converted loss is an incurred loss multiplied by a percentage called the loss conversion factor. The loss conversion factor is shown in the Schedule.
5. Taxes are a part of the premium we collect. Taxes are determined as a percentage of basic premium and converted losses. The percentage is called the tax multiplier. It varies by state and by Federal and non-Federal classifications. The tax multipliers or an average tax multiplier are shown in the Schedule. Tax multipliers may change during the rating plan period. Changes will be shown by endorsement.

**B. Retrospective Premium Elective Elements**

Two other elements are included in retrospective premium if you elected to include them. They are the excess loss premium for the loss limitation, and the retrospective development premium. They are explained here.

1. The election of a loss limitation means that the amount of incurred loss to be included in the retrospective premium is limited to an amount called the loss limitation. The loss limitation applies separately to each person who sustains bodily injury by disease and separately to all bodily injury arising out of any one accident.

The charge for this loss limitation is called the excess loss premium. Excess loss premium is a percentage of standard premium multiplied by the loss conversion factor. The percentage is called the excess loss premium factor. Taxes are added to excess loss premium just as they are for other elements of retrospective premium.

Excess loss premium factors vary by state, by classification, and by the amount of the loss limitation. If you chose this elective element, the loss conversion factor, the loss limitation, the excess loss premium factors, and the states where they apply are shown in the Schedule. Excess loss premium factors may change during the policy period. Changes will be shown by endorsement.

2. The retrospective development element is used to help stabilize premium adjustments. The premium for this element is charged with the first three calculations of retrospective premium, and is called the retrospective development premium. It is a percentage of standard premium multiplied by the loss conversion factor. The percentage of standard premium is called the retrospective development factor. Taxes are added to retrospective development premium just as they are for other elements of retrospective premium.

**WC 00 05 04**

(Continued)

Retrospective development factors vary by state, by electing a loss limitation, and by first, second, and third calculations of retrospective premium. If you chose this elective element, the retrospective development factors are shown in the Schedule.

**C. Retrospective Premium Formula**

Insurance policies listed in the Schedule will be combined with this policy to calculate the retrospective premium. If the policies provide insurance for more than one insured, the retrospective premium will be determined for all insureds combined, not separately for each insured.

1. Retrospective premium is the sum of basic premium, converted losses, and taxes, plus the excess loss premium and retrospective development premium elective elements if you chose them.
2. The retrospective premium will not be less than the minimum nor more than the maximum retrospective premium. The minimum and maximum retrospective premiums are determined by applying the minimum and maximum factors shown in the Schedule to the standard premium.
3. If this endorsement applies to more than one policy or state, the standard premium will be the sum of the standard premiums for each policy and state.

**D. Premium Calculations and Payments**

1. We will calculate the retrospective premium using all loss information we have as of a date six months after the rating plan period ends and annually thereafter. We will have the calculation verified by the appropriate rate service organization at your request.

We may make a special valuation of the retrospective premium as of any date that you are declared bankrupt or insolvent, make an assignment for the benefit of creditors, are involved in reorganization, receivership, or liquidation, or dispose of all your interest in work covered by the insurance. You will pay the amount due us if the retrospective premium is more than the total standard premium as of the special valuation date.

We may make interim calculations of retrospective premium for the first year and the first two years of the rating plan period. We will use all loss information we have as of a date six months after the end of each of these periods.

2. After a calculation of retrospective premium, you and we may agree that it is the final calculation. No other calculation will be made unless there is clerical error in the final calculation.
3. After each calculation of retrospective premium, you will pay promptly the amount due us, or we will refund the amount due you. Each insured is responsible for the payment of all standard premium and retrospective premium calculated under this endorsement.

**E. Work In Other States**

If any of the policies provide insurance in a state not listed in the Table of States, and if you begin work in that state during the rating plan period, this endorsement will apply to that insurance if this rating plan applies in that state on an interstate basis. The retrospective premium standard elements, and the elective elements you chose, will be determined by our manuals for that state, and added to the Schedule by endorsement.

**F. Cancellation and Nonrenewal**

1. If any insurance subject to this endorsement is canceled or is not renewed, the effective date of cancellation or nonrenewal will become the end of the rating plan period for all insurance subject to this endorsement unless we agree with you, by endorsement, to continue the rating plan period.
2. If we cancel or do not renew for nonpayment of premium, the maximum retrospective premium will be based on the standard premium for the rating plan period, increased pro rata to three years (1095 days).
3. If you cancel or do not renew, the standard premium for the rating plan period will be increased by our short rate table and procedure. This short rate premium will be the minimum retrospective premium and will be used to determine the basic premium.

**WC 00 05 04**  
(Continued)

The short rate premium will be used to determine the excess loss premium and retrospective development premium if you chose these elective elements.

The maximum retrospective premium will be based on the standard premium for the rating plan period, increased pro rata to three years (1095 days).

- 4. Section F.3. will not apply if you cancel or do not renew because:
  - a. all work covered by the insurance is completed;
  - b. all interest in the business covered by the insurance is sold; or,
  - c. you retire from all business covered by the insurance.

Schedule

1. Other policies subject to this Retrospective Premium Endorsement: \_\_\_\_\_

2. Loss limitation: \$

3. Loss conversion factor: \_\_\_\_\_

Minimum Retrospective Premium Factor \_\_\_\_\_

Maximum Retrospective Premium Factor \_\_\_\_\_

4. The basic premium factors shown here are based on estimates of standard premium. If the actual standard premium is within the range of estimated standard premiums shown here, the basic premium factor will be obtained by linear interpolation to the nearest one-tenth of 1%. If the actual standard premium is not within the range of estimated standard premiums, the basic premium factor will be recalculated.

Estimated standard premium:	<u>50%</u> \$ _____	<u>100%</u> \$ _____	<u>150%</u> \$ _____
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Basic premium factor:	_____	_____	_____
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5. The tax multipliers, excess loss premium factors, and retrospective development factors, and the states where they apply, are shown in the Table of States.

NOTES TO RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V -  
THREE YEAR PLAN

- 1. This endorsement is to be used for Rating Option V of the Retrospective Rating Plan. It is designed for a three year rating plan period.
- 2. Identify by policy number any other policy to be combined with this policy for retrospective rating. Other policies should be endorsed with Retrospective Premium Endorsement (Short form) to show that they are subject to this endorsement.
- 3. Show the amount of the loss limitation, if applicable, in item 2 of the Schedule. If a loss limitation was not elected, enter "none," "does not apply," or other appropriate text. If the limitation applies in some but not all states, name the states where it applies.
- 4. Use Item 3 of the Schedule to show the loss conversion factor, minimum retrospective premium factor, and the maximum retrospective premium factor.

## **DELAWARE WORKERS COMPENSATION MANUAL**

### **SECTION 3**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 27**

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### **ENDORSEMENTS**

5. Use Item 4 to show basic premium factors of 50%, 100%, and 150% of estimated standard premium. Additional columns may be added to show the basic premium factor for other percentages of estimated standard premium.
6. The Table of States may be printed at the beginning or end of the Schedule or printed separately. If printed separately, an appropriate attachment clause should be included on the Schedule, such as: "This Schedule includes the attached Table of States." The display of information on the Table of States may be rearranged by the company.

**Workers Compensation and Employers Liability Insurance Policy****WC 00 05 05****RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V –  
LONG TERM CONSTRUCTION PROJECT**

This endorsement is added to Part Five (Premium) because you chose to have the cost of the insurance rated retrospectively by Rating Option V. This endorsement explains the rating plan and how the retrospective premium will be determined.

This endorsement applies in the states listed in the Schedule. It determines the retrospective premium for the insurance provided during the rating plan period by this policy, any policy listed in the Schedule, and the renewals of each. The rating plan period is the duration of the construction project described on the information Page, beginning with the effective date of this endorsement.

The amount of retrospective premium depends on five standard elements and two elective elements.

**A. Retrospective Premium Standard Elements**

The five standard elements are explained here.

1. Standard premium is the premium we would charge during the rating plan period if you had not chosen retrospective premium rating, but with two exceptions. Standard premium does not include the expense constant charge or the premium discount credit.
2. Basic premium is less than standard premium. It is standard premium multiplied by a percentage called the basic premium factor. The basic premium factor varies depending on the total amount of standard premium. The Schedule shows a range of basic premium factors for differing amounts of estimated standard premium. The actual basic premium factor will be determined after the standard premium is determined. If earned standard premium is not within the range of the estimated standard premiums shown in the Schedule, the basic premium will be recalculated.
3. Incurred losses are all amounts we pay or estimate we will pay for losses, interest on judgments, expenses to recover against third parties, and employers liability loss adjustment expenses.
4. A converted loss is an incurred loss multiplied by a percentage called the loss conversion factor. The loss conversion factor is shown in the Schedule.
5. Taxes are a part of the premium we collect. Taxes are determined as a percentage of basic premium and converted losses. The percentage is called the tax multiplier. It varies by state and by Federal and non-Federal classifications. The tax multipliers or an average tax multiplier are shown in the Schedule. Tax multipliers may change during the rating plan period. Changes will be shown by endorsement.

**B. Retrospective Premium Elective Elements**

Two other elements are included in retrospective premium if you elected to include them. They are the excess loss premium for the loss limitation, and the retrospective development premium. They are explained here.

1. The election of a loss limitation means that the amount of incurred loss to be included in the retrospective premium is limited to an amount called the loss limitation. The loss limitation applies separately to each person who sustains bodily injury by disease and separately to all bodily injury arising out of any one accident.

The charge for this loss limitation is called the excess loss premium. Excess loss premium is a percentage of standard premium multiplied by the loss conversion factor. The percentage is called the excess loss premium factor. Taxes are added to excess loss premium just as they are for other elements of retrospective premium.

Excess loss premium factors vary by state, by classification, and by the amount of the loss limitation. If you chose this elective element, the loss conversion factor, the loss limitation, the excess loss premium factors, and the states where they apply are shown in the Schedule. Excess loss premium factors may change during the policy period. Changes will be shown by endorsement.

2. The retrospective development element is used to help stabilize premium adjustments. The premium for this element is charged with the first three calculations of retrospective premium, and is called the retrospective development premium. It is a percentage of standard premium multiplied by the loss conversion factor. The percentage of standard premium is called the retrospective development factor. Taxes are added to retrospective development premium just as they are for other elements of retrospective premium.

**WC 00 05 05**

(Continued)

Retrospective development factors vary by state, by electing a loss limitation, and by first, second, and third calculations of retrospective premium. If you chose this elective element, the retrospective development factors are shown in the Schedule.

**C. Retrospective Premium Formula**

Insurance policies listed in the Schedule will be combined with this policy to calculate the retrospective premium. If the policies provide insurance for more than one insured, the retrospective premium will be determined for all insureds combined, not separately for each insured.

1. Retrospective premium is the sum of basic premium, converted losses, and taxes, plus the excess loss premium and retrospective development premium elective elements if you chose them.
2. The retrospective premium will not be less than the minimum nor more than the maximum retrospective premium. The minimum and maximum retrospective premiums are determined by applying the minimum and maximum factors shown in the Schedule to the standard premium.
3. If this endorsement applies to more than one policy or state, the standard premium will be the sum of the standard premiums for each policy and state.

**D. Premium Calculations and Payments**

1. We will calculate the retrospective premium using all loss information we have as of a date six months after the rating plan period ends and annually thereafter. We will have the calculation verified by the appropriate rate service organization at your request.

We may make a special valuation of the retrospective premium as of any date that you are declared bankrupt or insolvent, make an assignment for the benefit of creditors, are involved in reorganization, receivership, or liquidation, or dispose of all your interest in work covered by the insurance. You will pay the amount due us if the retrospective premium is more than the total standard premium as of the special valuation date.

We may make interim calculations of retrospective premium for the first year and the first two years of the rating plan period. We will use all loss information we have as of a date six months after the end of each of these periods.

2. After a calculation of retrospective premium, you and we may agree that it is the final calculation. No other calculation will be made unless there is clerical error in the final calculation.
3. After each calculation of retrospective premium, you will pay promptly the amount due us, or we will refund the amount due you. Each insured is responsible for the payment of all standard premium and retrospective premium calculated under this endorsement.

**E. Work In Other States**

If any of the policies provide insurance in a state not listed in the Table of States, and if you begin work in that state during the rating plan period, this endorsement will apply to that insurance if this rating plan applies in that state on an interstate basis. The retrospective premium standard elements, and the elective elements you chose, will be determined by our manuals for that state, and added to the Schedule by endorsement.

**F. Cancellation and Nonrenewal**

1. If any insurance subject to this endorsement is canceled or is not renewed, the effective date of cancellation or nonrenewal will become the end of the rating plan period for all insurance subject to this endorsement unless we agree with you, by endorsement, to continue the rating plan period.
2. If we cancel or do not renew because of nonpayment of premium, the maximum retrospective premium will be based on the standard premium for the rating plan period plus the estimated standard premium from the end of the rating plan period to the estimated project completion date.
3. If you cancel or do not renew, the standard premium for the rating plan period will be increased by our short rate table and procedure. This short rate premium will be the minimum retrospective premium and will be used to determine the basic premium.

The short rate premium will be used to determine the excess loss premium and retrospective development premium if you chose these elective elements.

The maximum retrospective premium will be based on the standard premium for the rating plan period plus the estimated standard premium from the end of the rating plan period to the estimated project completion date.

Section F.3. will not apply if you cancel or do not renew because:

- a. all work covered by the insurance is completed;
- b. all interest in the business covered by the insurance is sold; or,
- c. you retire from all business covered by the insurance.

Schedule

1. Other policies subject to this Retrospective Premium Endorsement: \_\_\_\_\_  
\_\_\_\_\_

2. Loss limitation: \$

3. Loss conversion factor: \_\_\_\_\_

Minimum Retrospective Premium Factor \_\_\_\_\_

Maximum Retrospective Premium Factor \_\_\_\_\_

4. The basic premium factors shown here are based on estimates of standard premium. If the actual standard premium is within the range of estimated standard premiums shown here, the basic premium factor will be obtained by linear interpolation to the nearest one-tenth of 1%. If the actual standard premium is not within the range of estimated standard premiums, the basic premium factor will be recalculated.

	<u>50%</u>	<u>100%</u>	<u>150%</u>
Estimated standard premium:	\$ _____	\$ _____	\$ _____
Basic premium factor:	_____	_____	_____

5. The tax multipliers, excess loss premium factors, and retrospective development factors, and the states where they apply, are shown in the Table of States.

**NOTES TO RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V –  
LONG TERM CONSTRUCTION PROJECT**

1. This endorsement is to be used for Rating Option V of the Retrospective Rating Plan. It is designed for a rating plan period equal to the duration of the long term construction project described on the Information Page.
2. Identify by policy number any other policy to be combined with this policy for retrospective rating. Other policies should be endorsed with Retrospective Premium Endorsement (Short Form) to show that they are subject to this endorsement.
3. Show the amount of the loss limitation, if applicable, in item 2 of the Schedule. If a loss limitation was not elected, enter "none," "does not apply," or other appropriate text. If the limitation applies in some but not all states, name the states where it applies.
4. Use item 3 of the Schedule to show the loss conversion factor, minimum retrospective premium factor, and the maximum retrospective premium factor.
5. Use item 4 to show basic premium factors for 50%, 100%, and 150% of estimated standard premium. Additional columns may be added to show the basic premium factor for other percentages for estimated standard premium.
6. The Table of States may be printed at the beginning or end of the Schedule or printed separately. If printed separately, an appropriate attachment clause should be included on the Schedule, such as: "This Schedule includes the attached Table of States." The display of information on the Table of States may be rearranged by the company.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 05 08**

**RETROSPECTIVE PREMIUM ENDORSEMENT – AVIATION EXCLUSION**

Premium and incurred losses arising out of an aviation classification listed in the Schedule are excluded from retrospective rating.

Schedule

**Note 1:** Use this endorsement if aviation exposures are not subject to retrospective rating.

**Note 2:** List the applicable classifications in the Schedule.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 05 09A**

**RETROSPECTIVE PREMIUM ENDORSEMENT CHANGES**

The Retrospective Premium Endorsement attached to the policy is changed by the information shown in the Schedule.

Schedule

- 1. The excess loss premium factor is changed as follows:

<u>State</u>	<u>Excess Loss Premium Factor</u>	<u>Effective Date</u>
--------------	-----------------------------------	-----------------------

- 2. Retrospective Development Premium does not apply in these states:

- 3. The Retrospective Development Factors are changed as follows:

<u>State</u>	<u>Retrospective Development Factors</u>			<u>Effective Date</u>
	<u>1st</u>	<u>2nd</u>	<u>3rd</u>	

- 4. The tax multiplier is changed as follows:

<u>State</u>	<u>State (Other Than "F" Classes)</u>	<u>Federal ("F" Classes Only)</u>	<u>Effective Date</u>
--------------	---	---	-----------------------

**Note 1:** Use item 1 of the Schedule to show a change in the excess loss premium factor on an outstanding basis.

**Note 2:** Use item 2 of the Schedule to show that retrospective development factors do not apply in a particular state.

**Note 3:** Use item 3 of the Schedule to show retrospective development factors approved after the effective date of the policy.

**Note 4:** Use item 4 of the Schedule to show a change in the tax multiplier on an outstanding basis.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 05 10**

**RETROSPECTIVE PREMIUM ENDORSEMENT NON-RATABLE CATASTROPHE  
ELEMENT OR SURCHARGE**

This endorsement changes the Retrospective Premium Endorsement attached to the policy.

1. Standard premium excludes the portion of the premium that is determined by the application of a non-ratable catastrophe element in a rate or a non-ratable catastrophe surcharge required by our manuals. The classifications involving such premiums are listed in the Schedule.
2. Incurred losses do not include:
  - a. the cost in excess of the two most costly claims arising out of an accident involving two or more persons under a classification for which our manuals contain a non-ratable catastrophe element.
  - b. losses involving passenger employees, other than members of the flying crew, if the losses result from the crash of an aircraft described on the Aircraft Premium Endorsement.

Schedule

**Note 1:** Use this endorsement if the policy is retrospectively rated and covers operations or classifications that involve a non-ratable catastrophe element or surcharge. Examples include aircraft operations and explosives and ammunition manufacturing classifications. See the applicable experience rating plan manual.

**Note 2:** Use the Schedule to list the classifications that affect this endorsement.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 05 11**

**RETROSPECTIVE PREMIUM ENDORSEMENT SHORT FORM**

The premium for this policy will be determined by the retrospective premium endorsement forming a part of policy number \_\_\_\_\_.

**Note 1:** If the insured has more than one policy subject to the same retrospective rating Option, use this endorsement to identify the policy that carries the retrospective premium endorsement.

Show that policy number in the space provided in this endorsement. Any other information necessary to identify that policy may be shown on this endorsement at the carrier's option.

**Note 2:** If one year policies are issued with a rating plan period longer than one year, this Short Form Endorsement should identify the first policy issued during the rating plan period, because that policy is the only one to be endorsed with the three year or long term retrospective premium endorsement.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 03 08**

**PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT**

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

Schedule

Partners

Officers

Others

**Notes:**

1. Use this endorsement in a state where an individual has elected pursuant to the workers compensation law not to be covered by the law and to exclude employers liability coverage where the insured is statutorily exempt from workers compensation coverage.
2. Individuals may be designated in this endorsement only when it is proper to do so under the workers compensation law. Individuals may be designated by naming them or by describing them, as, for example:
  - a. all partners;
  - b. all executive officers except the president;
  - c. each person named in Item 4 of the information Page.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 03 10**

**SOLE PROPRIETORS, PARTNERS, OFFICERS  
AND OTHERS COVERAGE ENDORSEMENT**

An election was made by on behalf of each person described in the Schedule to be subject to the workers compensation law of the state named in the Schedule. The premium basis for the policy includes the remuneration on such persons.

Schedule

**Persons**

Sole Proprietor:

Partners:

Officers:

Others:

**State**

**Notes:**

1. Individuals may be designated in this endorsement only when it is proper to do so under the workers compensation law. Individuals may be designated by naming them or by describing them, as, for example:
  - a. all partners;
  - b. all executive officers except the president;
  - c. each person named in Item 4 of the Information Page.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 07 04 01**

**DEDUCTIBLE ENDORSEMENT — DELAWARE**

In consideration of the reduced premium charged for this policy, the insurance afforded by the policy for death benefits and for medical benefits payable under the Delaware Workers Compensation Law applied only to death and medical reimbursement benefits in excess of the deductible amount shown below. The deductible shall apply separately to each accident, regardless of the number of people who sustain injury by such accident.

The company shall pay the deductible amount to the persons entitled thereto. Upon notice of payments by the company, the insured will promptly reimburse the company for any amounts so paid. Failure of the insured to reimburse the company, within 30 days of statement mailing date, may result in coverage being canceled pro rata upon ten (10) days written notice and any resulting return premium may be applied to the deductible amount due.

The deductible amount is for each occurrence.

The premium is reduced % in consideration of this deductible.

**Note 1:** Use this Endorsement with the standard policy to provide a death and medical benefits deductible selected in accordance with 19. Del. C. §2372

**Note 2:** The company may use its own attachment clause and method of execution.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 03 05**

**JOINT VENTURE AS INSURED ENDORSEMENT**

If the employer named in Item 1 of the Information Page is a joint venture, and if you are one of its members, you are insured, but only in your capacity as an employer of the joint venture's employees.

**Note: 1** Use this endorsement to insure the members of a joint venture named in Item 1 of the Information Page.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 04 01A**

**AIRCRAFT PREMIUM ENDORSEMENT**

Additional premium is charged for each aircraft shown in the Schedule. The additional premium is not subject to adjustment unless this policy is cancelled. You may substitute one aircraft for another without additional charge if the substitute aircraft has no more seats than the aircraft shown in the Schedule.

<u>State</u>	<u>Aircraft</u>	<u>Schedule</u>		<u>Estimated Premium</u>
		<u>Passenger Seat Charge</u>	<u>Maximum Charge</u>	

**Notes:**

1. Use this endorsement to show the additional premium required for passenger seat surcharge when classification code 7421 is assigned.
2. Report passenger seat surcharge under Code 9108.
3. Show the state(s) to which the payroll of classification Code 7421 is assigned.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 03 02**

**Designated Workplaces Exclusion Endorsement**

The policy does not cover work conducted at or from \_\_\_\_\_

**Notes:**

1. Use this endorsement to exclude designated workplaces only when it is proper to do so under the workers compensation law. The use of this endorsement is also limited by Note 2.
2. Use the blank space in the endorsement to carefully describe the work or workplace to be excluded.
  - a. Example excluding an office address:  
(Street, City, State)
  - b. Example excluding a construction site:  
"or in connection with the construction of..." (describe the project, location, contract, etc.)
  - c. Example covering a location and excluding all others within a state:  
"any place in the State of \_\_\_\_\_ except (Street, City)."
  - d. Example excluding work insured by another policy:  
"any workplace covered by insurance policy number \_\_\_\_\_ issued by Blank Insurance Company."

**Workers Compensation and Employers Liability Insurance Policy**

**WC 07 03 03**

**AMENDATORY ENDORSEMENT – FARMING OPERATION – DELAWARE**

It is agreed that such insurance as is afforded by the policy by reason of the designation of Delaware in Items 3-A of the Information Page does not apply to injury, including death resulting therefrom, sustained by the wife or any minor child of the insured, if a farm employer, unless such wife or minor child is a bona fide employee of the insured and is named below.

It is further agreed that "remuneration," when used as a premium basis for such insurance, shall not include the remuneration of such wife or child not so named.

Name of Wife

Names of Minor Children

**Note 1:** To be attached to the standard provisions policy affording coverage under the Delaware Workmen's Compensation Law to an individual who is engaged in farming operations in Delaware.

**Note 2:** The company may use its own attachment clause and method of execution.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 89 06 00A**

**POLICY INFORMATION PAGE ENDORSEMENT**

The following item(s)

- |   |   |
|---|---|
| <input type="checkbox"/> Insured's Name (WC 89 06 01)                 | <input type="checkbox"/> Item 3.A. States (WC 89 06 11)                       |
| <input type="checkbox"/> Policy Number (WC 89 06 02)                  | <input type="checkbox"/> Item 3.B. Limits (WC 89 06 12)                       |
| <input type="checkbox"/> Effective Date (WC 89 06 03)                 | <input type="checkbox"/> Item 3.C. States (WC 89 06 13)                       |
| <input type="checkbox"/> Expiration Date (WC 89 06 04)                | <input type="checkbox"/> Item 3. D. Endorsement Numbers (WC 89 06 14)         |
| <input type="checkbox"/> Insured's Mailing Address (WC 89 06 05)      | <input type="checkbox"/> Item 4.* Class, Rate, Other (WC 89 04 15)            |
| <input type="checkbox"/> Experience Modification (WC 89 04 06)        | <input type="checkbox"/> Interim Adjustment of Premium (WC 89 04 16)          |
| <input type="checkbox"/> Producer's Name (WC 89 06 07)                | <input type="checkbox"/> Carrier Servicing Office (WC 89 06 17)               |
| <input type="checkbox"/> Change in Workplace of Insured (WC 89 06 08) | <input type="checkbox"/> Interstate/Intrastate Risk I.D. Number (WC 89 06 18) |
| <input type="checkbox"/> Insured's Legal Status (WC 89 06 10)         | <input type="checkbox"/> Carrier Number (WC 89 06 19)                         |

is changed to read:

\*Item 4. Change To:

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium

Total Estimated Annual Premium \$

Minimum Premium \$

Deposit Premium \$

All other terms and conditions of this policy remain unchanged.

**Notes:**

1. This endorsement may be used in its present form by placing an X in the applicable block(s), or only the one or more applicable items may be shown.
2. If this endorsement is used as a company endorsement, the company form number should be used in place of WC 89 06 00 A endorsement number.
3. The Bureau copy must show the exact title and "WC 89 – –" number for each applicable transaction, e.g., Insured's Name WC 89 06 01.
4. Modification factor changes (WC 89 04 06) or rate changes (WC 89 04 15) do not require premium entries in the Item 4. change section.
5. Make appropriate entries to reflect applicable changes in item 4.
6. This endorsement must not be used for item 4. changes where standard endorsements are available to accomplish the intended purpose, e.g., WC 00 04 07.
7. This endorsement must contain an attachment clause which identifies the company, insured, policy number and effective date of the endorsement.
8. Any premium item changes not specifically identified in the endorsement, e.g., premium for increased limits - Item 3.B., should be inserted and identified in the item 4. section.

Note: Retro Prem. Multiple Lines Endorsement no longer contained within this manual. See NCCI forms manual. Remaining pages renumbered.

**Workers Compensation and Employers Liability Insurance Policy****WC 00 04 09****Premium Determination Endorsement – Former Self-Insurers 1**

- 1) This endorsement is added to Part 5 (Premium). It determines the premium you will pay for the insurance afforded by this policy with respect to operations in each of the states listed below.
- 2) The premium for this policy is the sum of:
  - a) the total premium determined by all provisions of this policy;
  - b) the insurance charge; and
  - c) the rating plan losses which are paid from the rating plan deposit.
- 3) "State standard premium" is the premium, before applying any discounts, for the insurance for each state listed below, as determined by all provisions of the policy other than this endorsement.
- 4) "Total standard premium" is the sum of the standard premiums.
- 5) "Insurance charge" is an amount equal to 10% of the total standard premium. It is payable in advance, cannot be refunded to you and is calculated on the basis of the higher of either the average of the last three years' audited payrolls or the last complete year's payroll. Payrolls will be determined consistent with Basic Manual Rules.
- 6) "Rating plan deposit" is an amount equal to 50% of the total standard premium. It is payable in advance and is calculated on the basis of the higher of either the average of the last three years' audited payrolls or the last complete year's payroll. Payrolls will be determined consistent with Basic Manual Rules.

The rating plan deposit will be posted by you in the form of an irrevocable letter of credit or deposited by you in a trusted account. The form of the letter or the account, and the financial institution with whom the account is held, must be acceptable to us.

We will use the rating plan deposit to pay rating plan losses. Any unused portion of the rating plan deposit will be returned to you no sooner than thirty months after this endorsement is terminated.

- 7) "Rating plan losses" are incurred losses in excess of the sum of the permissible losses for each state. The permissible losses for each state are determined by multiplying the expected loss ratio by the standard premium for each state. The expected loss ratio is the percentage shown for each state below.

We will calculate rating plan losses upon incurred losses valued as of dates to be determined by the company, but not less frequently than six months after the end of the policy and annually thereafter. The calculations will continue until: a) all claims have been closed; b) it is apparent that the rating plan losses will exceed the rating plan deposit; or c) you and we agree that all incurred losses are final.

- 8) Incurred losses are the sum of:
  - a) all amounts we pay for losses, including medical;
  - b) reserves we estimate for unpaid losses;
  - c) interest on a judgment as required by law;
  - d) Employers' Liability allocated loss adjustment expenses; and
  - e) expenses incurred in recovering against a third party.
- 9) If either you or we cancel this policy:
  - a) the insurance charge and rating plan deposit will be based upon the total standard premium the policy would have earned if the policy had not been cancelled;
  - b) the insurance charge will be fully earned and retained by us; and
  - c) the rating plan deposit will remain available to us as provided by this endorsement.

STATE

LIST OF STATES

EXPECTED LOSS RATIO

**Notes:**

1. This endorsement must be used when insuring employers for exposure which were self-insured within twelve months prior to the application for initial coverage or which were subject to this endorsement on the employer's expiring policy. It applies to assigned risk business only.
2. This endorsement may be used:
  - a) if the employer is involved in coal mine operations;
  - b) if the employer is a self-rated risk, as determined by the applicable workers compensation insurance rating organization's filed experience rating plan;
  - c) on a policy subject to retrospective rating; or
  - d) for more than three consecutive years for the same employer.
3. An employer's newly commenced operations in a state listed above are subject to this endorsement.
4. The company shall audit an insured's operations upon receipt of notice from the Administrative Office and prior to binding coverage.
5. The company may use its own attachment clause and method of execution.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 03 01 A**

**ALTERNATE EMPLOYER ENDORSEMENT**

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

Schedule

- 1. Alternate Employer Address
- 2. State of Special or Temporary Employment
- 3. Contract or Project

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequently to preparation of the policy.)**

Endorsement Effective Insured

Policy No.

Endorsement No. Premium \$

Insurance Company

Countersigned By \_\_\_\_\_

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 03 15**

**DOMESTIC AND AGRICULTURAL WORKERS EXCLUSION ENDORSEMENT**

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we are required to make because of bodily injury to such persons.

Schedule

Farm or Agricultural Workers:

Domestic or Household Workers:

**Notes:**

1. Use this endorsement in a state where the insured has elected pursuant to the workers compensation law not to be responsible for providing benefits for farm or agricultural workers and employees and to exclude employers liability coverage where the insured is statutorily exempt from workers compensation coverage.
2. Use this endorsement in a state where the insured has elected pursuant to the workers compensation law not to be responsible for providing benefits for domestic or household workers and to exclude employers liability coverage where the insured is statutorily exempt from workers compensation coverage.
3. Use this endorsement in Connecticut only when the insured is not responsible for providing benefits for domestic or household workers and does not elect pursuant to the workers compensation law to provide such benefits. (Sections 31-275(5) (D), (6) (A) of the Connecticut Workers Compensation Law.)
4. Individuals may be designated by naming them or by describing them, for example:
  - a) all farm or agricultural workers.
  - b) all domestic or household workers.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 03 03 C**

**EMPLOYERS LIABILITY COVERAGE ENDORSEMENT**

This endorsement applies only to work in the states shown in the Schedule.

- A. Part One (Workers Compensation Insurance) does not apply to work in the state shown in the Schedule.
- B. Part Two (Employers Liability Insurance) applies to work in states shown in the Schedule as though they were shown in Item 3.A. of the Information Page.
- C. Part Two (Employers Liability Insurance), C. Exclusions is changed by adding these exclusions.

This insurance does not cover:

- 13. bodily injury to an employee when you are deprived of common law defenses or are subject to penalty because of your failure to secure your obligations under the workers compensation law of any state shown in the Schedule or otherwise fail to comply with that law.

Schedule

States

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequently to preparation of the policy.)**

Endorsement Effective Insured

Policy No.

Endorsement No. Premium \$

Insurance Company

Countersigned By \_\_\_\_\_

**Workers Compensation and Employers Liability Insurance Policy**

**WC 07 06 01**

**DELAWARE NONRENEWAL ENDORSEMENT**

We may elect not to renew the policy. By certified mail we will mail to you, not less than 60 days advance written notice, when the nonrenewal will take effect. Mailing that notice to you at your mailing address, shown in Item 1 of the Information Page, will be sufficient to prove notice.

**Notes:**

1. This endorsement must be attached to a policy showing Delaware in Item 3A of the Information Page.
2. Nonrenewal of the workers compensation and employers liability insurance policy is regulated by House Bill 403.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 07 04 02**

**DELAWARE CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT**

The premium for the policy may be adjusted by a Delaware Construction Classification Premium Adjustment Factor. The factor was not available when the policy was issued. If you qualify, we will issue an endorsement to show the Premium Adjustment Factor after it is calculated.

**Notes:**

1. This endorsement may be used when an insured's Premium Adjustment Factor is not available when the policy is issued.
2. An appropriate typewritten entry may be made on the policy instead of using this endorsement.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 01 09A**

**OUTER CONTINENTAL SHELF LANDS ACT COVERAGE ENDORSEMENT**

This endorsement applies only to the work described in Item 4 of the Information Page or in the Schedule as subject to the Outer Continental Shelf Lands Act. The policy will apply to that work as though the location shown in the Schedule were a state named in Item 3.A. of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

**C. Workers Compensation Law**

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Outer Continental Shelf Lands Act (43 USC Sections 1331-1356). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide non-occupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Outer Continental Shelf Lands Act.

Schedule

Description and Location of Work

**Workers Compensation and Employers Liability Insurance Policy****WC 00 03 18****AMENDATORY ENDORSEMENT**

General Section C. **Workers Compensation Law** is replaced by the following:

**C. Workers Compensation Law**

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

The insurance afforded by Part Two (Employers Liability Insurance) is subject to the following additional provisions:

**C. Exclusions**

This insurance does not cover:

7. damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions.
8. bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950), the Nonappropriated Fund Instrumentalities Act (5 USC Sections 8171-8173), the Outer Continental Shelf Lands Act (43 USC Sections 1331-1356), the Defense Base Act (42 USC Sections 1651-1654), the Federal Coal Mine Health and Safety Act of 1969 (30 USC Sections 901-942), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws.
9. bodily injury to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51-60), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws.
10. bodily injury to a master or member of the crew of any vessel.
11. fines or penalties imposed for violation of federal or state law.
12. damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801-1872) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

**I. Actions Against Us** is subject to the following additional provision:

The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

Part Three (Other States Insurance) is changed as follows:

**A. How This Insurance Applies**

2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

Schedule

This endorsement applies in the states listed below:

**Workers Compensation and Employers Liability Insurance Policy**

**WC 07 04 08**

**DELAWARE MERIT RATING PLAN ENDORSEMENT**

This endorsement applies to the insurance provided by this policy because Delaware is shown in Item 3.A of the Information page.

The premium for this insurance may be subject to merit rating plan adjustment because your premium may be less than the amount necessary to be eligible for the Uniform Experience Rating Plan.

The following premium discount or surcharge will be applied to your manual premium based on your claims during the most recent three year period for which statistics are available.

1. A 5% credit (discount) will be applied if you had no compensable employee lost-time injuries - **Statistical Code 9885.**
2. No credit or debit will be applied if you had one (1) compensable employee lost-time injury - **Statistical Code 9884.**
3. A 5% debit (surcharge) will be applied if you had two (2) or more compensable employee lost-time injuries - **Statistical Code 9886.**

**Notes:**

1. This endorsement must be attached to a policy showing Delaware in Item 3.A of the Information Page.
2. Show any merit rating discount or surcharges in Item 4 of the Information Page.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 03 26A**

**RESIDUAL MARKET LIMITED OTHER STATES INSURANCE ENDORSEMENT**

"Part Three - Other States Insurance" of the policy is replaced by the following:

**PART THREE OTHER STATES INSURANCE**

**A. How This Insurance Applies**

1. We will pay promptly when due the benefits required of you by the workers compensation law of any state not listed in Item 3.A. of the Information Page if all of the following conditions are met:
  - a. The employee claiming benefits was either hired under a contract of employment made in a state listed in Item 3.A. of the Information Page or was, at the time of injury principally employed in a state listed in Item 3.A. of the Information Page; and
  - b. The employee claiming benefits is not claiming benefits in a state where, at the time of injury, (i) you have other workers compensation insurance coverage, or (ii) you were, by virtue of the nature of your operations in that state, required by that state's law to have obtained separate workers compensation insurance coverage, or (iii) you are an authorized self-insurer or participant in a self-insured group plan; and
  - c. The duration of the work being performed by the employee claiming benefits in the state for which that employee is claiming benefits is temporary.
2. If we are not permitted to pay the benefits directly to persons entitled to them and all of the above conditions are met, we will reimburse you for the benefits required to be paid.
3. This insurance does not apply to fines or penalties arising out of your failure to comply with the requirements of the workers compensation law.

**IMPORTANT NOTICE!**

**If you hire any employees outside those states listed in Item 3.A. on the Information Page or begin operations in any such state, you should do whatever may be required under that state's law, as this endorsement does not satisfy the requirements of that state's workers compensation law.**



**Workers Compensation and Employers Liability Insurance Policy  
WC 00 03 04**

**INSURANCE COMPANY AS INSURED ENDORSEMENT**

The policy does not cover your obligations as a workers compensation reinsurer or insurer of other employers.

Note1: Use this endorsement if the insured is licensed to write workers compensation insurance or reinsurance.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 03 09**

**RURAL ELECTRIFICATION ADMINISTRATION ENDORSEMENT**

1. We will submit our policy and endorsement forms to the Rural Electrification Agency prior to using them.
2. We will mail to the Rural Electrification Agency at least ten days advance notice of the termination of the policy.
3. If you are immune from tort liability, we will not use that immunity as a defense unless you so request us. You agree that waiving the defense of immunity will not make us liable for any payment in excess of the limits of liability stated in the policy.

Note 1: Use this endorsement if the insured is a rural electrification cooperative and this endorsement is required by the R.E.A.

**Workers Compensation and Employers Liability Insurance Policy**

**WC 00 04 19**

**PREMIUM DUE DATE ENDORSEMENT**

Section D of Part Five of the policy is replaced by this provision:

**PART FIVE  
PREMIUM**

D. Premium is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. The due date for audit and retrospective premiums is the date of the billing.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**WC 00 04 21 A**

**DOMESTIC TERRORISM, EARTHQUAKES, AND CATASTROPHIC INDUSTRIAL ACCIDENTS PREMIUM ENDORSEMENT**

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of domestic terrorism, earthquakes and/or a catastrophic industrial accident.

The premium charge provides funding for the risk of earthquakes, catastrophic industrial accidents, and certain acts of domestic terrorism. It does not provide funding for acts of terrorism certified as such by the Terrorism Risk Insurance Act of 2002 and any amendments resulting from the Terrorism Risk Insurance Extension Act of 2005 (the Act) or acts of foreign terrorism as that term is defined in the Foreign Terrorism Premium Endorsement (WC 00 04 22), attached to this policy.

For purposes of this endorsement, the following definitions apply:

Domestic terrorism: All acts of terrorism outside the scope of the Act or the Foreign Terrorism Premium Endorsement (WC 00 04 22), with aggregate workers compensation losses in excess of \$50 million.

Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity where aggregate workers compensation losses from the single event are in excess of \$50 million.

Catastrophic Industrial Accident: Any single event resulting in aggregate workers compensation losses in excess of \$50 million.

Schedule

Payroll

Rate

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**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**WC 00 04 22**

**FOREIGN TERRORISM PREMIUM ENDORSEMENT**

**This endorsement is notification that your insurance carrier is charging premium for losses that may occur in the event of an act of foreign terrorism.**

Your policy provides coverage for workers compensation losses caused by acts of foreign terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

For purposes of this endorsement, an "act of foreign terrorism" is defined as:

- a. Any act that is violent or dangerous to human life, property or infrastructure; and
- b. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The premium charge for the coverage your policy provides for workers compensation losses caused by an act of foreign terrorism is shown in Item 4 of the Information Page or in the Schedule below.

**Schedule**

State

Rate per \$100 of payroll

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**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**TERRORISM RISK INSURANCE EXTENSION ACT ENDORSEMENT**

**WC 00 01 13**

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Extension Act of 2005.

**Definitions**

The definitions provided in this endorsement are based on the definitions in the Act and are intended to have the same meaning. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

“Act” means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments resulting from the Terrorism Risk Insurance Extension Act of 2005.

“Act of terrorism” means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

“Insured terrorism or war loss” means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer, if the loss occurs in the United States or at United States missions or to certain air carriers or vessels.

“Insurer deductible” means:

- a. For the period beginning on November 26, 2002 and ending on December 31, 2002, an amount equal to 1% of our direct earned premiums as provided in the Act, over the calendar year immediately preceding November 26, 2002.
- b. For the period beginning on January 1, 2003 and ending on December 31, 2003, an amount equal to 7% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2003.
- c. For the period beginning on January 1, 2004 and ending on December 31, 2004, an amount equal to 10% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2004.
- d. For the period beginning on January 1, 2005 and ending on December 31, 2005, an amount equal to 15% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2005.
- e. For the period beginning on January 1, 2006 and ending on December 31, 2006, an amount equal to 17.5% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2006.
- f. For the period beginning on January 1, 2007 and ending on December 31, 2007, an amount equal to 20% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2007.

**Limitation of Liability**

The Act may limit our liability to you under this policy. If annual aggregate insured terrorism or war losses of all insurers exceed \$100,000,000,000 during the applicable period provided in the Act, and if we have met our insurer deductible, the amount we will pay for insured terrorism or war losses under this policy will be limited by the Act, as determined by the Secretary of the Treasury.

**Policyholder Disclosure Notice**

1. Insured terrorism or war losses would be partially reimbursed by the United States Government under a formula established by the Act. Under this formula, the United States Government would pay 90% for Program Year 4 and 85% for Program Year 5 of our insured terrorism or war losses exceeding our insurer deductible.
2. The premium charged for the coverage this policy provides for insured terrorism or war losses is included in the amount shown in Item 4 of the Information Page or in the Schedule in the Foreign Terrorism Premium Endorsement (WC 00 04 22) attached to this policy.

**Note: This endorsement WC 00 01 13 is effective on a mandatory basis effective January 1, 2006 on new and renewal policies. At the carrier's option this endorsement may also be attached to outstanding policies effective January 1, 2006.**

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**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 3**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 62**

**ENDORSEMENTS**

**AGREEMENT BY EXECUTIVE OFFICER(S)/LLC MEMBERS(S) NOT TO BE SUBJECT TO THE DELAWARE WORKERS' COMPENSATION LAW**

Executive officers of corporations and members of Limited Liability Companies (LLCs) are covered under the Delaware Workers' Compensation Law. However, up to eight (8) executive officers who are stockholders of a corporation or up to four (4) members of an LLC may elect not to be subject to Delaware Workers' Compensation Law by completing this agreement with their corporation/LLC. **SPECIAL NOTE - CONSTRUCTION** corporations/ LLCs subject to Title 30, Chapter 25 of the Delaware Code may elect to exclude up to four (4) executive officers who are stockholders of a corporation or up to four (4) members of an LLC. Executive Officers are the president, any vice president, secretary, treasurer or any other executive officer(s) elected by the board of directors in accordance with the charter and the regularly adopted by-laws of the corporation. This Executive Officer/LLC member Exclusion Procedure must be repeated each time a corporation/LLC wishes to change the status of any executive officer/LLC member and/or secures coverage from a different carrier group.

**Name of business**

Federal Employer Identification Number

Business **has** employee(s) (other than those listed below) - please check here \_\_\_\_  
 Business **does not have** employee(s) (other than those listed below) - please check here \_\_\_\_

**Please check type of business**

- Corporation** Not Subject to Title 30, Chapter 25 (non construction) – *Maximum 8 exclusions*
- Corporation** Subject to Title 30, Chapter 25 (**construction**) – *Maximum 4 exclusions*
- Limited Liability Company (LLC)** – *Maximum 4 exclusions*

\_\_\_\_\_  
*Signature of Representative of Corporation or LLC*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

**Named below are the executive officer(s)/LLC member(s) electing not to be subject to the Delaware Workers Compensation Law:**

NAME(s) (Print name)	TITLE	MEMBER OFFICER(S) SIGNATURE	STOCKHOLDER YES/NO	DATE

**Additional space below limited to officers of corporations not subject to Title 30, Chapter 25. Cannot be used for other corporations or any LLC.**


**IMPORTANT:** If you have workers compensation insurance, you **must** submit the **original** of this completed form to your insurance carrier, together (in the case of a corporation) with the shareholders resolution(s), shareholders agreement(s), and/or shareholders written consent(s) evidencing the executive officer status of the electing executive officer(s), or together (in the case of an LLC) with the operating agreement and/or certificate of formation evidencing the member status of the electing member(s). If you are a subcontractor, you **must** also provide a copy of the same documents to each general contractor by whom you are hired.

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**SECTION 4**

**RETROSPECTIVE RATING PLANS – DELAWARE**

**I. INTRODUCTION**

Retrospective Rating is an insurance pricing system which adjusts the premium for the insurance to which it applies on the basis of losses incurred during the period covered by that insurance. In Delaware a carrier must file with the Delaware Insurance Department such plan rules and rating values as necessary to implement retrospective rating plans for use in writing workers compensation insurance.

House Bill 241 of 1993 requires Bureau filings other than Residual Market and U.S.L. & H.W. filings to exclude all expense and profit considerations. Effective February 1, 1994 the Bureau has filed, and this Manual includes only selected rating values which are exclusive of expense and profit considerations for coverages other than U.S.L. & H.W. and which are inclusive of such provisions for U.S.L. & H.W. coverage. The Bureau rating values are printed in the State Special Rating Values pages herein.

For sake of consistency with standard language in retrospective rating plans in use in other jurisdictions, the Delaware State Special Rating Values are identified using terminology common to such other retrospective rating plans. The use of such terminology in this section of the Manual does not change the meaning of words or terms used elsewhere in the Manual nor are differences in precise wording used to describe specific items indicative of any substantive difference between sections. For example, the term "pure premium" used in this section and the term "loss cost" used elsewhere in this Manual are synonymous.

A carrier may file retrospective rating plans which use different and/or additional rating values from those shown in the State Special Rating Values pages herein. In such cases the individual carrier values supercede application of the Bureau values. Information regarding such individual carrier retrospective rating plans must be obtained from those carriers or their authorized representatives.

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**SECTION 4**

**RULES AND PROCEDURE GOVERNING  
THE APPLICATION OF THE RETROSPECTIVE  
RATING PLANS - DELAWARE**

**PART ONE  
DESCRIPTION OF THE PLAN**

**I. INTRODUCTION**

The rules contained in this manual apply only to Workers Compensation and Employers Liability Insurance when written either alone or in combination with other commercial casualty insurance. Refer to the Retrospective Rating Plan issued by the Insurance Services Office for rules that govern the other commercial casualty insurance.

**A. GENERAL EXPLANATIONS**

**1. Plan is Optional**

The application of this Plan is optional and may be used only upon election by the insured and acceptance by the insurance carrier.

**2. Object of the Plan**

This plan adjusts the premium for the insurance to which it applies on the basis of losses incurred during the period covered by that insurance. The intent is to charge a premium which reflects those losses. Within the principle of insurance, retrospective rating establishes the reasonable cost of insurance by using losses incurred during the term of that insurance and adding the insurance carrier's expenses and the taxes on premiums.

**3. Loss Control Incentive in Use of the Plan**

The Plan provides an incentive to the insured to control and reduce losses because the retrospective premium will be the result of losses during the rating period. To the extent that the insured controls losses, there is a reward through lower premiums. The Plan also dispels any concerns the insured may have that its premium depends mostly upon losses incurred by other risks because the greatest part of the retrospective premium is used to pay for the insured's own losses.

**4. Cost-Plus Feature of the Plan**

The cost-plus characteristics of this plan exist because the retrospective premium for a rating period is based on the incurred losses during that period, so that it is in the nature of a dollar for dollar cost method. Premium under the Plan is the direct result of such incurred losses because the Plan reflects the cost of losses plus the insurance carrier's expenses in providing the insurance.

**5. Experience Rating Plan Manual**

Retrospective rating is an independent option and it is not a substitute for experience rating. Retrospective rating is superimposed upon the premium resulting from experience rating.

**6. Risks Not Subject to Experience Rating**

For risks not subject to experience rating, retrospective rating premium is based on the premium determined by application of Manual or other authorized rates.

**7. Risks Operating In More Than One State**

This Plan may be applied on an intrastate or interstate basis.

**8. Premium Discount**

Any standard premium under this Plan is not subject to the premium discount provided in Rule VII of the Basic Manual for Workers Compensation and Employers Liability Insurance. The reason is that premium discount recognizes variations in issuing and servicing expenses whereas retrospective rating incorporates those elements by means of the factors used to compute premium under this Plan.

**9. Schedule (Y) and Schedule (X) Expense Ratio Tables**

The Plan includes tables of expense ratio to be used by each company in accordance with the expense table adopted by the company. They are in Part Four. Such tables are required only for Rating Option V described in Part Two-II-"Retrospective Rating Options". The purpose of the Schedule (Y) and Schedule (X) expense tables is to indicate the amount of premium for company expenses, profit or contingencies, but not taxes. The total amount for such expense is determined by multiplying the standard premium of the risk by the factor for that size premium in the Table of Expense Ratios.

**NOTE:** Schedule (Y) and Schedule (X) expense ratio tables are often referred to as representing the stock and non-stock systems of company expenses respectively.

**10. Increased Limits for Employers Liability**

If the policy provides increased limits for Part Two, such premium and incurred losses may be subject to the Plan.

**II. DEFINITIONS**

**A. EMPLOYER**

Employer may be an individual, partnership, joint venture, corporation, association, a fiduciary such as a trustee, receiver or executor, or other legal entity.

**B. INSURED**

Insured means the employer designated in Item I of the Information Page of the policy or policies to which this Plan is applied by the carrier which issued such insurance. Insured may be two or more legal entities if the same person, or group of persons, owns the majority interest in such entities. The Experience Rating Plan Manual defines majority interest. It usually means:

1. Majority of voting stock, or
2. Majority of members or directors if there is no voting stock, or
3. Majority participation of general partners in profits of a partnership.

**C. RISK**

Risk means the insured to which this Plan is applied.

**D. RATES**

1. Manual rate means either:
  - a. the manual rate that has been established by the Bureau if no deviation or schedule rating exists.
  - b. the manual rate that has been established by the Bureau modified by an approved schedule rating adjustment.
  - c. Carrier Manual Rate if an insurance company has had a deviation from Bureau Manual Rate stamped "Filed" by the Insurance Commissioner.
2. Bureau Manual Rate means the rate shown after the classification code number on the rate pages in Section 2 of the Basic Manual for Workers Compensation and Employers Liability Insurance.

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**E. STANDARD PREMIUM**

For the purpose of this Plan, standard premium means the premium for the risk determined on the basis of carrier rating values, any experience rating modification, loss constant where applicable, and minimum premiums. Determination of standard premium shall exclude:

1. Premium Discount.
2. The Expense Constant.
3. Premium resulting from non-ratable elements in the manual rates and non-ratable supplemental loads.
4. Premium developed by the passenger seat surcharge under Code **9108** Private Aircraft - passenger capacity.
5. Premium developed by the occupational disease rates for risks subject to the Federal Coal Mine Health and Safety Act.
6. Premium developed by the charge for Foreign Terrorism.
7. Premium developed by the charge for Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents catastrophe provision located in the Basic Manual.

**F. INCURRED LOSSES**

Incurred losses used in the rating formula for determining premium under this Plan are those reported under the rules of the Unit Statistical Plan Manual adopted by the rating organization. Generally, incurred losses are the actual losses paid and outstanding, interest on judgments, expenses incurred in obtaining third party recoveries, and allocated loss adjustment expenses for employers liability losses.

Incurred losses resulting from an accident or exposure provided for via a non-ratable element or a non-ratable supplemental load shall be excluded.

The rating formula shall not include losses involving passenger employees resulting from the crash of an aircraft under classification code **9108**.

For complete details on instructions which shall be followed regarding incurred losses, refer to the Unit Statistical Plan Manual.

**G. RATING ORGANIZATION**

Rating organization means the Delaware Compensation Rating Bureau.

**H. ANNIVERSARY RATING DATE**

1. Single Policy Risk

The anniversary rating date for application of this Plan is the effective month and day of the policy in effect.

2. Multiple Policy Risk

If the risk subject to the Plan includes more than one policy with different effective dates, the anniversary rating date shall be determined by the rating organization.

**NOTE:** The Plan applies for the period of the policy or policies subject to the Plan. If the period for the application of the Plan is changed, refer to Part Three.

**I. LONG TERM CONSTRUCTION PROJECT**

A long term construction project means a construction or erection project expected to require more than 1 year for completion and let under one contract or more than one concurrent or consecutive contracts. Such a project may be insured under 1 year policies or policies issued for any period not longer than 3 years.

**J. WRAP-UP CONSTRUCTION PROJECT**

A wrap-up construction project is a construction, erection or demolition project for which policies have been issued by one or more insurance carriers under the same management to insure two or more legal entities engaged in such a project. The entities insured shall be limited to the general contractor (including any owner or principal acting as a general contractor) and subcontractors performing work under contracts let on an ex-insurance basis. If the contract between the owner or principal and such general contractor is on an ex-insurance basis, the owner or principal is an eligible entity for the combination.

The project must be confined to operations at a single location. In connection with building roadways, tunnels, waterways or surface or underground conduits, the entire job is considered a single location if the construction is performed by a single general contractor for a single owner or principal. The project must be of definite duration involving work to be performed continuously to completion.

**III. ELIGIBILITY FOR THE PLAN**

A risk is eligible for this Plan if it satisfies the following Standard Premium requirements:

**A. ONE YEAR PLAN**

A risk is eligible for a one year plan if the estimated Standard Premium is at least \$25,000.

**B. THREE YEAR PLAN**

1. A risk is eligible for a three-year plan if the estimated Standard Premium for 3 years is at least \$75,000.
- C. A Long-Term Construction Project is eligible for Rating Option V if the estimated Standard Premium is an average of \$75,000 or more per year. For such a project, the retrospective rating premium shall be based on the entire period required for completion of the project.
- D. Two or more policies on a Wrap-Up Construction Project may be combined for the purpose of retrospective rating. If the estimated total Standard Premium for the project to be done by such combined entities is \$500,000 or more, a Wrap-Up Construction Project may be treated as a Long Term Construction Project.

**PART TWO  
OPERATION OF THE PLAN**

**I. HOW PREMIUM IS DETERMINED UNDER THE PLAN**

Retrospective premium is computed on the basis of the formulas in IA and D of this Section of the Plan.

**A. DEFINITIONS OF TERMS USED FOR THE FORMULA**

1. Standard Premium.

Standard Premium is defined in Part One of this Plan. Refer to Part One-II-E.

2. Basic Premium.

The Basic Premium is a percentage of the Standard Premium. It is determined by multiplying the Standard Premium by a Basic Premium Factor. Basic Premium factors are based on the Table of Expense Ratios, the Table of Insurance Charges and the individual loss limitation if selected. Refer to Part Four-Premium Computation Tables.

The Basic Premium provides: insurance carrier expenses such as for acquiring and servicing the insured's account; loss control services, premium audit and general administration of the insurance; an adjustment for limiting the retrospective premium between the minimum retrospective premium and the maximum retrospective premium; and an allowance for the insurance carrier's possible profit or contingencies.

The Basic Premium does not cover premium taxes nor claim adjustment expenses. The latter elements are usually provided by the Tax Multiplier and the Loss Conversion Factor.

**3. Converted Losses**

Converted Losses are based on the Incurred Losses of the risk during the period of the policy or policies to which this Plan is applied. A Loss Conversion Factor is applied to such losses to produce the Converted Losses. Refer to No. 4 below. Incurred losses are defined in Part One-II-F.

**4. Loss Conversion Factor**

The Loss Conversion Factor usually covers claim adjustment expenses and the cost of the insurance carrier's claim services such as investigation of claims and filing claim reports.

**5. Tax Multiplier**

The Tax Multiplier covers licenses, fees, assessments and taxes which the insurance carrier must pay on the premium which it collects.

**6. Minimum Retrospective Premium**

The Minimum Retrospective Premium is a percentage of the Standard Premium. It is the least amount of premium to be paid by the risk subject to this Plan.

The Minimum Retrospective Premium Factor is established by agreement between the risk and the insurance carrier. Refer to II-B-2.

**7. Maximum Retrospective Premium**

The Maximum Retrospective Premium is a percentage of the Standard Premium. It is the greatest amount of premium to be paid by the risk subject to this Plan. It has the effect of placing a limit on the impact of incurred losses on the retrospective premium.

The Maximum Retrospective Premium Factor is established by agreement between the risk and the insurance carrier. Refer to II-B-2.

**B. ADDITIONAL ELECTIVE ELEMENTS FOR THE RETROSPECTIVE PREMIUM FORMULA**

The insured and the insurance carrier may agree that either or both of the following additional elective premium elements will be included in the Retrospective Premium Formula:

1. Excess Loss Premium
2. Retrospective Development Premium

**NOTE:** These elective elements are subject to the Tax Multiplier as shown in the Retrospective Premium Formula in D.

**EXPLANATION OF ELECTIVE PREMIUM ELEMENTS****a. Excess Loss Premium**

This elective premium element is permitted only if the total Standard Premium subject to the Plan is at least \$100,000. The use of this elective element is intended to avoid the possibility that high cost losses will have too great an impact on the retrospective premium. Election of a loss limitation places a limit on the amount of incurred loss arising out of any one accident, which will be included in the retrospective premium formula. Excess Loss Premium is the premium charge for such limitation on losses used in computing the retrospective premium. The loss limitations arising out of any one accident which may be used by agreement follow:

- i. \$25,000 per accident for a risk with total Standard Premium of at least \$100,000.
- ii. Higher than \$25,000 for a risk with total Standard Premium over \$100,000 provided such higher accident loss limitation does not exceed 50% of the Standard Premium.

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For all risks, the insurance carrier pays all incurred losses regardless of any retrospective rating loss limitation.

Excess Loss Premium is computed as shown below:

Standard Premium x Excess Loss Premium Factor x Loss Conversion Factor.

The Excess Loss Factors and the Tables of Excess Loss Adjustment Amounts are shown in Part Four of this Manual. Use the Table of Classifications by Hazard Group in Part Four of this Manual to determine proper excess loss factor.

A loss limitation may be changed, or included, or excluded after this plan has been applied to a risk provided the new agreement is not retroactive.

**b. Retrospective Development Premium**

The purpose of this elective premium element is to stabilize premium adjustments for risks subject to this Plan. Refer to Part Three – Administration of Plan – Rule 111-3 for premium adjustment rules. Retrospective development premium anticipates future increases in loss costs. The Retrospective Development Premium is included only in the first three adjustments of the retrospective premium and is not included in any later premium computations.

Retrospective Development Premium is computed as shown below:

Standard Premium x Retrospective Development Factor x Loss Conversion Factor

The Retrospective Development Factors are shown in the State Special Rating Values – Delaware.

**C. THE RETROSPECTIVE PREMIUM FORMULA WHEN ADDITIONAL ELECTIVE PREMIUM ELEMENTS ARE INCLUDED**

The retrospective premium for a risk which has elected either or both of the additional elective premium elements is determined by the following formula:

Retrospective Premium =

1. Basic Premium  
plus
2. Converted Losses  
plus
3. Excess Loss Premium  
plus
4. Retrospective Development Premium
5. Multiply the sum of 1 + 2 + 3 + 4 by the Tax Multiplier

**NOTE:** Include item 3 or 4 or both in the formula depending on whether such elective premium elements are in the retrospective agreement.

The result of this calculation is the retrospective premium when the risk has elected one or both of the elective premium elements. The retrospective premium shall not be less than the Minimum Retrospective Premium nor more than the Maximum Retrospective Premium.

**II. RETROSPECTIVE RATING SELECTION OF FACTORS**

**A. EXPLANATION**

The Basic Premium is determined by using the Table of Expense Ratios to determine the insurance carrier expenses and the Tables of Insurance Charges for the remainder of the Basic Premium. The Loss Conversion Factor and Minimum and Maximum Retrospective Premium are subject to agreement between the insured and the insurance carrier. The Tax Multiplier, Excess Loss Premium and Retrospective Development Premium are determined on the basis of the state or states included in this option.

- (a) Retrospective Rating may be applied to any of the following types of insurance alone or to any combination of such insurance:

Workers Compensation and Employers Liability

Third Party Liability Insurance for Commercial Lines

Commercial Automobile Physical Damage

Other Types of Insurance specified in the Retrospective Rating Plan issued by the Insurance Services Office.

For illustrations and examples of combinations, refer to the Retrospective Rating Plan issued by the Insurance Services Office.

**NOTE:** When the plan includes Workers Compensation and other commercial casualty insurance, the total retrospective premium, including the minimum and maximum retrospective premium, is determined on the basis of all insurance in the plan.

- (b) For an interstate risk, an average of the specified state tax multipliers weighted by the state standard premiums shall be used. For computing the Basic Premium Factor, the standard average tax multiplier may be applied. Refer to Appendix for explanations and examples.

**B. THREE YEAR PLAN — OPTIONAL**

1. Retrospective Rating may also be applied to a risk for a period of three years. Follow the procedure and examples cited in B-2 above, but determine the insurance carrier expenses on the basis of the annual Standard Premium and the remainder of the Basic Premium by use of the Standard Premium for the 3 year period of the Plan.

**C. LONG TERM OR WRAP UP CONSTRUCTION PROJECTS**

1. Retrospective Rating may be applied to such projects in the following manner:
- a. The project may be insured under a series of 1 year policies. Use Rule II-B above.
  - b. The project may be insured under a series of 3 year policies. Use Rule II-C above.
  - c. The Plan shall apply to such projects so that the Retrospective Premium is computed on the basis of the Standard Premium for the entire duration of the project.

**NOTE:** For determining retrospective premium for plans applied on a three year basis, or Long Term or Wrap Up Construction Projects, any revision in Tax Multipliers and Excess Loss Premium Factors shall be applied to policies as of the first normal anniversary date of the risk, which is on or after the date of such revision, unless the revision is authorized for application to outstanding policies.

**III. CANCELLATION OF POLICY**

**A.. EXPLANATION**

While the Cancellation Condition of the Standard Policy permits cancellation by the insured or insurance carrier, the premium determination for a cancelled policy is controlled by Rule X-Cancellation in the Basic Manual for Workers Compensation and Employers Liability Insurance.

**B. RETROSPECTIVE PREMIUM DETERMINATION UPON CANCELLATION**

- 1. Cancellation By the Insurance Carrier, except for non-payment of premium.
- 2. Cancellation By the Insured When Retiring From Business provided:
  - a. All work covered by the policy has been completed, or
  - b. All interest in any business covered by the policy has been sold, or

- c. The insured has retired from all business covered by the policy.
- 3. If the reason for the cancellation is No. 1 or 2 above, Retrospective Premium for the cancelled policy shall be computed as follows:
  - a. Standard Premium: Determine the premium for the cancelled policy on a pro-rata basis in accordance with Basic Manual Rule X-C. The resulting premium shall be the Standard Premium.
  - b. Retrospective Premium: The retrospective premium for the cancelled policy shall be determined by using the Retrospective Premium Formula in this Section of the Plan. Use the Standard Premium in a. above to establish the Basic Premium, and if applicable, Excess Loss Premium and Retrospective Development Premium for the formula.

**EXCEPTION FOR NON-PAYMENT OF PREMIUM:**

If the cancellation by the insurance carrier is because of non-payment of premium by the insured, the Maximum Retrospective Premium shall be based on a Standard Premium which shall be the premium for the cancelled policy (under Basic Manual Rule X-C) extended pro-rata to an annual basis.

- 4. Cancellation By the Insured, Except When Retiring From Business For the Reasons Stated in B-2 Above.

Determine the Retrospective Premium as follows:

- a. The premium for the cancelled policy is to be calculated on a short rate basis under Basic Manual Rule X-E.
- b. Use the Retrospective Premium Formula in this Section of the Plan to establish the Retrospective Premium as shown below:
  - i. Basic Premium and if applicable, Excess Loss Premium and Retrospective Development Premium shall be computed by using the short rate premium in 4a above as the Standard Premium.
  - ii. Minimum Retrospective Premium shall be the short rate premium in 4a above.
  - iii. Maximum Retrospective Premium shall be based on a Standard Premium which shall be calculated by using the actual payroll for the period the policy was in effect, extending that payroll pro-rata to an annual basis and then multiplying such extended payroll by the authorized rates and experience rating modification.

**EXAMPLE: CALCULATION OF MAXIMUM RETROSPECTIVE PREMIUM UNDER RULE 4b:**

Assume:

Policy in effect		185 days
Manual Rate (per \$100 payroll).....	\$	5.00
Actual payroll for 185 days.....	\$	555,000
Experience Rating modification.....		1.00
Maximum Retrospective Premium .....		1.60

- (a) Payroll extended to an annual basis:

$$\$555,000 \times \frac{365 \text{ days}}{185 \text{ days}} = \dots\dots\dots \$ 1,095,000$$

- (b) Annual Standard Premium = \$1,095,000 x 5.00  
(per \$100) x 1.00 = \$54,750

- (c) Maximum Retrospective Premium: \$54,750 x 1.60 = \$87,600

- 5. Cancellation of Three Year Plan

If a policy for a Three Year Retrospective Rating is cancelled, the Retrospective Premium shall be computed as follows:

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 4**

**EFFECTIVE: DECEMBER 1, 2007**

**Page10**

**RETROSPECTIVE RATING PLANS**

- a. Determine premium for the cancelled policy in accordance with Manual rules X-C or X-E depending on the reason for the cancellation. If the Plan was applied to a 3 year policy, each 12 month unit within such a policy is treated as a separate policy. Refer to Basic Manual rule III-C-3.
- b. A short rate factor does not apply to any premium for completed 12 month policy units. Apply the short rate factor under Basic Manual rule X-E only to the premium for the 12 month unit cancelled by the insured when not retiring from the business.
- c. If the reason for the cancellation of the Three year Plan is No. 1 or 2 in Rule B of this Section, the Total Standard Premium is the sum of the pro-rata premium under Rule B and the Standard Premium for each completed 12 month unit. Use this total Standard Premium to establish the Basic Premium, and if applicable, Excess Loss Premium and Retrospective Development Premium.
- d. If the cancellation by the carrier is caused by non-payment of premium by the insured, the Maximum Retrospective Premium shall be based on a Total Standard Premium which shall be the sum of the premium, extended pro rata to an annual basis, for the cancelled 12 month unit of the policy (under Manual Rule X-C) and the standard premium for each completed 12 month unit, such sum then extended pro rata to a 3 year basis.
- e. If the reason for the cancellation of the Three Year Plan is No. 4 in Rule B of this Section, the Total Standard Premium shall be the sum of the short rate premium for the in completed 12 month unit (under Manual Rule X-E) and the standard premium for each completed 12 month unit. This total Standard Premium is the Minimum Retrospective Premium and also shall be used to determine the Basic Premium, and if applicable, Excess Loss Premium and Retrospective Development Premium. The Maximum Retrospective Premium shall be based on a Total Standard Premium which is the sum of the premium, extended pro-rata to an annual basis, for the cancelled 12 month unit of the policy (under Manual Rule X-C) and the Standard Premium for each completed 12 month unit, such sum then extended pro-rata to a 3 year basis.

**EXAMPLE I: RETROSPECTIVE PREMIUM CALCULATION ON THREE YEAR POLICY CANCELLED BY THE INSURED AFTER 185 DAYS**

Actual Payroll for 185 days .....	\$	555,000
Manual Rate (per \$100 of payroll) .....	\$	5.00
Experience Modification .....		1.00
Maximum Retrospective Premium Factor .....		1.60

**(a)** Payroll extended to annual basis =

$$\$555,000 \times \frac{365 \text{ days}}{185 \text{ days}} = \dots\dots\dots \$ 1,095,000$$

**(b)** Annual Premium = \$1,095,000 x 5.00 (per \$100) x 1.00 = .....\$ 54,750

**(c)** Short rate percentage for 185 days — Refer to Basic Manual Rule X-F..... 61%

**(d)** Short Rate Premium for cancelled policy = \$54,750 x .61 = .....\$ 33,398

**(e)** Standard Premium — Short Rate Basis = .....\$ 33,398

**(f)** Minimum Retrospective Premium TT.....\$ 33,398

Standard Premium is the Minimum Retrospective Premium and also is used to determine the Basic Premium, and if applicable, Excess Loss Premium and Retrospective Development Premium.

**(g)** Maximum Retrospective Premium Explanation: The Maximum Retrospective Premium is based on the Standard Premium without short rate factor, extended pro-rata to a 3 year basis.

Calculation

(i) Standard Premium for 185 days (not short rate) = \$555,000 x 5.00 (per \$100) x 1.00 =.....\$ 27,750

(ii) Standard Premium without short rate factor extended to a 3 year basis =

$$\$27,750 \times \frac{1095 \text{ days}}{185 \text{ days}} = \dots\dots\dots \$ 164,250$$

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 4**

**EFFECTIVE: DECEMBER 1, 2007**

**Page 11**

**RETROSPECTIVE RATING PLANS**

(iii) Maximum Retrospective Premium =  $\$164,250 \times 1.60 =$  .....\$ 262,800

**EXAMPLE II: RETROSPECTIVE PREMIUM CALCULATION ON THREE YEAR POLICY CANCELLED BY THE INSURED AFTER 1 YEAR AND 185 DAYS**

Standard Premium for first 12 month unit.....\$ 50,000

Actual Payroll for 185 days of second 12 month unit .....\$ 555,000

Manual Rate (per \$100 of payroll) .....\$ 5.00

Experience Modification — Use Experience Rating modification applicable to each 12 month unit ..... 1.00

Maximum Retrospective Premium Factor ..... 1.60

(a) Actual Payroll for 185 days Extended to annual basis =

$\$555,000 \times \frac{365 \text{ days}}{185 \text{ days}} =$  .....\$1,095,000

(b) Annual Premium for second 12 month unit =  $\$1,095,000 \times 5.00$  (per \$100)  $\times 1.00 =$  .....\$ 54,750

(c) Short rate percentage for 185 days — Refer to Basic Manual Rule X-F ..... 61%

(d) Short Rate Premium for incomplete 12 month unit =  $\$54,750 \times .61 =$  .....\$ 33,398

(e) Total Standard Premium =  $\$50,000 + 33,398$  .....\$ 83,398

(f) Minimum Retrospective Premium .....\$ 83,398

Total Standard Premium is the Minimum Retrospective Premium and also is used to determine the Basic Premium, and if applicable, Excess Loss Premium and Retrospective Development Premium.

(g) Maximum Retrospective Premium Explanation: The Maximum Retrospective Premium is based on the Total Standard Premium without short rate factor, extended pro-rata to a 3 year basis. Calculation

(i) Standard Premium for completed 12 month unit .....\$ 50,000

(ii) Standard Premium for 185 days =  $\$555,000 \times 5.00$  (per \$100)  $\times 1.00 =$  .....\$ 27,750

(iii) Standard Premium for 185 days extended pro-rata to annual basis =

$\$27,750,000 \times \frac{365 \text{ days}}{185 \text{ days}} =$  .....\$ 54,750

(iv) Total Standard Premium  $\$50,000 + 54,750 =$  .....\$ 104,750

(v) Total Standard Premium extended pro-rata to a 3 year basis =

$\$104,750 \times \frac{3}{2} =$  .....\$ 157,125

(vi) Maximum Retrospective Premium =  $\$157,125 \times 1.60 =$  .....\$ 251,400

**C. VALUATION OF LOSSES**

If the policy is cancelled by the insured or insurance carrier, the first determination of retrospective premium shall be based upon incurred losses valued six months after the termination date.

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**PART THREE  
ADMINISTRATION OF THE PLAN**

**I. ELECTION OF INSURED TO BE SUBJECT TO RETROSPECTIVE RATING**

**A. HOW THE INSURED ELECTS TO BE SUBJECT TO THE PLAN**

1. The insured elects to be subject to this Plan by notifying the insurance carrier that it has agreed to application of the Plan. This notification shall be executed in writing.
2. Any form of election is acceptable provided it includes the information shown in C below.

**B. HOW CARRIER ACCEPTS ELECTION OF THE INSURED**

1. The carrier agrees to the election of the insured to be subject to the Plan by accepting the insured's written notification.
2. After the carrier accepts the insured's election to be subject to this Plan, notification of coverage shall be sent to the Bureau not later than 60 days after the effective date of the Plan indicated on that form.

**NOTE:** The Bureau must be notified by the carrier if they and the insured agree to shorten or lengthen the period of the Plan's application, up to a maximum of 60 days.

**C. INFORMATION IN ELECTION OF THE INSURED**

The following information is required in the election signed by the insured:

1. Name of Insured.
2. Effective date of plan.
3. Minimum retrospective premium factor.
4. Maximum retrospective premium factor.
5. Loss conversion factor.
6. Loss limitation option and loss elimination ratio (LER), if applicable.
7. Retrospective Development Premium Option, if applicable.
8. One or Three Year application of the Plan.
9. Long Term Construction Project-Details, if applicable.
10. Wrap Up Construction Project-Details, if applicable.
11. Any special conditions affecting the Plan, such as the inclusion of other commercial casualty insurance.
12. Signature by the insured, for example, proprietor, partner or duly authorized officer of corporation.

The following and any other additional information may also be included:

1. Address of insured.
2. A statement that the insured understands the terms and obligations of this Plan, including the method of premium computation, payments and penalties for cancellations.

**D. STATES IN WHICH SELECTED PLAN APPLIES**

1. If the risk operates in only one state, designate this state on the notification of coverage.
2. If the risk operates in more than one state, list the states to which the selected rating option will apply.
3. One or more additional states may be included in the plan applicable to a risk after plan effective date.

**II. REPORTS OF PREMIUMS AND LOSSES UNDER THE PLAN**

**1. Premiums**

The standard premiums used as the basis of the Retrospective Premium are those reported in accordance with the Unit Statistical Plan Manual.

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**2. Incurred Losses**

The incurred losses used for determining the Retrospective Premium are those reported under the Unit Statistical Plan Manual.

**NOTE:** For complete details on instructions which shall be followed for Nos. 1 and 2 above, refer to the Unit Statistical Plan Manual.

**3. Verification of Data**

All data reported to, and accepted by the Bureau under the Unit Statistical Plan Manual shall be accepted as verified data for computation of the Retrospective Premium.

**III. FILING REQUIREMENTS**

**1. Notification of Coverage**

Send one copy of Notification of Coverage to this Bureau for all plans, both intrastate and interstate, which apply in this jurisdiction.

**2. Factors for Retrospective Rating Option V**

- a.** Two copies of an "Application for Approval of Proposed Retrospective Rating Values" shall be filed for approval with the Bureau.
- b.** A revised calculation of the Basic Premium Factor if any change results in an increase or decrease beyond the lowest or highest original estimated standard premium sizes selected. A new "Application for Approval of Proposed Retrospective Rating Values" shall be filed if the Basic Premium Factor changes.

**IV. COMPUTATION OF RETROSPECTIVE PREMIUM**

**GENERAL EXPLANATION**

Under this Plan, retrospective premiums always are computed initially by the carrier, using premium and loss data which have been reported under the Unit Statistical Plan Manual. On a specific request basis, the retrospective premium calculated by the carrier may then be reported to the rating organization for verification. This is achieved by the rating organization use of the duplicate copies of the Unit Statistical Plan reports which must be submitted with the retrospective premium calculation.

**1. First Computation of Retrospective Premium**

Under the Unit Statistical Plan Manual, the reports of losses and premiums are submitted to the rating organization. For complete details, refer to that Manual. As soon as practicable after data have been prepared in accordance with the Unit Statistical Plan, the first retrospective premium computation shall be made by the insurance carrier.

On a specific request basis, this computation may be sent to the rating organization for verification before transmittal to the insured. The carrier shall notify the insured and return premium if the retrospective premium is less than premium previously paid. The insured shall pay any premium greater than premium previously paid.

If the insured and carrier agree, the first computation of retrospective premium shall be the final adjustment of premium under this Plan. In the absence of such an agreement, additional retrospective premium computations shall be made by the carrier in accordance with rule 2 below.

For plans applied on a three year basis, or Long Term or Wrap Up Construction Projects, interim tentative adjustments of premium may be made.

**NOTE:** In certain cases, the carrier may make an early computation of retrospective premium. Such cases include bankruptcy, liquidation, reorganization, receivership, assignment for benefit of creditors, or other similar situations.

**2. Retrospective Premium Adjustment After First Computation**

- a.** If the first or any other retrospective premium computation is not final, a subsequent computation and adjustment of premium subject to this Plan shall be made by the carrier 12 months after the previous computation. The procedure for such later computations shall be the same as in rule 1 above except that such premium calculations shall be based

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upon the latest Unit Statistical Reports required. If the insured and carrier agree, the latest computation shall be the final retrospective premium. Unless such an agreement has been made, the carrier shall continue to make such additional retrospective premium computations at intervals of 12 months.

- b.** If a subsequent computation of retrospective premium results in no change from the previous computation, the insurance carrier shall notify the insured that there is no change in the premium payment and that subsequent computations of retrospective premium will be made in accordance with Rule 3a below.
- 3.** Final Computation of Retrospective Premium
- a.** Subsequent computations of retrospective premium shall be issued by the carrier in accordance with Rule 2 above until both the carrier and insured agree that the latest computation shall be the final retrospective premium under this Plan.
- b.** When the carrier and insured have agreed to the final retrospective premium calculation, a revision of that premium adjustment is not permitted except for clerical error.

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**TABLE OF INSURANCE CHARGES/TABLE M**

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*Not published herein. (Refer to National Council on Compensation Insurance Retrospective Rating Plan Manual.)*

**APPENDIX**

**EXPLANATIONS AND ILLUSTRATIONS OF  
RETROSPECTIVE RATING OPTION V AND HOW  
TO USE THE TABLE OF INSURANCE CHARGES**

**GENERAL EXPLANATION**

The negotiating process between the insured and the insurance carrier is the basis on which retrospective rating provides flexibility so that the Plan may be designed to meet the needs and characteristics of a risk. As a result of this negotiation, minimum and maximum retrospective premium factors are established, as well as the loss conversion factor. Such selections are necessary for the determination of the other factors essential to the operation of retrospective rating. After these elements have been settled, the basic premium factor may be calculated and applied to the Standard Premium to produce the Basic Premium. The Basic Premium is the sum of certain insurance carrier expenses and a premium charge which reflects the selected premium limitations, the carrier's loss potential and possible profit or contingency.

The key to establishing the Basic Premium Factor for retrospective rating is the Table of Insurance Charges in Part Four of this Plan. It indicates, by expected loss groups, the factors to establish the premium charge which is vital to the determination of the basic premium factor.

The use of the Table of Insurance Charges is accounted for in the following explanations and illustrations of how to determine the factors and other elements which are needed for the operation of The Plan.

**NOTE:** The procedures described in this Appendix are designed exclusively for workers compensation insurance. Rules for the application of retrospective rating to a combination of workers' compensation insurance and other lines of casualty insurance are in the Retrospective Rating Plan issued by the Insurance Services Office.

- A. MINIMUM RETROSPECTIVE PREMIUM FACTOR
- MAXIMUM RETROSPECTIVE PREMIUM FACTOR

These are established by negotiations between the insured and insurance carrier.

- B. LOSS CONVERSION FACTOR

This is also established by negotiations.

- C. STANDARD PREMIUM

The estimated Standard Premium is determined according to the definition of Standard Premium in Rule II-E of Part One of this Plan.

- D. ADDITIONAL PREMIUM SIZES

1. Calculate factors for 50%, 100% and 150% of the estimated Standard Premium, and for any lower or higher premium sizes selected by agreement. The reason for determining such supplementary factors is the probability that the earned Standard Premium will be more or less than the estimated Standard Premium. If the earned Standard Premium is between the selected premium sizes, the Basic Premium Factor for the retrospective premium is based on straight line interpolation between the Basic Premium Factors calculated on the estimated Standard Premiums.

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2. If the earned standard premium is beyond the lowest or highest selected premium sizes, the Basic Premium Factors shall be recalculated.

**E. EXPECTED LOSSES**

Determine expected losses by multiplying the estimated Standard Premium for this state by the expected loss factor shown in the State Special Rating Values - Delaware. Total expected losses are the sum of the expected losses for the states where the Plan applies.

**F. EXPENSE ALLOWANCE – EXCLUDING TAXES**

The Expense Allowance varies on the basis of the annual Standard Premium. Use the Table of Expense Ratios in Part Four – Premium Computation Tables as follows:

1. One Year Plan

Multiply the Standard Premium by the corresponding expense ratio for that premium size.

2. Three Year Plan

Determine the estimated annual Standard Premium for each of the Three Years and multiply each annual Standard Premium by the expense ratio corresponding to that premium size. The sum of the three products is the total expenses.

3. Premium Sizes Other Than 100% of Standard Premium:

The expense allowance is based on the percentage of annual Standard Premium represented by the premium size other than 100% of Standard Premium.

**G. TAX MULTIPLIER**

Tax multipliers are shown in the State Special Rating Values – **Delaware**. For an interstate risk, an average of the specified state tax multipliers weighted by the state standard premiums shall be used.

**H. THE TABLE OF INSURANCE CHARGES**

The Table of Insurance Charges is a fundamental table in the computation of factors for Retrospective Rating. This table shows by expected loss group:

1. A percentage of Standard Premium representing the premium charge for providing insurance against the probability that the losses of the risk may produce a premium greater than the selected maximum retrospective premium.
2. A percentage of the Standard Premium representing a premium saving to recognize the probability that the losses of the risk may produce a premium less than the selected minimum retrospective premium.

Determination of the proper charge and saving for application of The Plan depends on a testing process which is explained in the example which follows in this Appendix.

**I. TOTAL EXPECTED LOSS RATIO**

Divide the total expected losses by the total Standard Premium to determine total expected loss ratio. Refer to C above.

**J. EXPECTED LIMITED LOSS RATIO**

Determine expected limited loss ratio by subtracting the excess loss factor from the expected loss ratio.

**K. BASIC PREMIUM FACTOR**

The Basic Premium Factor is the sum of the following two elements:

1. The expense in basic factor. This is the Expense Ratio (Refer to F above) reduced by the provision for expense in the Loss Conversion Factor. This reduction is illustrated by No. 7 in the example below.

- 2. The net insurance charge. Determine the difference between the insurance charge for the limitation of the Plan premium to the maximum retrospective premium and the premium saving for limiting the Plan premium to the minimum retrospective premium. Then multiply this difference by the product of the expected loss ratio and the Loss Conversion Factor. This last calculation uses the probability of loss indicated in the Table of Insurance Charges to produce a factor applicable to standard premium as an element of the Basic Premium Factor.

Any other calculation may be used to determine the Basic Premium Factor provided the selected factor is not over .005 different from the factor produced by the sum of 1 and 2 above.

For risks on a One Year Plan, the insurance charges and savings used in obtaining the Basic Premium Factor are based on the annual estimated Standard Premium. For risks on a Three Year Plan, the charges and savings are based on the estimated Standard Premium for three years. To determine factors for premium sizes other than 100% of Standard Premium as provided in D above, use the percentage of annual Standard Premium represented by the premium size other than 100% of Standard Premium.

**L. EXCESS LOSS FACTOR**

Excess Loss Premium is an additional elective element in the retrospective premium formula and is determined in accordance with Part Two-I-C of this Plan.

**M. LOSS ELIMINATION RATIO (LER)**

Divide the Excess Loss Factor by Expected Loss Ratio to determine the Loss Elimination Ratio.

**N. STATE AND HAZARD GROUP DIFFERENTIAL**

State and Hazard Group Differentials are found on the state retrospective rating pages. This differential is applied to the expected losses prior to selection of the Expected Loss Group. It reflects the effect of variation in loss severity on the insurance charge.

**O. LOSS GROUP ADJUSTMENT FACTOR**

This factor is applied to the expected losses prior to selection of the Expected Loss Group. It is an adjustment reflecting selected loss limitations. This factor is determined by the following calculation:  $1 + .8LER/1-LER$ .

**AN EXAMPLE OF BASIC PREMIUM FACTOR DETERMINATION**

The following example illustrates a generally accepted method of determining the Basic Premium Factor. Note the statement, in K above, regarding different methods that may be used to determine the Basic Premium Factor.

**ASSUME THE PLAN AGREEMENT PROVIDES**

- A. Minimum Retrospective Premium Factor – 60%
- B. Maximum Retrospective Premium Factor – 130%
- C. Loss Conversion Factor – 1.120
- D. Tax Multiplier – 1.075
- E. Excess Loss Factor for \$50,000 limit – .305
- F. State Hazard Group Differential – .993
- G. Expenses from Expense Ratio Table – .205

1. Estimated Standard Premium .....	\$500,000
2. Expected Losses .....	\$306,000
3. Expected Loss Ratio .....	612
4. Expected Limited Loss Ratio ((3)-(E)).....	307
5. Expense and Profit or Contingency (Excluding Taxes)((1) x G).....	\$102,500
6. Expected Loss & Expense Ratio((2) + (5)) (1) .....	817

7. LOSS & Expense in Converted Losses ((3) x C)above .....	.685
8. Expense & Contingency in Basic Premium Factor (6) - (7).....	.132
9. Minimum Retrospective Premium Factor (Excluding Taxes) ((A) ÷ (D)) .....	.558
10. Maximum Retrospective Premium Factor (Excluding Taxes) ((B) ÷ (D)) .....	1.209
11. Table of Insurance Charges Value Difference $\frac{((6) - (9))}{(C) \times (4)}$ .....	7.53
12. Table of Insurance Charges Entry Difference $\frac{((10) - (9))}{(C) \times (4)}$ .....	1.89
13. Ratio of Losses for Min. Retro Premium to Expected Limited Losses .....	.18
14. Ratio of Losses for Max. Retro Premium to Expected Limited Losses .....	2.07
15. Table of Insurance Charges – Premium Charge for (14) .....	.069
16. Table of Insurance Charges – Premium Saving for (13).....	.001
17. Net Premium Charge ((15) - (16)) x (4) x (C).....	.023
18. Basic Premium Factor (8) + (17).....	.155

**NOTE:** The above calculations are based on the 1988 Table of Insurance Charges in Part Four of the Plan.

The procedure for establishing the values and factors in the above example follows:

**1. Estimated Standard Premium:**

This is the annual or three year standard premium. Refer to Rule II-E of Part One of this Plan.

**2. Expected Losses:**

The expected losses equal the estimated standard premium multiplied by the expected loss ratio which is found in the State Special Rating Values – Delaware. Refer to Part Four for Table of Expected Loss Ranges. For an interstate risk, the expected losses equal the sum of the products of the estimated standard premium for each state and the corresponding expected loss ratio for each state. For the purposes of this example, it has been assumed that the risk is intrastate with an expected loss ratio of .612, which produces expected losses of 306,000 (500,000 x .612).

**3. Total Expected Loss Ratio:**

This is the expected loss ratio for the risk obtained by dividing the total expected losses for all states covered by the Plan by the total standard premium.

**4. Expected Limited Loss Ratio (ELLR):**

This ratio is determined by subtracting the excess loss factor from the expected loss ratio.

**5. Expense and Profit or Contingency – Excluding Taxes**

The expense and profit or contingency (excluding taxes) is determined, for One Year Plans by multiplying the standard premium by the expense ratio found in either the Stock or Non-Stock "Tables of Compensation Expense Ratios – Excluding Taxes, including profit or contingencies." Refer to Part Four – Premium Computation Tables. For Three Year Plans, values are determined similarly for each of the years based on each annual estimated Standard Premium, and the sum of these values is the provision for expense and profit or contingency. The value for expenses shown in this example is equal to \$102,500 x \$500,000 x .205. Note that the Tables of Expense Ratios, and other factors used in the calculations, are subject to revision in

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accordance with modifications adopted by this Bureau. Therefore, care should be taken to use current ratios and factors when preparing a plan calculation.

**6. Expected Loss and Expense Ratio**

This ratio is obtained by dividing the expected losses plus the expenses and profit or contingency (excluding taxes) by the Standard Premium.

**7. Loss and Expense in Converted Losses**

This factor, which expresses the ratio of expected losses and expense to estimated Standard Premium, is the product of the expected loss factor and the loss conversion factor.

**8. Expense and Profit or Contingency in Basic Premium**

The difference between the factor in Item 6, representing the total net premium provision for the risk under the Plan, and the factor in Item 7, representing expected losses and loss adjustment expense associated with insuring the risk, is the expense and contingency amount which must be included in the basic premium.

**9. Minimum Retrospective Premium Factor – Excluding Taxes**

**10. Maximum Retrospective Premium Factor – Excluding Taxes**

**11. Table of Insurance Charges – Value Difference**

**12. Table of Insurance Charges – Entry Difference**

These four items are determined in a way designed to facilitate the testing process by which the Basic Premium Factor is established. The factors entered for these items are obtained as indicated in the above example.

Item (10), Table of Insurance Charges Value Difference, equals the difference between the Table charge for the entry ratio from which the savings is taken and the Table charge for the entry ratio from which the charge is taken. Item (11), Table of Insurance Charges Entry Difference, equals the difference between the entry ratios that determine the savings and charge for the risk.

To use the Table of Insurance Charges, find the loss group in the Expected Loss Ranges in the Table containing the expected loss value.

The adjusted expected loss value is Item (2) multiplied by State and Hazard Group Differential times the Loss Group Adjustment Factor.

The Loss Group Adjustment factor (F) applies when an individual loss limit is selected. The factor is:

$$F = \frac{1 + (.8)(LER)}{1 - LER}$$

where the LER = ELF ÷ Item (3)  
= .498

$$F = \frac{1 + (.8)(.498)}{1 - (.498)} = 2.786$$

S/H Differential = .993

The loss group is 26 (group that contains 846,548 (= 306,000 x 2.786 x .993)).

Then choose two "Entry Ratios" from the Expected Loss Group in the table with a difference equal to Item 12. Make this choice so that the difference in the charges for the Expected Loss Group and for the selected entries most closely approximates Item 11.

To illustrate this testing procedure; several entry ratios and their corresponding charges in group 26 have been reproduced from the Table:

Entry Ratio	Charges (Group 28)
.17	.831
.18	.821
.19	.811

**\* Savings**

Entry Ratio	Charges (Group 26)
2.06	.069
2.07	.069
2.08	.068

Choose and list pairs of entry ratios with a difference equal to item (12), in this case 1.89, and note the respective difference in these charges:

$$\begin{aligned} (2.06 - .17) &= 1.89 \\ (2.07 - .18) &= 1.89 \\ (2.08 - .19) &= 1.89 \\ (.831 - .069) &= .762 \\ (.821 - .069) &= .752 \\ (.811 - .068) &= .743 \end{aligned}$$

The pair of entry ratios whose charge difference most closely approximates item (11) is recorded under items (12) and (13).

**13.** Ratio of Losses Producing Maximum Retrospective Premium to Expected Losses:

**14.** Ratio of Losses Producing Minimum Retrospective Premium to Expected Losses:

These Items are the pair of Table entry ratio values determined by the process outlined previously.

**15.** Premium Charge for (14)

This is the premium charge for losses in excess of those provided by the maximum retrospective premium. It is obtained by reading from the table as shown under item (12).

**16.** Premium Saving for (13)

This is the premium saving for losses less than those which would produce the minimum retrospective premium. The values for premium savings are listed directly beneath the charge values in the Table of Insurance Charges. In this example, the saving of .001 for entry ratio .18 (Item 13) in group 26 is found directly beneath the charge value of .821.

**17.** Net Premium Charge

The net premium charge is determined by calculating the difference between the charge for possible losses which might produce more than the maximum retrospective premium and the saving for losses which might produce less than the minimum retrospective premium, and then multiplying that difference by the product of the expected loss ratio and the loss conversion factor.

**18.** Basic Premium Factor

The Basic Premium Factor is the sum of the net premium charge and the expenses and profit or contingencies in the Basic Premium expressed as a percentage of the Standard Premium. The Standard Premium multiplied by the Basic Premium Factor produces the Basic Premium used in computing the Retrospective Premium.

# DELAWARE WORKERS COMPENSATION MANUAL

## SECTION 5

EFFECTIVE DATE: DECEMBER 1, 2007

## RULINGS AND INTERPRETATIONS

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### TABLE OF CONTENTS SECTION 5 – RULINGS AND INTERPRETATIONS CLASSIFICATION UNDERWRITING GUIDE

#### [Rulings and Interpretations](#)

[Agriculture](#)

[Annual Rating Endorsements](#)

[Automobile Auction - 820](#)

[Automobile Service/Filling Stations](#)

[Bakery Products Distribution](#)

[Bar, Nightclub – 899](#)

[Basis of Premium](#)

[Box Mfg. – Paper – 257](#)

[Cabinet Works – With Power-Driven Machinery – 311](#)

[Caterer – 898](#)

[Ceramic Shops](#)

[Clearing of Land](#)

[Club, N.O.C. – 896](#)

[Construction or Erection – Executive Supervisors – Code 951](#)

[Copying or Duplicating Service - 932](#)

[Corrugated Paper and/or Corrugated Products Mfg. – 261](#)

[Definitions](#)

[Department Store – 914](#)

[Electrical Supplies Dealer – Wholesale – 886](#)

[Employment Contractor – Temporary Staffing](#)

[Endorsements Filing Procedure](#)

[Excavation - 609](#)

[Executive Officers – Multiple Corporate Enterprises](#)

[Executive Officers Remunerations – Treatment of](#)

[Fast-Food Restaurant – 897](#)

[Florist Store - 919](#)

[Food Sundries Mfg. - 104](#)

[Frozen or Frosted Food Products Mfg.](#)

[Fruit or Vegetable Dealer – Wholesale – 907](#)

[Furniture Assembly – 319](#)

[Furniture Mfg. – Wood – 323](#)

[Furniture Store – Retail - All Employees Except Office – 922](#)

[Furniture Store - Wholesale 921](#)

[Furniture Upholstering, Shop Only– 327](#)

[Grocery Store – 917](#)

[Grocery – Wholesale – 911](#)

[Hand Tool Mfg. – Non-Forged - 442](#)

[Hardware Store – Retail – 925](#)

[Hardware Store – Wholesale – 926](#)

[Health Care Facilities and Non-Medical Residential Facilities](#)

[Home Health Care Services](#)

[Homeowners' Association](#)

[Hotel or Motel Operations](#)

[Investigative Agency - 904](#)

[Labor Union - 903](#)

[Library – Public - 890](#)

[Limousine Operation](#)

[Logging or Lumbering, N.O.C. – 009](#)

[Logging or Lumbering – Mechanized Tree Felling Equipment - 015](#)

[Mailing or Addressing Company – 948](#)

[Meat Dealer – Wholesale – 910](#)

[Meat, Fish and/or Poultry Store – 915](#)

[Metal Service Center](#)

[Museum](#)

[Name of Insured](#)

# DELAWARE WORKERS COMPENSATION MANUAL

## SECTION 5

## RULINGS AND INTERPRETATIONS

EFFECTIVE DATE: DECEMBER 1, 2007

---

[Newspaper or Periodical Printing - 282](#)  
[Paper Coating/Finishing – 263](#)  
[Paper Products Mfg., N.O.C. – 259](#)  
[Plumbing Supplies Dealer or Pipe Merchant – Wholesale – 885](#)  
[Policy Corrections](#)  
[Policy Writing Procedure](#)  
[Poultry and/or Fish Dealer/Processor – 865](#)  
[Precision Machined Parts Mfg – N.O.C. - 446](#)  
[Prefabricated Metal Building Erection – Prefabricated Sheet Metal and Silo Erection – Metal](#)  
[Pre-School \(Child Care or Early Education\) Services – 891](#)  
[Printing, N.O.C. - 281](#)  
[Printing - Principally Sheet Fed Press Production - 285](#)  
[Processed Meat Products Mfg. – 106](#)  
[Product Assembly Definition](#)  
[Publisher - Printing Outsourced, Performs Product Distribution - 287](#)  
[Restaurant, N.O.C. – 975](#)  
[Retail Store with Manufacturing Concern](#)  
[Recycling Center - 862](#)  
[Saw Blade Or Industrial Knife Mfg. - 443](#)  
[Security Agency - 954](#)  
[Self-Serve Gasoline Stations and Convenience Grocers](#)  
[Shelter or Halfway House – 986](#)  
[Shop Repair Operations](#)  
[Slaughterhouse – Wholesale – 111](#)  
[Snow Plowing etc.](#)  
[Stationery Products Mfg. – 265](#)  
[Tool Mfg. – Forged – 433](#)  
[Tool Mfg. – N.O.C. – 441](#)  
[Tree Pruning, Spraying, Repairing or Fumigating – Code 005](#)  
[Truck Stops](#)  
[Weatherization Programs – Code 647](#)  
[Wholesale/Retail Mail Order House or Internet Sales – Definitions](#)

### **Auditing**

[Automobile Dealerships](#)  
[Commission Salespersons](#)  
[Counter Personnel – Automobile Repair Facilities](#)  
[Drivers](#)  
[Employee Expense Reimbursements](#)  
[Prevailing Wage Payments](#)  
[Property Management Firms](#)  
[Salary Reduction Plans](#)  
[Strike Periods](#)  
[Traveling Time Payments](#)  
[Wages Paid for Idle Time](#)

### **Classification Underwriting Guide**

[Alphabetic](#)  
[Numeric](#)

### **Examples and Tables**

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**RULINGS AND INTERPRETATIONS**

This digest of rulings and interpretations is published for the convenience and guidance of the members of the Bureau and does not bear the official approval of the Insurance Commissioner. The rulings and interpretations are based upon decisions made on individual risks, or they represent established practices. Each item has been approved for publication herein by the Classification & Rating Committee.

Rulings and interpretations should generally be followed for underwriting purposes in the case of risks which appear to come within their stated provisions. If risks involve conditions or operations which appear to be exceptions, such exceptions should be referred to the carrier and the Bureau.

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**DEFINITIONS**

**ALL EMPLOYEES EXCEPT OFFICE:** There is no payroll division between a business classification designated "all employees except office" and Code 951. Such business classification contemplates all salespersons, including but not necessarily limited to over-the-road salespersons, floor salespersons, inspectors, interior designers or decorators employed by any business assignable to that classification.

**ALL EMPLOYEES INCLUDING OFFICE:** There is no payroll division between a business classification designated "all employees including office" and Codes 951 and 953. Such business classification contemplates all salespersons employed by any business assignable to that classification. Such classification also contemplates clerical office personnel engaged in the administration of the business, regardless of whether the office personnel are located at or contiguous to the business' location or a location separate from the business' location.

**ALL EMPLOYEES INCLUDING OFFICE EXCEPT HOME HEALTH CARE SERVICES:** This definition is the same as the "all employees including office" definition above except for the designated separate personnel (e.g., home health care), which shall be subject to separate classification as provided for in this Manual.

**CAMPUS:** The grounds, buildings and all surrounding facilities at a single or contiguous geographic location where operations are conducted by a single risk as defined by the Delaware Experience Rating Plan. Support services at such location may include but are not necessarily limited to: buildings or grounds maintenance, dietary, laundry or housekeeping that may be shared by all the contiguously-situated operations, which shall be construed as a single enterprise.

**N.O.C.:** Not Otherwise Classified. A classification so designated is to be assigned when there are two or more potential classification assignments, and there is no specific Underwriting Guide entry for a business' principal product or line of merchandise. For example, in the event there is no Underwriting Guide entry for a principal line of merchandise being sold wholesale, the assignment is Code 924.

**PRINCIPALLY ENGAGED:** The business activity that generates more than 50 percent of a business' overall revenue.

**PRINCIPAL:** When a store sells several types of merchandise, each of which may be subject to a different classification, such store shall be classified based on the principal category of merchandise sold. The term "principal" means more than 50 percent of the business' overall revenue.

**TO BE SEPARATELY RATED OR SEPARATELY RATE:** When either of these terms is found in a classification's definition, the payroll of personnel interchanging between that classification's tasks (e.g., shop) and also performing the specified function (e.g., erection, installation) may be divided between that shop class and class(es) designated for the specified function, provided the employer's original records show an allocation to both classifications for each interchanging employee. Estimated or percentage allocation of payroll is not permitted.

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**AGRICULTURE**

Agriculture, the art or science of cultivating the ground, includes not only farming but also horticulture – the cultivation of a garden or orchard, the art of growing fruits, vegetables or ornamental plants – and the breeding, raising and care of livestock for sale or for dairying purposes. Agriculture includes the marketing and transportation of these products by the farmer.

Code 917 may also be assigned when a retail store is operated by a separate crew of employees with no interchange of labor with the employer's other operations, and when separate payroll records are kept.

**ANNUAL RATING ENDORSEMENTS**

An "Annual Rating Endorsement" shall be submitted annually for each continuing form policy or policy written for a period in excess of one year but not more than three years to be effective on the anniversary date set by such policy. It shall be submitted to the Bureau not later than thirty days subsequent to its inception.

Each annual rating endorsement shall be clearly identified by printing in large boldface type at the top of the endorsement the words "ANNUAL RATING ENDORSEMENT."

Annual rating endorsements shall also:

1. Show the name of the carrier providing the insurance. If the names of affiliated carriers are printed on endorsement forms, the particular carrier providing coverage shall be clearly indicated.
2. Show the policy number, including all printed and typed prefixes to facilitate the identification of the policy to which the Annual Rating Endorsement is related.
3. If the annual rating endorsement being filed replaces an annual rating endorsement covering the same period, indicate that it is a rewrite.
4. Show the date of its inception and expiration.
5. Show the code number(s) and rate(s) applicable. If the rate(s) or experience modification is not effective as of inception date of the endorsement, also show the effective date of such rate(s) or modification.
6. Show the premium adjustment period, deposit premium and estimated annual premium for the period covered by the Annual Rating Endorsement.

Annual Rating Endorsements shall be used only for the purpose of showing the proper rates, experience modifications, premium adjustment period, deposit premium and estimated annual premium for each one-year period. They cannot be used to make any other changes in the policy such as, but not restricted to, modifying the name of the insured, adding or eliminating classifications, adding or eliminating locations.

**CABINET WORKS – WITH POWER-DRIVEN MACHINERY – 311**

Applicable to a business principally engaged in the manufacture of cabinets, cabinet parts or other similar wood products in which power-driven machinery is used. Many of the products contemplated by this classification are made to buyers' or customers' specifications and require installation.

Typical products included by this classification include but are not necessarily limited to:

- |                        |                       |
|------------------------|-----------------------|
| Architectural Woodwork | Partitions            |
| Bathroom Vanities      | Picture Frames        |
| Bookcases              | Restaurant Booths     |
| Bulletin Boards        | Room Dividers         |
| Counter Tops           | Showcases             |
| Display Cases          | Store Counters        |
| Kitchen Cabinets       | Toys – Wood           |
| Library Cabinets       | Walk-In Refrigerators |
| Parquet Flooring       |                       |

**OPERATIONS ALSO INCLUDED:**

- 1. Finishing of cabinets, cabinet parts or similar wood products by their manufacturer. The term finishing means shellacking, staining, painting, lacquering or varnishing or covering with Formica, porcelain or similar materials.

**OPERATIONS NOT INCLUDED:**

- 1. Separately rate installation work by either Code 646 or Code 648 as provided in the Underwriting Guide.
- 2. Assign Code 327 to upholstering operations conducted by a separate employee crew in a physically separate department.

**DEPARTMENT STORE – 914**

For businesses having 20 or more full-time employees or their equivalent and the merchandise handled must include: wearing apparel, linens, house furnishings (other than furniture) and two or more of the following: cosmetics, furniture, giftware, hardware, jewelry, luggage, stationery/greeting cards, sporting goods and toys. The total annual sales of wearing apparel, linens, and house furnishings must exceed 50 percent of the total annual sales.

The criteria above will be applied to each location of a business.

**OPERATIONS ALSO INCLUDED:**

- 1. Personnel performing the installation of house furnishings at customers' locations.

**EMPLOYMENT CONTRACTOR – TEMPORARY STAFFING**

Temporary staffing is a business that hires its own employees and assigns them to an unrelated business to support or supplement that unrelated business' permanent workforce in a special work situation including but not necessarily limited to employee absences (e.g., vacation or illness), temporary skill shortages, seasonal workloads or special assignments or projects. The temporary staffing business usually contracts to fill a job but not to supply a particular person to fill that job. The special work situation generally involves a work assignment that may be of varying time length from a single day to any period less than a year.

Employers engaged in supplying temporary staffing to unrelated concerns shall in all instances be classified in accordance with the separate temporary staffing classes shown in Section 2 of this Manual per the cross-reference chart below subject only to specified EXCEPTIONS for temporary staff engaged in various occupations or tasks listed after the chart. The cross-reference chart shows which business classifications are assignable to each appropriate temporary staffing class. The customers' assigned business classification shall be a guide in selecting the temporary staffing class(es) utilized in classifying the different portions of a temporary staffing contractor's payroll.

**TEMPORARY STAFFING CLASSIFICATION**

Assignable Customer Business Classification(s)
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**185**

For example, the table entry [104] indicates that temporary staff performing duties which would be subject to Bureau classification **104** if performed by direct employees of the client are to be assigned to the temporary staffing **Code 185**. In total there are 20 temporary staffing classifications for which there is a single assignable customer business classification, seven temporary staffing classifications with multiple assignable customer business classifications and one temporary staffing classification, **Code 889**, which applies to all temporary clerical or technical service staff regardless of the customers' business classification(s).

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 4**

**RULINGS AND INTERPRETATIONS**

**TEMPORARY STAFFING  
CROSS-REFERENCE CHART**

<b>185</b> 104	<b>187</b> 107	<b>191</b> 161	<b>275</b> 221	<b>276</b> 222	<b>297</b> 281
<b>491</b> 403	<b>495</b> 451	<b>497</b> 472	<b>499</b> 475	<b>587</b> 563	<b>691</b> 609
<b>693</b> 651	<b>695</b> 661	<b>867</b> 813	<b>877</b> 914	<b>879</b> 923	<b>881</b> 926
<b>883</b> 928	<b>889*</b> 953 956 962	<b>895</b> 965			

\* **Code 889** also applies to temporary clerical or technical service staff provided to customers subject to any other business classification(s).

<b>544</b>									
101	115	166	255	319	416	443	463	501	551
105	119	201	257	323	421	445	464	502	553
106	130	204	282	327	425	446	465	506	555
108	132	205	285	402	427	447	467	507	571
109	134	225	287	404	429	449	473	509	573
110	135	227	301	406	431	454	483	511	581
111	136		305	407	433	456	486	512	718
112	139		306	411	435	457	487	513	744
113	163		309	413	441	459	488	535	4771
114	165		311	415	442	461	489	536	4777

<b>682</b>					<b>929</b>		<b>937</b>				
601	617	653	664	675	885	920	005	803	811	859	924
602	625	654	665	676	886	921	009	804	812	860	980
603	643	655	666	677	910	922	015	805	817		992
605	645	656	667	679	915	925	028	806	821	862	995
606	646	657	668	681	916	927	055	807	855	865	
607	647	658	669		917	932	059	808	857	907	
608	648	659	670		918	933	721	809	858	911	
611	649	660	673		919	934	801				
615	652	663	674			935					

<b>946</b>		<b>947</b>					<b>949</b>
940		0011	757	891	954	978	709
957		012	759	896	963	981	819
958		0013	814	897	964	983	903
959		141	815	898	966	984	904
960		142	816	899	967	986	951
961		662	818	936	968	988	955
974		716	820	939	969	997	
		751	825	941	971	999	
		752	880	944	973	7428	
		753	882	945	975		

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755	884	948	976
	887	952	977
	890		

**EXCEPTIONS**

- 1) **AVIATION** – any temporary personnel provided as flight crew in any capacity shall be assigned to the appropriate aircraft operation classification.
- 2) **LONGSHORING** – personnel provided to load or unload a vessel shall be assigned to the appropriate stevedoring classification.
- 3) **SHIP BUILDING** – temporary staff provided to perform work concerned with either ship building and/or ship repair shall be assigned to the appropriate Federal classification.
- 4) **FARM LABOR** – any temporary staff shall be assigned to the appropriate agricultural classification or if provided to perform mechanical harvesting, picking and related activities utilizing machinery shall be assigned to Code 007.
- 5) **LEASED EMPLOYEES** – the leasing of personnel shall not be construed as temporary staffing.
- 6) **CLERICAL** – all temporary clerical staff shall be assigned to Code 889 regardless of the customer's business classification.
- 7) **HOME HEALTH CARE** – any personnel performing home health care services shall be assigned to the appropriate home health care class as provided in Section 2 of this Manual.
- 8) The following classifications are not available as a guide in classifying temporary staffing contractors: 985, 0908, 0909, 0912 and 0913.
- 9) **EMPLOYMENT CONTRACTOR'S PERMANENT STAFF** – shall be assigned to Codes 951 and 953 as they may apply. Other permanent staff employees with duties falling beyond the scope of the standard exception classes shall be assigned to Code 971.

**EXECUTIVE OFFICERS – MULTIPLE CORPORATE ENTERPRISES**

An executive officer may either receive a salary from only one or from several corporations insured under one policy. In other instances several policies may be issued to cover several corporations and an executive officer may receive a salary from each of these corporations. The following procedure shall apply in these instances:

Where it is permissible to include more than one corporation on a single policy and such corporations are insured by a single carrier whether under one or more policies, the several corporations shall be considered as a unit with respect to the application of the Executive Officers Rule. In all other cases the rule shall apply on a policy basis.

**EXECUTIVE OFFICERS REMUNERATION – TREATMENT OF:**

The remuneration of executive officers shall be treated in accordance with the following procedures:

1. The remuneration of an executive officer shall not be included with the payroll of the risk for premium computation purposes, provided:
  - (a) That such officer is elected for the value of his or her name or because of stock holdings, has no duties and does not come on the premises, except perhaps to attend directors' meetings.

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- (b) That such officer because of age or for other reasons, ceases to perform any duties and does not come on the premises, except perhaps to attend directors' meetings.
  2. The remuneration of an executive officer shall be included with the payroll of the risk for premium computation purposes, subject to the minimum and maximum provisions of the Basic Manual, provided:
    - (a) That such executive because of age or for other reasons, ceases to perform any duties, but nevertheless, frequently visits the premises of the risk.
    - (b) That such officer frequently visits the premises of the risk for business conferences, directors' meetings or similar duties, although also an officer or employee of another risk in the operations of which he takes an active interest.
  3. Under the following conditions, the amount of remuneration of executive officers which shall be included with the payroll of the risk for premium computation purposes, subject to the minimum and maximum amounts of the Basic Manual, shall be as indicated below:
    - (a) Where the officer draws no salary in fact, but a regular salary is credited to him or her on the books, the amount so credited shall be included in the payroll of the risk as his or her remuneration.
    - (b) Where the officer draws no salary in fact, but a regular salary is credited to him or her on the books and subsequently charged back to such officer, the amount so credited shall be included in the payroll of the risk as his or her remuneration regardless of such charge off.
    - (c) Where the officer draws no regular salary but draws such various sums as his or her needs or the conditions of the business dictate, the actual amount drawn shall be included in the payroll of the risk as his or her remuneration.
    - (d) Where the officer receives no salary in fact, either drawn or credited, or where the records presented to the auditor fail to disclose the salary, the amount to be included in the payroll of the risk shall be the applicable manual minimum per week.

#### **ENDORSEMENTS FILING PROCEDURE**

The provisions of each endorsement applicable in Delaware as developed by the appropriate committees of the Bureau, will be filed by the Bureau with the Department, for all members who have furnished the President of the Bureau with a Power of Attorney to so file on their behalf.

Individual filing with the Department will not be required for any carrier who has executed the Power of Attorney, with respect to the provisions of endorsements which have been filed by the Bureau and accepted by the Insurance Department.

Following the acceptance by the Department of the provisions of endorsements filed by the Bureau, a circular letter will be issued by the Bureau notifying the members of the Bureau.

A specimen copy of each endorsement form, prepared by the carrier, shall be filed with the Bureau, accompanied by a letter certifying to the following:

- (a) That the form of the endorsement is exactly in accord with the form as filed with the Insurance Department.
- (b) That the minimum requirements of the Insurance Department with respect to execution, name of carrier, etc., have been complied with.

When specimen copies of each endorsement form have been placed on file in the Bureau, no further action will be necessary to authorize use of such endorsements by those carriers on whose behalf the filing was made.

It is anticipated that all carriers will avail themselves of this simplified procedure. In the event a carrier chooses not to furnish the President with a Power of Attorney that carrier must continue to file its endorsements with the Insurance Department.

#### **FOOD SUNDRIES MFG. – 104**

This classification applies to risks engaged in the preparation or manufacture of food products whose operations are not more specifically described by any other Manual classification. If a risk otherwise subject to this classification includes minor operations which are described by another Manual classification, such operations should be included in this classification unless their inclusion is prohibited by the Manual or unless they constitute a distinctly separate enterprise.

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All types of containers such as bottles, jars, cans, bags or cartons may be used for the finished product.

In general, the operations fall into a few broad groups.

**Dry Processing:**

- (a) Grinding, mixing or otherwise blending dry ingredients to produce numerous kinds of prepared flours, gelatins, desserts and beverage preparations such as hot chocolate or malted milk powder.
- (b) Cleaning, roasting, grinding coffee, blending, mixing teas, grinding, milling, sifting spices, cleaning, shelling, roasting and otherwise preparing nuts by salting, sugaring, shredding, etc., as well as making nut pastes by grinding, milling or pressing.

**Wet Processing:**

- (a) Manufacturing sauces, dressings, desserts and similar products by grinding and mixing the ingredients.
- (b) Preparing olives, capers, cherries or pickles by washing, sorting, pitting or stuffing, filling in jars with a brine solution or coloring.
- (c) Compounding flavoring extracts or syrups by cold mixing essential oils, syrups, fruit juices or other liquids or ingredients with alcohol, water or other solvents or diluents.

**Cooked Foods, Salads, etc.:**

This group covers a large variety of food products that require a considerable amount of preparatory kitchen work before they are finally placed into containers. Some of these food products are soups of all kinds, meat, fish or poultry in combination with vegetables, noodles, cereals, etc., chow mein, spaghetti with various sauces, mince meat. Included in this group are also freshly prepared foods, cooked or uncooked, that are sold in open or unsealed containers such as salads, soups, baked macaroni or beans, egg custard, cole slaw and spiced vegetables.

Vegetables, meats, fish or other ingredients are washed and cleaned, then reduced to required size or consistency by cutting, slicing, chopping, grinding, etc. Appropriate spices or seasoning are added and the mixture is cooked. In many instances there are additional cutting, chopping, mixing, re-cooking or straining operations before the product is filled into bottles, jars, cans, etc. The products that are sold in open or unsealed containers are generally freshly prepared and disposed of daily.

**This classification is not applicable to the following operations:**

1. The manufacture of essential oils or extracts such as are used for perfume by the process of distillation, filtration or percolation.
2. The preparation of extracts to be used for perfumery purposes by a cold mixing processing or the blending of ingredients for the same purposes.
3. Syrup manufacturing by mixing and cooking fruits or fruit juices with sugar, etc.
4. Manufacturing preserved fruits such as candied fruit peels or rinds, pie fillings, soda fountain syrups, by cleaning, cutting, etc. and cooking with the required ingredients.
5. Preserving or otherwise preparing meat products by smoking, corning, curing, salting, encasing, etc.
6. The preparation and sale of delicatessen by retail delicatessen stores.
7. The preparation of food by caterers.
8. Pickling cucumbers or other food products.
9. The repacking of food products from large containers into smaller ones, involving no processing operations. This would include dry, liquid, semi-liquid and solid products.

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**FURNITURE ASSEMBLY – 319**

Applicable to businesses principally engaged in the assembly of wood, metal or plastic furniture or cabinet-type products from parts manufactured by unrelated businesses. Included are all types of home or office furniture such as tables, chairs, dressers, chests of drawers, bed frames or desks or cabinet-type products. The assembly work is normally accomplished by means of nails, screws, brackets, glue, dowel pins and clamps. Also includes the finishing of the assembled products by painting, staining, varnishing, lacquering, shellacking or covering surfaces with formica-type materials.

The repair or reconditioning of wood, metal or plastic furniture or cabinet-type products which does not require the manufacture or fabrication of parts (or whereby the fabrication is not performed by the risk but parts are purchased from other unrelated risks) shall also be assigned to this classification. The type of operations found here would involve only tightening loose parts, regluing parts or replacing broken parts, stripping off the old finish and applying a new finish.

**OPERATIONS NOT INCLUDED:**

Upholstering of new or used, repaired or reconditioned furniture conducted by a separate crew in a physically separate area shall be assigned to Code 327.

**FURNITURE MFG. WOOD – 323**

Applicable to employers principally engaged in the manufacturing of individual completed wood furniture pieces or sets including but not necessarily limited to: bedroom, living room or dining room pieces or sets, office furniture, billiard tables, console-type audio or television cabinets, pianos or piano cases, juvenile or nursery furniture, lawn or garden furniture, frames for upholstered furniture, occasional tables, chairs, desks or wardrobes.

This classification contemplates both the fabrication of the various parts on woodworking machines and the subsequent assembly of the components into completed furniture. Also included is the finishing by staining, painting, varnishing, lacquering or polishing. In addition, hardware such as hinges, pulls, locks or casters may be attached.

Also applies to the repair of furniture when it is necessary to machine new parts as replacements for damaged or broken parts.

**OPERATIONS NOT INCLUDED:**

1. Assign Code 327 to a separate employee crew in a physically separate work area performing upholstery.
2. The manufacture of furniture parts which are not assembled into completed furniture or completed chair or furniture frames by the same employer is assignable to Code 305 for non-turned furniture parts or to Code 306 for all turned furniture stock.

**FURNITURE UPHOLSTERING, SHOP ONLY– 327**

An upholstery shop's operations shall include but are not necessarily limited to: fabric cutting and sewing, spring-up, trimming and the final assembly of the upholstered materials onto the manufactured frame.

**Operations Not Covered:**

1. Furniture frame manufacturing or assembly shall be classified as provided for in this Manual.
2. Upholstering operations conducted at customers' locations is assignable to Code 670.

**GROCERY STORE – 917**

Applicable to businesses principally engaged as supermarkets or convenience retail grocers as separately defined below.

A supermarket is principally engaged in the retail sale of groceries, fresh fruits, vegetables, dairy products, bakery products, frozen foods and in addition thereto will have a meat department that sells fresh or cured meat, fish and/or poultry. A typical supermarket will also sell other merchandise including but not necessarily limited to: soft drinks, soap and other household cleaning items, paper products and/or cigarettes. A supermarket that is a "supercenter" may also sell non-grocery merchandise including but not necessarily limited to: cosmetics, toiletries, stationery products, books, greeting cards, women's hosiery, non-prescription drugs or kitchen supplies (e.g., pots, pans or pot holders). A "super" center may further rent videos and/or DVDs.

A convenience grocer is principally engaged in the retail sale of groceries, fresh fruits, vegetables, dairy products, frozen foods, coffee, tea, spices or delicatessen foods such as cold cuts, salads, pickles, smoked fish or other "appetizers." A convenience grocer or a delicatessen store may also sell coffee by the cup, make sandwiches or sell sandwiches prepared by an unrelated business, prepare salads and/or cook meat such as roast beef, ham, barbecue chicken or spare ribs. A convenience grocer may also sell other

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merchandise including but not necessarily limited to: soft drinks, household cleaning items, paper products, cigarettes or non-prescription drugs.

**OPERATIONS ALSO INCLUDED:**

1. Pharmacy operations conducted by the supermarket at the same or contiguous location.
2. Bakery operations conducted by the supermarket.

**OPERATIONS NOT INCLUDED:**

1. Assign Code 915 to a business principally engaged in the retail sale of fresh or cured meats, poultry or fish.
2. The business of a concessionaire or independent contractor operating on the premises of a supermarket will be classified on the merits of their operations.

**HARDWARE STORE – RETAIL – 925**

Applies to retail stores principally engaged in selling hardware. The term hardware as used in this classification includes but is not necessarily limited to: nails, screws, bolts, washers, gaskets, brackets, locks, hinges, electrical outlet boxes, switches, fuses, plugs, sockets, hand or portable electric tools, plumbing fixtures, paint, small household electrical appliances, radios, stereo equipment, televisions, video and/or audio equipment, kitchenware, garden tools and equipment such as lawn mowers and snow blowers.

In addition, hardware stores may also make keys, sharpen saws or repair storm windows and screens and sell a wide variety of non-hardware items such as wallpaper and allied supplies, china, glassware, sporting goods or automobile accessories or parts.

Such stores may also rent floor scraping or polishing machines, rug and upholstery cleaning machines and similar equipment.

Other types of retail stores or operations assigned to this classification are:

1. Bicycle Stores – including rental and incidental repair work.
2. Locksmiths – including installation, repair or replacement of locks in existing buildings.
3. Lawn mower sales and service (including riding-type).

Where a store sells several types of merchandise, each of which may be subject to a different classification, such store shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50% of the gross receipts.

**Operations Not Covered:**

Except as provided for above, separately staffed installation, service or repair operations shall be separately classified including but not necessarily limited to the examples listed below:

1. The service or repair of televisions, video and/or audio equipment shall be assigned to Code 966.
2. The service or repair of major household appliances shall be assigned to Code 662.

**HARDWARE STORE – WHOLESALE – 926**

Applies to dealers principally engaged in the wholesale selling of hardware. The term hardware as used in this classification includes but is not necessarily limited to: nails, screws, bolts, washers, gaskets, brackets, locks, hinges, hand or portable electric tools, machine tools, small household electrical appliances, stereo equipment, radios, televisions, video and/or audio equipment, kitchenware, mill supplies or garden tools or garden equipment such as lawn mowers or snow blowers. A wholesale hardware dealer may also sell plumbing or electrical supplies.

Also includes "ship chandlers" who are dealers in ship supplies and equipment, such as engine room equipment, lifeboat supplies, navigational instruments, deck gear or other ship stores.

Other types of risks included in this classification are wholesale dealers in the following articles:

1. Radio or Television Parts
2. Appliance Parts (for example, washers, dryers, window-unit air conditioners or refrigerators)
3. Aircraft Parts and Accessories
4. Welding Supplies, such as bottled gases, torches, welding rods or face masks

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5. Cutlery
  6. Sewing Machine Heads or Parts

Where a store sells several types of merchandise, each of which may be subject to a different classification, such store shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50 percent of the gross receipts.

**Operations Not Covered:**

1. Wholesale dealers principally engaged in selling wire rope or cable assign to Code 857.
2. Retail or wholesale establishments principally engaged in selling building materials such as roofing (including shingles), siding, wallboard, brick and/or lumber assign to Code 855.
3. Wholesale dealers principally engaged in selling plumbing supplies or pipe shall be assigned to Code 885.
4. Wholesale dealers principally engaged in selling electrical supplies (e.g., electric wire, fuses, circuit breakers) shall be assigned to Code 886.

**HEALTH CARE FACILITIES AND NON-MEDICAL RESIDENTIAL FACILITIES**

This provides a description of the operations assignable to the following codes:

- 958 "REHABILITATION HOSPITAL"
- 960 "NURSING AND CONVALESCENT HOME"
- 961 "HOSPITALS"
- 974 "RETIREMENT OR LIFE CARE COMMUNITY"
- 979 "RESIDENTIAL FACILITY FOR THE ELDERLY – NON-MEDICAL"
- 940 "RESIDENTIAL CARE FACILITY FOR THE DEVELOPMENTALLY DISABLED"
- 941 "SOCIAL REHABILITATION FACILITY"

**Code 958, "REHABILITATION HOSPITAL"**

Health care facilities that are licensed as rehabilitation hospitals or psychiatric hospitals by the State of Delaware and who do not meet the criteria for assignment to the hospital classification and are not licensed as a nursing home shall be assigned to this classification. This classification applies to a category of rehabilitative facilities that falls between a full-service hospital and a nursing home.

**Types of Facilities to be included in this classification are:**

- Rehabilitation hospitals
- Psychiatric hospitals
- Alcohol and/or drug residential facilities licensed as Medical or Social Setting Detoxification.

**Code 960, "NURSING AND CONVALESCENT HOME – with 50 percent or more beds Licensed as Intermediate Care or Higher"**

Applies to concerns operating health care facilities that are licensed by the State of Delaware as nursing homes and have 50 percent or more of their beds licensed as Intermediate Care or Higher. These firms offer varying degrees of care to patients who may be incapacitated in differing degrees including bedridden patients. Intermediate Care is less than skilled care but more than Rest (Residential). The services are given in accordance with physician's orders, updated at least every sixty (60) days.

Skilled Nursing Care means high intensity comprehensive planned care including rehabilitative or restorative therapy, complex medical or drug therapy, diet supervision, trained observation and/or nursing care available on a twenty-four hour basis.

These insureds may or may not be multiple tier facilities meaning there is a mix of licensed beds and unlicensed quarters such as apartments or cottages. A class assignment to either Code 960 or to Code 974 is dependent upon the counting procedure delineated below. Rest (Residential), intermediate care or skilled nursing beds shall be counted per bed. Apartments or cottages shall be counted per number of units with each unit being the equivalent of a bed. Those with 50 percent or more beds licensed as intermediate care or higher are assignable to Code 960. Those with less than 50 percent so licensed are assignable to Code 974.

There shall be no payroll division between Code 960 and Codes 974 and 979 at a single location/campus.

**Types of Facilities to be included in this classification are:**

- Convalescent home, with 50 percent or more beds licensed as intermediate care or higher
- Life Care Community, with 50 percent or more beds licensed as intermediate care or higher

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Nursing home, with 50 percent or more beds licensed as intermediate care or higher

Retirement Community, with 50 percent or more beds licensed as intermediate care or higher

**Operations Not Covered:**

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided for in this Manual.

**Code 961, "HOSPITALS"**

Only those medical institutions providing general hospital facilities shall be assigned to Code 961 – "Hospitals." The following minimum criteria shall be used as a guide for determining those risks assigned to this classification:

1. An organized staff of doctors subject to a duly authorized set of by-laws adopted by the hospital.
2. Registered nurse supervision and such other nursing services to provide patient care 24 hours a day.
3. (a) Surgical facilities and/or  
(b) Operating or delivery room
4. Relatively complete diagnostic and treatment facilities for medical patients on the premises, and
5. Diagnostic X-ray and clinical laboratory services regularly and immediately available.

In general, hospitals licensed by the State of Delaware, under the following types, meet these criteria and shall be assigned to Code 961 – "Hospitals":

**Type of Facility**

- General hospitals which admit maternity patients
- General hospitals which do not admit maternity patients

Code 961 includes clerical office personnel engaged in the business administration of the hospital or related functions regardless of whether the office personnel are located at or contiguous to the hospital or at a location separate from the hospital.

**Operations Not Covered:**

Employees performing home health care services shall be separately classified as provided in this Manual.

**Code 974, "RETIREMENT OR LIFE CARE COMMUNITY with less than 50 percent of beds Licensed as Intermediate Care or Higher"**

LIFE CARE/RETIREMENT COMMUNITIES offer lifetime guarantees for housing and long term skilled nursing care. These facilities provide independent living units, personal care units and intermediate skilled care units at one site. The client pays a one-time entrance fee and subsequent monthly maintenance fees. Clients enter through independent living units and as needed progress onto higher levels of care.

A Life Care or Retirement Community is a multiple tier facility meaning it has a mix of licensed beds and unlicensed quarters such as apartments or cottages. These insureds are classified to either Code 960 or to Code 974 dependent upon the counting procedure delineated below. Rest (Residential), intermediate care or skilled nursing beds shall be counted per bed. Apartments or cottages shall be counted per number of units with each unit being the equivalent of a bed. Those with 50 percent or more beds licensed as intermediate care or higher are assignable to Code 960. Those with less than 50 percent so licensed are assignable to Code 974.

There shall be no payroll division between Code 974 and Codes 960 and 979 at a single location/campus.

**Types of Facilities to be included in the classification are:**

- Continuing Care Community, with less than 50 percent of beds licensed as intermediate care or higher
- Life Care Community, with less than 50 percent of beds licensed as intermediate care or higher
- Retirement Community, with less than 50 percent of beds licensed as intermediate care or higher

**Operations Not Covered:**

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided for in this Manual.

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**Code 979, "RESIDENTIAL FACILITY FOR THE ELDERLY – NON-MEDICAL"**

Applicable to businesses providing custodial/personal care for residents who are ambulatory and where facilities are non-medically oriented. The State of Delaware defines custodial care/personal care facilities as those providing resident beds and personal care services for persons who are normally able to manage activities of daily living.

Includes facilities licensed as Rest (Residential) Homes. These homes provide shelter, housekeeping services, board, and personal surveillance or direction in activities of daily living.

There shall be no payroll division between Code 979 and Codes 960 and 974 at a single location/campus.

**Operations Not Covered:**

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided for in this Manual.

**Code 940, "RESIDENTIAL CARE FACILITY FOR THE DEVELOPMENTALLY DISABLED"**

Includes operations licensed as Intermediate Care Facilities for the Mentally Retarded (ICF/MR) regardless of client count or location. Also included are schools and daycare activities operated by the facility.

ICF/MRs are licensed by the state to provide on a regular basis, health related care and services to mentally retarded, who do not require the degree of care or treatment which a hospital or skilled nursing facility is designed to provide. These facilities regardless of client number provide unique and specialized residential, medical and habilitation services to its clients.

The larger ICF/MRs (9 or more clients) usually provide educational, workshop/vocational and physical therapy programs at one campus with many residents living in cottages having no more than 8 residents each. Supervision may be provided by staff in three 8-hour shifts. Smaller ICF/MRs (8 or fewer clients) also assigned to this classification provide community-based programs which are designed to facilitate the client's movement to a less restrictive environment than the larger facilities. These community-based ICF/MRs employ a relatively high staff to client ratio and 24-hour supervision with at least one staff member monitoring overnight activity. Smaller ICF/MRs may serve clients from higher functioning to profoundly retarded.

Facilities providing residential care for other developmental disabilities (i.e., autism and cerebral palsy) are to be included within this class.

**OPERATIONS NOT INCLUDED:**

1. Assign Code 964 to separately-staffed certified sheltered workshops.
2. Assign Code 941 to separately-staffed group homes for five or fewer residents licensed as Neighborhood Homes located off campus.

**Code 941, "SOCIAL REHABILITATION FACILITY"**

Applicable to non-medical residential care facilities providing a transitional non-institutional environment in a group setting which emphasizes through guidance and counseling the social rehabilitation and the eventual reintegration of the resident into the community. Such facilities include: Group Homes for the Mentally Ill and Neighborhood Homes.

Residential facilities for children provide a non-institutional environment focusing on socialization and reintegration into the community. Residents in these facilities are usually pre-teen to 18 years of age. At these facilities individualized programs are designed to rehabilitate the child. Emphasis is placed upon reuniting children with their families, placing children in foster care or moving them into a group home where independent living skills are stressed.

Neighborhood Homes operating group homes with 5 or fewer mentally disabled residents are community-based residential programs providing supportive services for clients. These facilities have a minimum of one staff member on duty at all times when a client is present. Clients in the group homes access community-based programs for the mentally retarded. These clients do not require the health care provided at an ICF/MR. Many of these clients will become self-sufficient enough to move into minimal supervision apartments.

Additional programs, e.g., daycare, respite care and prevocational training programs, provided by group home operators shall be included within the scope of this class. Training programs that pay the trainees for services rendered (including sheltered workshops) shall be separately classified.

**Operations Not Covered:**

Drug and alcohol halfway houses, shelters for the homeless, victims of domestic abuse, unwed mothers or pre-parole halfway houses shall be assigned to Code 986.

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**HOTEL OR MOTEL OPERATIONS**

The two classifications applicable to hotel or motel operations are 973 and 945.

Code 973 shall include all operations performed by hotel or motel employees except for separate foodservice and beverage staff(s). Employees assigned to Code 973 include but are not necessarily limited to: front desk employees, persons operating newsstands, candy or cigar shops or similar activities, personnel operating or maintaining indoor or outdoor swimming pools, the golf course(s), video game room, the health or fitness club, tennis courts or other hotel or motel guest amenities, maids, housemen, inside or outside maintenance, store workers, barbers, laundry workers, employees performing concierge services (i.e., arrangements for tours, theater tickets or the rental of automobiles) , or opening boxes and/or bags and laying out prepackaged and/or precooked food and/or making coffee for a continental breakfast where there is no other food service or beverage operations.

Separate staff exclusively engaged in the hotel's food service or beverage operations shall be classified to Code 945 which includes but is not necessarily limited to: waiters or waitresses and their assistants, cooks, kitchen help, bartenders, cashiers, restaurant managers, musicians or entertainers. On the auditing procedures for tips and musicians or entertainers, see Section 1, Rule V.

Payroll developed by interchanging hotel and hotel restaurant employees shall be assigned to Code 973 or to Code 945 whichever has the higher value.

**OPERATIONS ALSO INCLUDED:**

1. Religious retreats.
2. Bed and breakfast enterprises.

**OPERATIONS NOT INCLUDED:**

1. The business of a concessionaire or independent contractor operating on the premises of a hotel or motel will be classified on the merits of their operations.
2. Assign Code 953 to employees of the hotel or hotel restaurant exclusively engaged in clerical office duties as defined in Section 1, Rule IV.

**LIMOUSINE OPERATION**

Limousine operation means the rental of a vehicle with driver or chauffeur for use on defined trips in connection with weddings, funerals, business, social functions, shopping or similar purposes. Such business is assigned to Code 817.

Limousine operation does not include the operation of a vehicle that is available for immediate hire (on a call and demand basis) with fares to be determined by zone or meter. Such business is classified by Code 803.

Payroll developed in the provision of ambulance services on an employee or non-volunteer basis shall be assigned to Code 807.

**MEAT, FISH AND/OR POULTRY STORE – 915**

Applicable to businesses principally engaged in the retail sale of fresh and cured meats, fish and/or poultry. Such businesses may also sell general grocery merchandise including but not necessarily limited to: bakery and/or dairy products or canned goods. Code 915 also includes slaughtering of animals and the dressing of carcasses into fresh meat cuts, as well as the making of sausage, scrapple, frankfurters, ham or bacon provided more than 50% of the fresh meat and/or cured meat products are sold over the counter to the general public for personal or household consumption either on the premises or through satellite outlets.

Such business may perform custom killing. This involves the slaughter of an animal (a steer, pig or sheep) for a private individual (frequently a farmer) and cutting or processing of the resulting meat per customer specification. All of the fresh or processed meat is the customer's property and may be held for the customer in a frozen food locker or returned immediately to the customer.

This may also include dressing of deer carcasses during hunting season for individual hunters.

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This classification shall include incident sales to restaurants, institutional buyers or retail stores. When more than 50% of the sales are to non-retail customers, such businesses shall not be subject to Code 915 and shall be classified as indicated below.

**OPERATIONS NOT INCLUDED:**

1. Assign Code 111 to businesses whose operations include killing of animals and more than 50% of the sales are to wholesale customers .
2. Assign Code 106 to businesses whose operations do not involve the killing of animals but do include the curing and preserving of meat into processed meat products and more than 50% of the sales are to wholesale customers .
3. Assign Code 910 to businesses whose operations simply involve cutting, or grinding fresh meats received in boxes (deboning will also be performed if the fresh meat is received in carcasses or partial carcasses) and more than 50% of the sales are to wholesale customers .
4. Assign Code 917 to businesses whose operations involve the retail sale of fresh or cured meat, fish or poultry, as well as other items (e.g., groceries or vegetables), and the business' records show that less than 50% of the business' sales are from fresh and cured meats, fish or poultry .

**NAME OF INSURED**

In addition to providing the complete legal name of the insured, carriers shall designate each fictitious name shown on the Information Page by the symbol D.B.A. (doing business as). In addition, if a fictitious name is shown on an endorsement the same designation, D.B.A., shall be shown. A fictitious name is a business name which is not the legal name of the insured.

Some individuals are known by two or more complete names. If a carrier shows the additional names of such an insured individual, it shall designate each additional name by the symbol A.K.A. (also known as).

Each daily report or applicable endorsement shall identify every corporate name which does not include the words "incorporated" or "corporation" in said name by the designation (A Corp.) following the name.

The effective date of any change, addition or deletion in the name of the insured shall be shown on the endorsement.

When issuing an endorsement to reflect a change in ownership, the following procedure shall be followed:

1. If the endorsement contains the complete name of the insured as it will be on the effective date of the endorsement, the name should then be preceded by the phrase "Name is changed to . . ."
2. If the endorsement does not contain the complete name of the insured, the change should be preceded by the phrase "Name is added . . ." or "Name is deleted . . ."
3. Name and address changes should be effected on a separate endorsement and not in conjunction with other policy amendments.

**POLICY CORRECTIONS**

If the Bureau finds that a policy requires correction to conform to Manual rules or classifications, the carrier shall be notified by letter. Such policy shall be corrected and a copy of the correcting endorsement shall be submitted to the Bureau no later than thirty (30) days after notification.

**POLICY WRITING PROCEDURE****A. POLICY NUMBERS**

The policy number designated by the carrier at policy issuance must remain constant and must be used on all endorsements and other documents related to that policy. If a portion of the policy number is designated at inception as the "key" policy number, such designation must be clearly identified on the policy information page and the "key" number must be used on all endorsements and other documents related to that policy.

**B. RENEWAL POLICY NUMBERS**

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The information page of each renewal policy shall identify the policy number of the policy which it renews, in accordance with A. above. This procedure also applies to rewritten policies. The word "same" should be used to indicate that the same policy number has been used on renewal. The word "new" should be used to indicate a newly issued policy.

**POULTRY AND/OR FISH DEALER/PROCESSOR – 865**

Applicable to employers principally engaged in one or more of the following operations:

The catching of live poultry as contractors on producers' premises and the hauling by poultry catchers of live poultry to dressing plants.

The dressing (to kill and prepare for market) of poultry, rabbits or other similar small game.

The making of either processed poultry or fish products. The term processed shall mean that definite changes result in the poultry or fish product due to the application of either chemicals and/or heat (the use of smoke and/or cooking).

Wholesale sale/distribution of poultry or fish including the cutting or deboning of dressed poultry and/or the cutting or filleting of fish. The employer may also bread or stuff the product.

**OPERATIONS NOT INCLUDED:**

1. Wholesale poultry and/or fish dealers who perform no cutting or filleting but who may repackage the poultry or fish shall be assigned to Code 924.
2. Poultry dealers who may cut whole poultry into parts on an emergency basis will be construed as non-cutting and assignable to Code 924.

**PREFABRICATED METAL BUILDING ERECTION – PREFABRICATED SHEET METAL AND SILO ERECTION – METAL**

Payroll developed in the two types of erection jobs cited above will be classified in the manner indicated below.

Code 609 is applicable to site preparation and to any excavation. Code 654 is the proper classification for the building of concrete flooring or padding. Payroll developed in the erection of the prefabricated metal building framework is assignable to Code 655. Installation of sheet metal siding, roofing or interior work for a prefabricated metal building or the erection of metal or fiberglass silo sections is assignable to Code 651. Electrical work is assignable to Code 661 and plumbing installation is assignable to Code 663. For the silo erection Code 675 is proper for payroll developed in the installation of conveyors or other materials handling equipment or for the service and/or repair of such. Other trade classifications may be extended as warranted.

**RETAIL STORE WITH MANUFACTURING CONCERN**

Where a retail outlet is located at the same or contiguous premises as a business' manufacturing facility, the applicable retail store classification shall apply to the payroll of the retail outlet provided that such retail outlet is operated in a work area physically separate from the business' other operations by a floor-to-ceiling partition and by a separate crew of employees.

**SELF-SERVICE GASOLINE STATIONS AND CONVENIENCE GROCERS**

In classifying a combination self-service gasoline station and convenience grocer Code 917 shall apply at each location when the sale of merchandise, other than gasoline, exceeds 10% of the total annual receipts for the location.

Self-service gasoline stations exclusively engaged in the retail sale of gasoline or where the cashier may also sell items such as cigarettes and/or snack food only shall be assigned to Code 816 .

**SLAUGHTERHOUSE – WHOLESALE – 111**

For businesses principally engaged in receiving live animals (e.g., cattle, hogs and/or sheep), killing the animals and dressing the carcasses to produce meat products and selling the meat products on a wholesale basis. A business eligible for this classification will normally ship deboned meats in boxed form, or may also ship in carcass form. The business may also produce processed

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meat products like bacon, hams, sausage or luncheon meats or also sell some portion of the meat production as fresh meat cuts (e.g., steaks, roasts ).

**OPERATIONS ALSO INCLUDED:**

1. Code 111 also includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the businesses' products to customers.
2. The processing of animal by-products resulting from the killing operations. The by-products processing may include but is not necessarily limited to cooking of fat into tallow or lard and washing, scraping and salting of hides.

**TRUCK STOPS**

A truck stop establishment is a multiple enterprise, and the appropriate classification shall be assigned to each of the various operations thereof provided each operation is separately staffed and is conducted in a physically separate work area. The exact nature of each of the truck stop's operations will direct which classification to assign. The more common truck stop operations and the assignable class for each are delineated below:

1. **Code 816** is for payroll developed by fuel attendants engaged in pumping gasoline or diesel fuel or to personnel who work exclusively on a fuel island adding or changing motor oil, checking the air in tires and performing related duties. Fuel attendants may also accept payment for fuel or motor oil sales.
2. **Code 815** is assignable to personnel engaged in the repair of automobiles or trucks. A truck stop may have separate automobile and truck repair bays.
3. **Code 973** is assignable to the payroll of chambermaids or related personnel engaged in the upkeep of motel rooms.
4. **Code 928** is assignable to gift shop and/or retail store personnel. The merchandise sold may include but is not necessarily limited to: men's or women's clothing, CB radios, gifts, greeting cards, toilet articles, health or beauty aids, books, newspapers or magazines.

Payroll developed in the operation of a restaurant, when conducted in a physically separate department and by a separate crew of employees, including preparing or serving food or beverages, washing dishes or receiving payment for meals or beverages, shall be assigned to the applicable restaurant classification. (Please refer to the Rulings and Interpretations listed elsewhere in this section regarding restaurant operations.)

Control desk cashiers' duties include but are not necessarily limited to: operating self-serve fuel pump controls, writing invoices for fuel or motor oil sales or vehicle repairs, receiving cash or credit payment for fuel sales or trucking operating permits, receiving or transmitting telegrams or receiving telegram money transfers, accepting payment for store merchandise or selling lottery tickets. Employees engaged as control desk cashiers may be assigned to Code 928 provided the control desk is located inside the truck stop store. In the event the control desk is located in an enclosed booth located on a fuel island or in an area contiguous thereto the payroll of the control desk cashiers shall be assigned to Code 816.

Additional classifications may be extended to a truck stop in the event a truck stop conducts additional separately staffed and located operations not listed in this Ruling and Interpretation.

**WHOLESALE/RETAIL MAIL ORDER HOUSE OR INTERNET SALES – DEFINITIONS****Wholesale**

For the purposes of classifying stores the term "wholesale" shall be construed to mean the selling of merchandise:

1. to retailers;
2. to manufacturers, builders or contractors;
3. to industrial, agricultural, commercial, governmental, institutional or professional users;

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4. to other wholesalers; or
  5. to firms acting as agents in buying merchandise for or selling merchandise to such persons or companies as those previously listed.

Wholesale store operations generally include the maintenance of warehouse inventories; delivery and the promoting of sales through utilization of an outside sales force and/or by telephone or fax. Many but not all wholesalers may also perform the physical assembling, sorting and grading of their goods; the breaking of bulk quantities and repackaging into smaller lots. A wholesaler may also have a sales counter where a walk-in customer's order may be written up and payment for merchandise made. The counter clerk may transmit the order to the warehouse or the customer may take the order to the warehouse for fulfillment.

#### **Mail Order House Or Internet Sales**

An enterprise principally (more than 50 percent of the gross receipts) engaged in selling by mail order and/or via Internet website shall be assigned to the appropriate wholesale store classification for the commodities handled, except for mail order pharmacies filling individual patient drug prescriptions which shall be assigned to Code 927. Mail order or Internet sales by a manufacturer or incidental to a retail store business shall be classified in accordance with the class or classes appropriate to the business of the employer.

#### **Retail**

For purposes of classifying stores the term "Retail" shall be construed to mean the selling of displayed merchandise in store-type premises where floor and/or counter salespersons assist customers or on a self-service basis to the general public for personal or household consumption or use. Warehouse operations incident to the retail store enterprise shall be assigned to the enterprise's appropriate retail store classification.

The appropriate retail store class shall also be assigned when the insured, while technically a wholesaler, operates primarily in a retail manner. The customers will generally be commercial or professional users. "Retail manner" means such insured will have a large merchandise display area, customers may walk up and down the display aisles, inspect the merchandise being offered for sale, place their selections into either a shopping basket or shopping cart and will make payment for their selections at a customer checkout lane. The employer's single largest group(s) of employees are floor or counter salespersons assisting customers or performing customer checkout.

(There is no sales tax on merchandise sold in Delaware, but in the event such is enacted the act of collecting a sales tax on merchandise sold will not be a factor in defining a retail store and will have no bearing upon determining the business' classification assignment.)

#### **BAKERY PRODUCTS DISTRIBUTION**

Payroll developed in the wholesale distribution of bakery products, including but not necessarily limited to bread, cakes, pies, cookies or crackers by a baker whose production facilities are located in another state or by an independent business (not related to a bakery) must be assigned to Code 924.

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**FROZEN OR FROSTED FOOD PRODUCTS MFG.**

The processing of frozen foods shall be assigned to the classification which would apply if the product was not frozen. This ruling is made as the application of cold to either chill or freeze food products is common to a number of food processing classifications. It has been determined that the freezing operations of themselves do not change the fundamental characteristics of the risk.

**MEAT DEALER – WHOLESALE – 910**

Applicable to businesses principally engaged in the wholesale sale/distribution of fresh and processed meats and whose operations include the cutting of fresh meats received in boxes into portion-controlled fresh meat products, such as steaks, roasts, or chops. Deboning will also be performed when the fresh meat is received in carcasses or partial carcasses. Such business may also distribute poultry and/or fish merchandise in addition to the meat merchandise and the operations may include the filleting of the fish and the cutting of poultry carcasses into parts. The business may further distribute grocery merchandise and/or fresh fruit and vegetables.

**OPERATIONS ALSO INCLUDED:**

Businesses principally engaged in making natural sausage casings, but who perform no killing of animals.

**OPERATIONS NOT INCLUDED:**

1. Assign Code 119 to businesses principally engaged in taking beef and/or veal and cutting or grinding this fresh meat into hamburger, hamburger patties and/or veal patties and/or sandwich steaks .
2. Assign Code 111 when a wholesale meat dealer also slaughters animals and dresses their carcasses .
3. Assign Code 924 to wholesale meat dealers who do no cutting (or deboning) of fresh meats .

**PROCESSED MEAT PRODUCTS MFG. – 106**

Applicable to businesses that are principally engaged in making processed meat products. Such businesses will perform no slaughtering of animals whatsoever nor will they handle any livestock. The business will receive meat from unrelated concerns in boxed form. Meat may also be received in carcass or partial carcass form. Processed shall mean that definite changes result in the meat product due to the application of either chemicals and/or heat (the use of smoke and/or cooking) to the meat materials. A business whose production procedures do not include one or both of the above-cited means will not be assigned to this class. Typical products of such businesses include but are not necessarily limited to: sausage, frankfurters, ready-to-eat luncheon meats, hams or bacon.

**OPERATIONS ALSO INCLUDED:**

Code 106 also includes payroll developed by employees engaged as delivery salespersons, route salespersons and or route supervisors performing the delivery of the businesses' products to customers.

**OPERATIONS NOT INCLUDED:**

1. Assign Code 111 to businesses principally engaged in making processed meat products that slaughter animals or handle livestock and are principally engaged in the wholesale sale of the processed meat products.
2. Assign Code 915 to businesses that may slaughter animals and/or may cut the fresh meat into portioned-controlled cuts and/or cure and preserve the fresh meat into processed meat products that are principally engaged in the retail sale of the fresh and/or processed meat products.

**TOOL MFG. – FORGED – 433**

Applicable to businesses principally engaged in the manufacture of tools by use of forging techniques or methodology. Steel or alloy metals in various bar and rod forms will be cut to length and then heated in furnaces. The heated metal stock is then forged with drop hammers, reheated and forged to final shape or form with the appropriate dies or patterns. The forgings are then cooled,

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trimmed or ground as needed and tempered by heat treating. Includes secondary machining of the forged tools by the forge employer. There is no payroll division with Code 461.

Examples of products within the scope of this classification are: axes, agricultural and gardening tools, sledge hammers, logging tools, construction tools and oil well tools.

**OPERATIONS ALSO INCLUDED**

Specialist businesses principally engaged in the heat treating of metal for unrelated customers.

**TOOL MFG – N.O.C – 441**

Applies to a business principally engaged in machining tool steel or tungsten carbide into tools used for cutting or machining operations on machine shop equipment (e.g., lathes, mills). Also applies to a business principally engaged in making jigs or fixtures used to hold or position work --- on machine shop equipment. Further applies to a business principally engaged in machining tool steel or tungsten carbide into molds for plastics or powdered metal molding or nonferrous metal casting or dies for wire drawing, metal stamping, plastic or nonferrous metal extrusion --- . The business' machining operations may include but are not necessarily limited to turning, milling, grinding or tapping. The tools, dies or molds may be assembled together, polished, buffed, tested and inspected.

A business principally engaged in the operations discussed above is typically a job shop. A job shop is defined for this classification as a business principally engaged in machining one or more of the above listed products for unrelated businesses and that has either no proprietary product(s) or the business' proprietary product(s) generates less than 50 percent of the business' revenue.

**OPERATIONS ALSO INCLUDED:**

1. Employers principally engaged in the manufacture of one or more of the following products: wood or metal patterns, models, aircraft propellers – wood, architectural scale models, last forms – wood, or wood carving by hand or machine.

**OPERATIONS NOT --- INCLUDED:**

1. Cemented carbide tips for cutting tools or any other products made from powdered metal that are pressed into shape, machined and sintered shall be assigned to Code 506.
2. Molds or patterns produced by foundry the melting and casting of the molten metal process shall be assigned to the appropriate foundry class.
3. Dies produced by chemical etching or engraving shall be assigned to Code 281.
4. The manufacture of forged tools shall be assigned to Code 433.
5. Products made by molding plastic shall be assigned to the appropriate plastic molding classification.
6. Metal stamping or sheet metal products fabrication shall be classified as provided in this Manual.
7. The manufacture of non-forged and non-powered hand tools such as screwdrivers, pliers, hammers or chisels, non-forged bench tools shall be assigned to Code 442.
8. Saw blade (all types) or industrial knife manufacture shall be assigned to Code 443.
9. Precision Machined Parts Mfg. – N.O.C. shall be defined as machining parts for unrelated businesses where the plans or specifications require more than 50 percent of the employer's machining operations will be held to a final tolerance of .001 inches or closer (e.g., .0005 inches) and where more than 50 percent of the machined parts made by the employer are not assigned to any other manufacturing classification. Businesses so principally engaged shall be assigned to Code 446.
10. --- Assign Code 461 to an employer where more than 50 percent of the employer's machining of parts for unrelated businesses or the employer's proprietary product(s) where more than 50 percent of the employer's machining operations are held to a final tolerance cruder than .001 inches (e.g., .003 inches, .005 inches, .010 inches), and where more than 50 percent of the parts machined by the employer are not assigned to any other manufacturing classification.
11. An employer principally engaged in machining parts or products specifically assigned to any manufacturing classification shall be assigned to that specified manufacturing classification regardless of the final machining tolerance called for by the plans or specifications.
12. Specialist contractors electroplating parts manufactured by an unrelated business(es) shall be assigned to Code 449.

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13. Code 441 is not applicable to any business that has a separate department making tools, dies, molds or any other products assigned to Code 441 principally for use by that business in making any product(s) assigned to another manufacturing classification by this Manual.

**FLORIST STORE – 919**

Applies to a business principally engaged in the retail and/or wholesale selling of fresh cut flowers, potted plants, fresh cut floral arrangements or florist store supplies. Also includes service away from the store premises, such as floral decoration of homes, churches or other buildings for weddings, banquets or parties.

Also includes plantscaping, which is the maintenance of living (typically potted) plants inside a customer's premises. The living, potted plants may be used to decorate the interiors of malls, offices or other businesses, as well as residences. Plantscaping duties include watering, fertilizing, trimming and/or spraying of the interior living, potted plants.

Employers who raise, in fields or under glass, flowers to be marketed on a commercial basis as cut flowers or living plants are assigned to Code 0011. Stores or outlets of such employers at the same or contiguous location may be separately classified by Code 919, provided there is no interchange of labor between the store or outlet and the raising of flowers, and the store or outlet is located in a physically separate area or department.

Where a store sells several types of merchandise, each of which may be subject to a different classification, such store shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50% of the gross receipts.

**Operations Not Covered:**

1. A garden supply business principally engaged in the sale of fertilizer, sod, grass seed, flower pots, birdbaths and statuary with incidental potted plants, trees, shrubs, bulbs or bedding plants shall be assigned to the N.O.C. store classification, depending on whether the sales are principally to retail customers (Code 928) or wholesale customers (Code 924).
2. A business principally engaged in the arranging, assembling and/or the wholesale selling of artificial or dried flowers shall be assigned to Code 924.
3. A business principally engaged in the raising of trees, shrubs, bushes, hedges or other outdoor living/growing plants shall be assigned to Code 0013.
4. A business principally engaged as a landscape contractor or performing lawn care maintenance or other similar services shall be assigned to Code 012.

**FRUIT OR VEGETABLE DEALER – WHOLESALE – 907**

Applies to dealers engaged principally in the wholesale distribution of fresh fruits or vegetables. Such dealers as a part of their operation may also perform incidental repackaging of the merchandise into retail size bunches, boxes, bags or similar containers.

In addition these dealers may also sell groceries, dairy products and/or frozen foods.

Where a dealer sells several types of merchandise, each of which may be subject to a different classification, such dealer shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50% of the gross receipts.

**GROCERY – WHOLESALE – 911**

Applies to dealers engaged principally in the wholesale distribution of groceries or frozen foods which are received and sold in cartons, cases or boxes. Such dealers may also sell at wholesale dairy products, soft drinks, household cleaning supplies, paper products, fresh fruits or vegetables.

Code 911 also includes but is not necessarily limited to wholesale dealers engaged principally in the distribution of cider, coffee, dairy products, flour, fruit juices, herbs, spices or tea.

Where a dealer sells several types of merchandise, each of which may be subject to a different classification, such dealer shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50 percent of the gross receipts.

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**Operations Not Covered:**

1. Wholesale dealers principally engaged in selling fresh fruits or vegetables shall be assigned to Code 907.
2. Wholesale dealers principally engaged in selling beer in bottles, cans, kegs or barrels and/or soft drinks in bottles or cans shall be assigned to Code 821.
3. Wholesale dealers principally engaged in candling or distributing eggs shall be assigned to Code 924.
4. For bakery products distribution see the separate Ruling and Interpretation.

**CERAMIC SHOP**

The operations contemplated by the term "ceramic shop" are manual with little or no mechanization. The major material is a liquid clay known as slip. After mixing, the clay is poured or pumped into plaster of paris or rubber molds. When dry, the clay is now called greenware (an unfired shape or figurine) which is manually trimmed, inventoried or shelved for further hardening and curing, then sold to customers. Retail customers often paint or finish the greenware and return it to the shop for firing. A ceramic shop will often hold classes for students who will perform all of the above functions except for the firing. The ceramic shop may also sell paints, artist-type brushes, decals and ceramic hand tools.

Payroll developed in operations as discussed above shall be assigned to Code 928.

**CLEARING OF LAND**

Below find the class assigned to payroll developed in each of five different but common types of land clearing or right-of-way clearing or maintenance projects. Such class listing does not waive either the underwriting or payroll division rules delineated in Sections 1 or 2 of this Manual.

1. Assign Code 009 for tree cutting/felling by chain saw regardless of tree size and the incident removal of brush and/or stumps.
2. Assign Code 015 for tree cutting/felling by mechanized equipment regardless of tree size and the incident removal of brush and/or stumps.
3. Assign Code 609 for all methods of clearing or removing brush and/or stump removal not incident to tree removal except for road construction. Such work for a road job or project is subject to Code 602.
4. Assign Code 005 for all methods of tree pruning, spraying (except aerial tree spraying which is assignable to the applicable aircraft operation class) or trimming including incident tree removal and all incident operations.
5. Assign Code 012 for brush or weed control using chemicals dispensed from portable or mechanical ground spraying equipment.

**FURNITURE STORE – RETAIL ALL EMPLOYEES EXCEPT OFFICE – 922**

Applies to retail stores principally engaged in selling or renting furniture including antique furniture for homes, lawns or gardens to the general public and/or in a retail manner. The word "furniture" as used in this classification includes but is not necessarily limited to: living room, dining room, bedroom or kitchen sets and individual pieces such as sofas, chairs, tables, beds, bedding, chests, breakfronts, bookcases, pianos, organs, all types of floor coverings except ceramic tile and major household appliances such as refrigerators, stoves and washing machines.

In addition, furniture stores may sell or rent other merchandise such as lighting fixtures, lamps, stereo equipment, televisions, video and/or audio equipment, small household appliances, mirrors, pictures and kitchen cabinets.

Further included are delivery and setting merchandise in place, hanging pictures or mirrors and/or polishing and repairing of furniture on the store's premises or at the customer's location.

All salespersons, including but not limited to floor salespersons, interior designers and decorators, are contemplated by the scope of Code 922 and are not separately classified.

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**OPERATIONS ALSO INCLUDED:**

1. Businesses principally engaged in party supply rental – retail.
2. Businesses principally engaged in pool table sales – retail.

**OPERATIONS NOT INCLUDED:**

Separately staffed installation, service or repair operations shall be separately classified including but not necessarily limited to the examples listed below:

1. The installation of wall-to-wall carpeting, non-ceramic tile or window coverings shall be assigned to Code 670, House Furnishings Installation, N.O.C.
2. The installation, service or repair of major household appliances shall be assigned to Code 662, Household Appliances – Service or Repair.
3. The service or repair of televisions or other electronic entertainment and communication devices shall be assigned to Code 966, Television, Video, Audio or Radio Equipment Service or Repair
4. Assign Code 921 to the wholesale distribution of furniture and related products.

**MAILING OR ADDRESSING COMPANY – 948**

Applicable to businesses principally engaged in mailing advertising material such as letters, circulars and/or small product samples for unrelated concerns. The mailing company may compile mailing lists or receive lists of names from customers. Materials to be mailed may be received bound on pallets ready for mailing. The mailing company may generate the letter by computer (laser or impact printed). The mailing company may design and print advertising materials . Printing operations shall be included with the mailing company class provided that more than 50% of the items printed are used as materials in the mailing business.

Most mailing companies have a production department where employees operate machines to burst, fold, insert, label and affix a stamp to each envelope. The last item listed is optional as much of this mail is metered. Mail is presorted to the addressee's five- or nine-digit zip code, placed in postal sacks and taken to the Post Office. Very small firms may employ persons to manually stuff envelopes, hand label and stamp material to be mailed.

Larger mailing companies may have sales and promotion employees soliciting accounts, designing and producing advertising campaigns in addition to the mailing operation.

Code 948 also contemplates presort bureaus which sort first-class mail for unrelated concerns. The mail may be sorted manually or by automatic sorting machines to the five- or nine-digit zip code. The sorted mail is placed in postal trays or sacks and taken to the Post Office.

Clerical is included within the phraseology of this classification. Code 948 does not provide for payroll division with either Code 951 or Code 953 .

**OPERATIONS NOT INCLUDED:**

1. Assign the appropriate store classification to employers who may mail catalogs and later receive (by phone, mail or the internet) and fulfill customer orders from inventoried merchandise .
2. Businesses printing and performing mailing or addressing shall be subject to the appropriate printing classification when less than 50% of the print production is used in the mailing or addressing operation .
3. Code 948 and a printing class shall not be assigned to an employer unless that employer fulfills the multiple enterprise criteria delineated in Rule IV, Section 1 of this Manual.

**PRODUCT ASSEMBLY DEFINITION**

For classification purposes, the term “assembly” refers to the joining together of prefabricated component parts purchased from unrelated concerns to form a described product. Some portion of the purchased prefabricated component parts may be modified

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prior to assembly. When a specific assembly classification does not exist for a certain product, the assembly of such product shall be assigned to the manufacturing classification which most accurately describes the completed product.

It is common for stores, such as those engaged in the sale of bicycles, furniture, jewelry or light fixtures, to perform incidental assembly activities in preparation for the display of or after the sale of merchandise. Assembly or "get ready" activities which are incidental to a store's operations shall be assigned to the store's applicable classification.

### **SHOP REPAIR OPERATIONS**

Risks having shop operations that involve the repair of a product for which there is no repair classification are to be assigned to the classification that applies to the manufacture of the product, unless such repair work is specifically referred to by another classification phraseology, footnote or definition in the Manual.

### **986 – SHELTER OR HALFWAY HOUSE**

Applicable to shelters for the homeless, victims of domestic abuse or unwed mothers or to halfway houses for prison release programs or drug and alcohol residential facilities not otherwise classified. Such are short term non-medical residential facilities providing in a non-institutional environment counseling and training in daily living skills aimed at reintegrating residents into the community. Services provided to clients may also include but are not necessarily limited to: counseling for specific client needs, advocacy services, job training, child care and help in seeking services available to the clients in the community. All provided services and the insured's administrative staff (regardless of location) are included within the scope of this class.

#### **Operations Not Covered:**

Facilities providing non-medical residential care for mentally ill clients, group homes not licensed as intermediate care facilities for developmentally disabled clients having eight or fewer clients per facility or children and youth residential services shall be assigned to Code 941.

### **AUTOMOBILE SERVICE/GASOLINE STATION**

It is common for automobile service stations or gasoline stations to be engaged in both the sale of gasoline and the performance of automobile service or repair. When both operations are conducted at the same or contiguous location, such establishment shall be classified on the basis of the principal operation:

- When more than 50 percent of the gross receipts result from automobile service or repair, assign Code 815, Automobile Service Center.
- When more than 50 percent of the gross receipts are from gasoline sales, assign Code 816, Automobile Filling Station.

An assignment of Code 815 or Code 816 is mutually exclusive for operations conducted at the same or contiguous location.

Please refer to the separate Rulings and Interpretations "Self-Service Gasoline Stations and Convenience Grocers" and "Truck Stops" for information on classifying such enterprises.

### **SNOW PLOWING AND/OR REMOVAL**

Payroll developed in snow plowing and/or removal for unrelated concerns is to be separately rated by Code 601.

### **Code 257, BOX MFG. – PAPER**

Applicable to businesses principally engaged in the manufacture of folding and/or set-up boxes. The boxes contemplated by this classification may be made from any non-corrugated paper material (e.g., paper box board or cardboard stock) which is cut, scored, creased and glued to the correct form.

Printing by a box manufacturer on its own products is construed to be incident to the box making enterprise and is not subject to separate classification. There shall be no payroll division between Code 257 and Code 281 unless the employer fulfills the multiple enterprise criteria delineated in Rule IV, Section 1 of the Manual.

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**Code 259, PAPER PRODUCTS MFG., N.O.C.**

Applicable to businesses principally engaged in the manufacture of one or more converted paper products that are not otherwise classified by either Codes 257, 261, 263 or 265. These products include but are not necessarily limited to: paper towels, products made from tissue paper, paper cups or plates, holiday or party decorations, party favors, mailing tubes, paper cans, paper bags or doilies and paper sheeting, slitting or winding.

Any printing conducted by a paper products manufacturer not otherwise classified (Code 259) on its business products is incident to such enterprise and is not subject to separate classification.

**OPERATIONS NOT INCLUDED:**

There shall be no payroll division between Code 259 and any printing classification unless the employer fulfills the multiple enterprise criteria delineated in Rule IV, Section 1 of the Manual.

**Code 261, CORRUGATED PAPER AND/OR CORRUGATED PRODUCTS MFG.**

Applicable to businesses principally engaged in the corrugating of paper and/or the manufacture of products from corrugated material (e.g., corrugated containers). The employer receives paper that may have been corrugated by an unrelated source or the employer receives paper which is corrugated as part of the employer's manufacturing process. Corrugation involves paper being slowly passed over a steam or gas heated metal drum, then revolved around a roll covered with silicate of soda which is deposited on the tips of the corrugation. The paper is then moved along until it reaches the paper liner (either a single or double facing), then the corrugated paper and liner(s) travel under pressure where they are combined and dried.

Also applicable to the manufacture of fiberboard and/or fiberboard products along with the fabrication of honeycomb products used for padding in shipping containers and a filler for hollow core flush doors.

Printing operations on the above products by the manufacturer thereof are construed to be incident to the enterprise and not subject to separate classification. There shall be no payroll division between Code 261 and Code 281 unless the employer fulfills the multiple enterprise criteria delineated in Rule IV, Section 1 of the Manual.

**Code 263, PAPER COATING/FINISHING**

Applicable to businesses principally engaged in operations involving various kinds of coatings which are mixed in mixers or agitators and run into troughs of coating machines. Rolls of paper, plastic film or other materials (except rubber or textile fabric) are coated as they pass over the rolls revolving through this mixture. The paper, plastic film or other materials are dried on rolls or stacks, some may be polished or embossed, finished by calendering, slit to desired widths and rewound or sheeted to size, then labeled and packed. Some products may be printed with advertising material before the coating or on the reverse side, after this operation.

In the manufacture of oiled, paraffined or waxed paper the waxes or oils are heated and mixed, and paper is run through a waxing machine and over a drying roll. The now waxed paper is then cut, slit, rewound on spools or sheeted or die-cut, wrapped and packed.

Laminated paper, plastic film or other materials are produced by feeding a paste or glue between layers of paper, plastic film or other materials, pressing the layers together, drying and finishing by winding into rolls or sheeting to size, or else cutting, slitting or die-cutting to size and shape, wrapping and tying into bundles.

Printing operations on the above products by the manufacturer thereof are construed to be incident to the enterprise and not subject to separate classification. There shall be no payroll division between Code 263 and Code 281 unless the employer fulfills the multiple enterprise criteria delineated in Rule IV, Section 1 of the Manual.

**Code 265, STATIONERY PRODUCTS MFG.**

Applicable to businesses principally engaged in the manufacture of stationery and loose-leaf ledgers or notebooks. Cardboard, binders' cloth, leather or imitation leather, canvas, paper, glue, paste, gold leaf, printing and ruling ink, metal rings, posts, screws, separators or fittings are received from unrelated concerns. Cardboard is cut to size and covered with leather, imitation leather or cloth by gluing, pasting and some sewing. Covers are reinforced by stripping and may be embossed in ink or gold leaf and the appropriate fittings are attached to complete the binder. Fillers for the binders are manufactured from paper which is cut to size on either manual or power cutters.

Also applicable but not limited to the production of writing tablets or pads, files, desk pads, index cards or envelopes.

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Paper ruling, screen printing or other printing operations on the above products by the manufacturer thereof are construed to be incident to such enterprise and not subject to separate classification. There shall be no payroll division between Code 265 and Code 281 unless the employer fulfills the multiple enterprise criteria delineated in Rule IV, Section 1 of the Manual.

**Operations Not Covered:**

The manufacture of metal rings, posts, screws, separators or fittings are to be separately rated to the appropriate metal working class.

**PLUMBING SUPPLIES DEALER OR PIPE MERCHANT – WHOLESALE – 885**

Applies to dealers principally engaged in the wholesale selling of plumbing supplies or pipe. The term plumbing supplies as used in this classification includes but is not necessarily limited to: water heaters, water pumps, kitchen/bathroom fixtures (i.e., sinks, faucets, toilets, bath tubs, shower stalls), fittings or valves. Also included is the selling of pipe of all types and sizes. Insureds principally engaged in the sale of heating, ventilating and/or air conditioning equipment, supplies or parts are further contemplated by this classification.

**ELECTRICAL SUPPLIES DEALER – WHOLESALE – 886**

Applies to dealers principally engaged in the wholesale selling of electrical supplies. The term electrical supplies as used in this classification includes but is not necessarily limited to: electric wire, electrical (junction) boxes, fuses, switches, outlets, circuit breakers or lighting fixtures. This classification shall also include dealers in electronic components/accessories. Examples of electronic components/accessories include but are not limited to: inductors, resistors, circuit boards, transistors and relays.

**FAST-FOOD RESTAURANT – 897**

Applicable to a retail business principally engaged in preparing food(s) and selling the prepared food(s) and generally nonalcoholic beverages to the public for immediate consumption, either on the business' premises or on a take-out basis. Fast-food restaurants have a limited menu and no wait service except on an occasional or accommodation basis. Customer orders are typically placed at a counter (the menu being openly displayed above and/or behind the counter), via a drive-through service or by telephone and are rapidly filled. Fast-food restaurants generally sell nonalcoholic beverages, but certain fast-food restaurants may also have incidental beer sales. Included within (but not necessarily limited to) this definition are retail businesses principally engaged in the preparation and sale of: hamburgers, tacos, pizza or chicken.

Also contemplated are retail businesses principally engaged as either buffet or cafeteria-style restaurants. Buffet or cafeteria-style restaurants offer a buffet-type meal. Customers may serve themselves or staff may serve food to customers in the buffet line. Staff may clear tables after customers have completed their meal. There is no wait service.

**RESTAURANT, N.O.C. – 975**

Applicable to retail businesses principally engaged in preparing food(s) and selling the prepared food(s) and beverages (alcoholic or nonalcoholic) to the public for immediate consumption on the business' premises. This is a "traditional" restaurant where customers may either select their table or be seated by a hostess or another of the business' employees, browse a varied menu while seated at their table and place their food order with a member of the wait staff who will then place the order with the kitchen staff. The prepared food will be served to the customer by the wait staff person who remains available to further assist the customer during the course of the meal. Where wait service is provided, it is the practice for customers to give a gratuity to the wait staff person based upon the quality of service provided.

**OPERATIONS NOT INCLUDED:**

1. Assign Code 944 to country or yacht clubs or golf courses.
2. Assign Code 945 to hotel restaurants.

**METAL SERVICE CENTER (FERROUS OR NONFERROUS METALS) – 857**

Applicable to insureds principally engaged in the sale and distribution of new ferrous or nonferrous metal merchandise generally obtained from new metal producers such as steel mills or smelters, including but not necessarily limited to: beams, sheet stock in coils, bars, rods, rounds, channel iron, tubes, angles or plates. Such insured may handle a broad variety of new metal merchandise or specialize in handling a single type.

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The new metal merchandise received by these insureds is unloaded and stored. The new metal merchandise may be shipped "as is" to the customer or it may be cut, slit, sheeted, bent or burned into the size or shape required by the customer and delivered by truck or rail. The processing equipment may include but is not necessarily limited to: sheeters, hacksaws, drills, benders or cutting torches.

Specialists principally engaged in the sale of reinforcing rods or bars to concrete contractors (including the cutting or forming of the rods or bars according to the contractors' specifications) are also assigned to Code 857, as are dealers principally engaged in selling wire rope, cable or metal conduit.

Further applicable by analogy to businesses engaged in the toll (fee) leveling or cutting of ferrous or nonferrous new metal to size for unrelated concerns. These enterprises do not own the new metal stock they level, sheet, cut, bend or burn, nor do they fabri-cate a product.

Where a dealer sells several types of merchandise, each of which may be subject to a different classification, such dealer shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50 percent of the gross receipts.

**Operations Not Covered:**

Not applicable to businesses principally engaged in collecting or handling either ferrous or nonferrous scrap metal. Assign ferrous scrap dealers to Code 858. Assign nonferrous scrap dealers to Code 859.

**PRE-SCHOOL (CHILD CARE OR EARLY EDUCATION) SERVICES - ALL EMPLOYEES INCLUDING OFFICE – 891**

Includes but is not necessarily limited to nursery schools, Head Start, kindergarten or child daycare services. Child daycare services provide for care and custody of children for various periods of time during the day (no residential facilities), typically during normal business hours (i.e., from 6:30 a.m. to 6:00 p.m., Monday through Friday).

Also applicable to employers principally engaged in operating nursery schools or kindergartens. Nursery schools are generally directed towards children ages three to four years, can be academically oriented and are designed to provide children with basic educational and social skills prior to the time they begin elementary school.

Kindergartens are pre-elementary school classes and are typically provided to children five-years-old. Sessions are usually held for one-half the school day (i.e., children may be enrolled in "morning" or "afternoon" classes) and will include a very basic academic curriculum.

Further contemplated by this classification are employers operating the Head Start Program. Head Start is a federally-funded child development program that provides early education, health, nutritional and psychological services to three- to four-year-old children of low-income families. Some Head Start Programs will also provide for social services to low-income families and for child daycare. This program endeavors to enhance economically disadvantaged children's educational status and social skills to a level sufficient for them to enter elementary school.

**Operations Not Covered:**

A child daycare center operated by an employer principally for the use of its own employees is not subject to Code 891 and shall be included in that employer's applicable field of business classification.

**CLUB, N.O.C. – 896**

Clubs are organized civic, social or fraternal associations (e.g., The Elks, VFW posts, fraternities or sororities) who provide special services for members and members' guests only. The services and/or amenities provided by a club may vary depending upon the extent of each club's facilities and membership. The amenities provided may vary considerably from one club to another and may include but are not limited to: dining rooms, bars, lounges, reading/card rooms, bowling lanes or swimming pools. The club's focus and purpose may be based on a charter. Each club is responsible for electing officers to oversee and enforce the club charter. The charter may include but is not limited to rules and regulations for admitting members, maintaining membership and collecting dues. Periodic meetings are held at the club location to discuss upcoming events, fund raisers and/or club business.

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**CATERER – 898**

There are four types of catering businesses that provide food service: social, industrial or institutional, concession or mobile.

Social caterers are hired for a single event such as a wedding, party or business affair. The social caterer provides the client with a menu of food items, types of beverages, colors of linens, other available amenities and, if applicable, a listing of the types of entertainment. The client is then responsible for choosing food, beverages, color schemes and/or entertainment. Once all of the services to be provided have been determined, the social caterer may produce a contract based on the predetermined services. Alcoholic beverages may be provided at the event, but the sale of alcoholic beverages is not the principal source of revenue. This type of catering may be performed either on the caterer's premises or at the customer's premises.

Institutional or industrial caterers operate under contract to provide in-house food service for businesses, hospitals, nursing homes, schools or similar customers. These catering operations generally plan menus and perform the preparation and sale of food in a cafeteria-style environment.

Concession caterers are usually located at but are not limited to airports, sports stadiums, amusement parks, theaters or museums. The concession caterer operates under contract with the client facility to provide prepared food and beverages to the client's patrons. The concession caterer may also use "walking vendors" throughout the venue.

Mobile caterers provide food and beverages from a truck with cooking equipment, parked on the sidewalk at locations such as a construction site, factory or university with large commuting student body or travel a predetermined daily route.

**OPERATIONS ALSO INCLUDED:**

Also included within the scope of this class are caterers providing food service to unrelated airlines or railroads.

"Meals on Wheels" operations (organizations who provide a service to deliver hot meals to those who cannot prepare the food themselves) are further assigned to Code 898.

**BAR, TAVERN, COCKTAIL LOUNGE, NIGHTCLUB OR DISCOTHEQUE – 899**

A bar, tavern, cocktail lounge, nightclub or discotheque is a retail establishment principally engaged in the sale of alcoholic beverages by the drink that is open to the general public. These establishments may offer some type of entertainment such as a dance floor, disc jockey, live music or one or more televisions showing sporting events. Such businesses may or may not also prepare food and sell the prepared food to customers for immediate consumption. Where food is not prepared, the establishment may sell packaged snacks. In either scenario, food preparation and service is not a majority of the employer's operations.

**CONSTRUCTION OR ERECTION – EXECUTIVE SUPERVISORS – CODE 951**

The assignment of Code 951 is applicable only to executive supervisors who do not exercise direct supervision of construction or erection operations. Code 951 is not applicable to supervisors permanently located at a given job location until the completion of that job. Code 951 is also not assigned to the payroll of any individual who is directly in charge of construction workers (including general laborers) at a specific job location. Any person who is directly in charge of construction work or construction employees at a specific job location shall be assigned to that job classification or, if more than one classification is assigned, to the highest-rated classification for that job if separate payroll records are not maintained.

The job duties of an executive supervisor would include time spent in an office and visits to a job site. Such supervision given by an individual classified under Code 951 must be indirect; i.e., through another person such as a superintendent or foreman. The executive supervisor has overall managerial responsibility for the various projects. That responsibility may include making arrangements for the procurement of materials and/or the delivery of supplies, procurement of subcontractors, maintenance of construction timetables, visits to job sites to keep track of job progress, conferring with clients, architects and engineers, and traveling to and from the company's headquarters. It also contemplates clerical office exposure and the part-time hazards of walking and climbing around on job sites. Typically, the use of the classification is applicable to large construction companies that have at least one level of supervision between the executive supervisor and the worker. It is also applicable in situations where numerous smaller projects are in progress simultaneously and the executive supervisor has the managerial responsibility for all of them.

An exception to the above-stated application would apply to a job superintendent responsible for and physically located at a specific job site where all operations are subcontracted to unrelated concerns. In this instance, the contractor has no construction workers at

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the job site, and the superintendent cannot exercise direct control of the subcontractor's employees. Therefore, in this circumstance the job superintendent should have his/her payroll assigned to Code 951.

### **WEATHERIZATION PROGRAMS – CODE 647**

The purpose of a weatherization program is to insulate the client's home, which may be a detached house, a twin, a row house or a mobile home. The clients are generally either elderly, on a fixed income or are low-income families. All of a weatherization program's tasks (e.g., fixing windows and/or doors, installing blown or vat insulation, putting in foam sealants, doing caulking or putting in weather stripping) are incidental to the efforts of preventing outside air from infiltrating the home and concurrently preventing warm or air-conditioned air from escaping the home or enhancing the home's insulation. Assign Code 647 to payroll developed in a weatherization program.

### **HOMEOWNERS' ASSOCIATION**

A Homeowners' Association is responsible for the care of residential or recreational home developments. Such developments may have part-time residents who use the development for vacation or recreational purposes and/or year-round residents. Assign Code 971 to the maintenance of common grounds (e.g., roads), and the operation and maintenance of recreational amenities (e.g., swimming pools, tennis courts and/or clubhouses) and security.

Association operations conducted by separate employee crews including but not necessarily limited to: golf courses, stables, restaurants, sewage plant and water works shall be separately classified as provided for in this Manual.

### **TREE PRUNING, SPRAYING, REPAIRING OR FUMIGATING – CODE 005**

Applicable to businesses principally engaged in using hand tools or mechanical equipment to prune, spray, trim or fumigate trees. These operations can be performed from the ground or may require the use of ladders or aerial buckets. Also includes generalist tree care service contractors that perform most or all of the above listed services or specialists principally engaged in providing a single service (e.g., clearing the rights-of-way/tree pruning for utility contractors). Code 005 also contemplates tree removal that is incident to the employer's pruning, spraying, repairing, trimming or fumigating services.

#### **OPERATIONS NOT INCLUDED:**

1. Assign the applicable logging classification to logging businesses or clearing of land projects that include tree removal.
2. Separately rate to Code 012 landscaping or lawn cutting or maintenance performed at separate locations or job sites where no tree care services are performed.

### **LOGGING OR LUMBERING, N.O.C. – 009**

Applicable to a logging or lumbering business principally engaged in cutting/felling trees for lumber or wood chips or clearing of trees by chain saws regardless of the trees' size. Stump removal incident to the logging or lumbering business is included.

Also applicable to the transportation of the logs to a mill and to the construction, maintenance or extension of landings or logging roads - when performed by employees of the logging business.

#### **OPERATIONS NOT INCLUDED:**

1. Assign Code 301 to sawmill operations conducted by a separate crew of employees.
2. Assign Code 811 to specialist contractors engaged in hauling logs for an unrelated logging or lumbering business. Assign Code 301 to log hauling performed by a sawmill business when all logging or lumbering has been outsourced to an unrelated logging or lumbering business(es).

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**LOGGING OR LUMBERING – MECHANIZED TREE FELLING EQUIPMENT – 015**

Applicable to a logging or lumbering business principally engaged in cutting/ felling trees for lumber, wood chips or clearing land by means of mechanized equipment. Mechanized tree felling equipment is a tracked or wheeled unit that has an enclosed cab (e.g., a feller-buncher that has a fixed-grip harvesting head that can grasp, cut, lift, swing and bunch trees), and the equipment's operator does not normally leave the cab in the performance of his tree cutting/felling duties. Stump removal incident to the logging or lumbering business is included.

Also applicable to the transportation of the logs to a sawmill or another type of customer and to the construction, maintenance or extension of landings or logging roads when performed by employees of the logging business.

**OPERATIONS NOT INCLUDED:**

1. Assign Code 301 to sawmill operations conducted by a separate crew of employees.
2. Assign Code 811 to specialist contractors engaged in hauling logs for an unrelated logging or lumbering business. Assign Code 301 to log hauling performed by a sawmill business when all logging or lumbering has been outsourced to an unrelated logging or lumbering business(es).

**MUSEUM – 887**

An establishment devoted to the procurement, preservation and display of objects of cultural interest. Includes all types of museums (e. g., art, archaeology, children's, history, natural history, or technology). Also includes all of a museum's operations, which may include but are not necessarily limited to: galleries, curatorial space, auditoriums, movie theaters, lecture halls, classrooms for art instruction, storerooms, conservation or restoration laboratories, gift shops or eating facilities.

**Operations Also Included:**

1. A separately staffed and located museum operated by a municipal government (e.g., borough, city or town).

**LIBRARY - PUBLIC – 890**

An establishment in which books, magazines, manuscripts, musical scores, videos, compact audio discs or other literary or artistic materials are kept for use by the general public. Materials may be taken from the library for specified time periods, or they may be restricted to use on the library's premises. Library patrons who wish to borrow library materials are generally library members and may pay an annual fee for that privilege. A library's services may also include but are not necessarily limited to: providing Internet access, sponsoring lectures, workshops or seminars, classes in adult literacy, storytelling or summer reading programs for children, providing photocopiers for public use (for a per page fee), providing meeting space for local organizations or bookmobiles.

**Operations Also Included:**

1. A separately staffed and located public library operated by a municipal government (e.g., borough, city or town).

**Operations Not Covered:**

1. A library operated by a college or school for its students, faculty and staff will be assigned to the appropriate school classification.
2. A library operated by a company (e.g., hospital, law firm or newspaper) will be assigned to the classification consistent with the employer's business. A library operated by a museum for its staff will be assigned to Code 887.

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**LABOR UNION – 903**

Applicable to all employees (e.g., business agents, organizers, clerical, janitorial or instructors in an apprenticeship program) of a labor union. Includes but is not necessarily limited to union locals, union district councils, statewide or national labor union organizations.

**HOME HEALTH CARE SERVICES**

Applicable to any business providing home health care services to individuals or to families in their residence. The services provided may include skilled services under a physician's written direction that include but are not necessarily limited to nursing care, home infusion therapy, physical, speech and/or occupational therapy and/or nonprofessional services, including but not necessarily limited to home health aide, attendant care, companions and live-ins and/or home support services such as homemakers or chore workers. Payroll so developed shall be classified in the manner indicated below.

**Code 942, "HOME HEALTH CARE – Professional Staff, all employees except office"**

Includes registered or licensed practical nurses, pharmacists, physical, speech and/or occupational therapists, medical social workers and outside salespersons.

**Code 943, "HOME HEALTH CARE – Nonprofessional Staff, all employees except office"**

Includes but is not necessarily limited to home health aides and certified home health aides, attendant care aides, companions and live-ins and home support personnel such as homemakers and chore workers.

**OPERATIONS ALSO INCLUDED:**

1. Assign Code 942 to outside salespersons employed by a home health care business that performs only nonprofessional home health care services.

**OPERATIONS NOT INCLUDED:**

1. Assign Code 928 to separate staff engaged in the sale or rental of durable hospital equipment or supplies such as hospital beds, wheelchairs, commodes and walkers to the individual home health care patient.

**FURNITURE STORE – WHOLESALE 921**

Applies to wholesale dealers principally engaged in selling or renting furniture, including but not limited to: sofas, chairs, tables, beds, bedding, chests, breakfronts, bookcases, pianos, organs, floor coverings (carpet and linoleum) and major household appliances and office furniture. The term "principally engaged" means more than 50 percent of the employer's gross receipts.

Separately staffed installation, service or repair operations shall be separately classified, including but not necessarily limited to the examples listed below:

1. The installation of wall-to-wall carpeting, non-ceramic tile or window coverings shall be assigned to Code 670.
2. The installation, service or repair of major household appliances shall be assigned to Code 662.
3. The service or repair of televisions or other electronic entertainment and communication devices shall be assigned to Code 966.

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**PRINTING, N.O.C. – 281**

Applicable to printing businesses principally engaged in the reproduction of printed products or providing one or more printing industry services pursuant to a Code 281 Underwriting Guide entry or printed products that are not specifically classified by an Underwriting Guide entry. Also includes the bindery department that finishes the employer's print production. Finishing may include but is not necessarily limited to: collating, cutting-to-size, including die cutting, scoring and perforating, rounding corners, tab cutting, folding, drilling or punching holes, stapling, sewing, wire stitching, gluing – perfect binding, laminating, foil stamping or embossing.

**OPERATIONS ALSO INCLUDED:**

(Businesses principally engaged in one or more of the following activities)

1. The screen printing of any product including finished apparel articles.
2. Web-press production of printed product either specifically assigned to Code 281 or not specifically classified by an Underwriting Guide entry (e.g., books, business forms, direct mail advertising).
3. Service contractors to the printing industry (e.g., printers' finishers).
4. Specialist contractors decorating china or glassware by means of purchased or customer- provided decals, the cutting or engraving of glassware, engraving per se or making printing plates.
5. The manufacture of plastic or vinyl sign letters and the application of such onto a substrate – shop only, no installation.
6. The manufacture of rubber stamps.

**OPERATIONS NOT INCLUDED:**

1. Assign Code 136 to embroidery operations performed by an embroidery business or a separate staff in a physically separate work area.
2. Assign Code 265 to a manufacturer of stationery products including but not necessarily limited to loose-leafed or ringed binders, envelopes, notebooks or file folders.
3. Assign Code 282 to a newspaper or periodical publisher who also prints the newspaper or periodical or to a contract printer principally engaged in printing any product(s) denoted in a Code 282 Underwriting Guide entry by means of a web press(es).
4. Assign Code 285 to printing businesses principally engaged in providing customer copy reproduction by means of sheet-fed offset printing presses that utilize paper sheet sizes greater than 17x22 inches or that have four or more color towers, regardless of the paper sheets' size, or any Halm envelope printing unit, or another sheet-fed unit/printing technique (e.g., letterpress) on paper sheets of any size.
5. Assign Code 932 to printing businesses providing customer copy reproduction by means of small offset presses, also known as duplicators, on paper sheet sizes 17x22 inches or less or electrostatic (photo) copiers on paper of any size.
6. Assign Code 948 to a business that performs printing and direct mailing, provided that more than 50 percent of the print production is used as direct mail.
7. Code 281 and another printing class (Codes 257, 259, 261, 263, 265 or 948) will not be assigned to any printing business unless that business fulfills the multiple enterprise criteria specified in Rule IV, Paragraph C. 3. a. 2.
8. Code 281 may not be assigned when printing operations are a General Inclusion into the business' governing classification.

**NEWSPAPER OR PERIODICAL PRINTING – 282**

Applicable to businesses principally engaged as a newspaper(s) publisher or the publisher of another type of publication(s)/intellectual property assigned to Code 282 by Underwriting Guide entry who also prints the newspaper(s) or other publication(s)/intellectual property. Also applicable to printing businesses principally engaged in printing newspapers or another publication(s)/intellectual property specifically assigned to Code 282 by an Underwriting Guide entry for unrelated customers. The newspaper(s) or other type(s) of publication(s)/intellectual property will be printed by means of a web press(es), regardless of whether the publisher or a contract printer performs the printing.

**OPERATIONS ALSO INCLUDED:**

1. A newspaper's pages may be cut, collated and folded by the web press. Inserts may be placed into the newspaper by inserting machine or by hand. The newspapers may be tied into bundles and delivered either by the publisher and/or contract printer .

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2. A periodical may be finished by performing one or more of the tasks listed below: collating, cutting-to-size, including die cutting, scoring and perforating, rounding corners, tab cutting, folding and gluing – perfect binding. The periodical publisher and/or contract printer may further mail the periodical to subscribers.

**OPERATIONS NOT INCLUDED:**

1. Code 282 and another printing class will not be assigned to any publishing and/or printing business unless that business fulfills the multiple enterprise criteria specified in Rule IV, Paragraph C. 3. a. 2.

**PRINTING – PRINCIPALLY SHEET FED PRESS PRODUCTION – 285**

Applicable to printing businesses principally engaged in providing customer copy reproduction by means of sheet-fed offset printing presses that utilize paper sheet sizes greater than 17x22 inches or that have four or more color towers, regardless of the paper sheets size, or any Halm envelope printing unit or another sheet-fed press printing technique (e.g., letterpress) on paper sheets of any size. Also includes the bindery department that finishes the employer's print production. Finishing may include but is not necessarily limited to: collating, cutting- to-size, including die cutting, scoring and perforating, rounding corners, tab cutting, folding, drilling or punching holes, stapling, sewing, wire stitching, gluing – perfect binding, laminating, foil stamping or embossing.

**OPERATIONS NOT INCLUDED:**

1. Assign Code 281 to printing businesses principally engaged in providing customer copy reproduction of printed products or providing printing industry services pursuant to a Code 281 Underwriting Guide entry or that are not specifically classified by an Underwriting Guide entry.

2. Assign Code 932 to printing businesses principally engaged in providing customer copy reproduction by means of small offset presses, also known as duplicators, on paper sheet sized 17x22 inches or less or electrostatic copiers on paper of any size.

3. Code 285 and another printing class will not be assigned to any printing business unless that business fulfills the multiple enterprise criteria specified in Rule IV, Paragraph C. 3. a. 2.

**PUBLISHER – PRINTING OUTSOURCED, PERFORMS PRODUCT DISTRIBUTION – 287**

Applicable to businesses principally engaged as the publisher of any type of publication (e.g., books, sheet music, greeting cards, newspapers) who outsources the printing thereof to an unrelated concern. Such businesses may have a separate staff(s) engaged in editing manuscripts (e.g., books, sheet music), performing art work (e.g., greeting cards) or gathering information and writing articles (e.g., for a newspaper) and performing prepress (the preparatory steps prior to actually printing product) operations and another separate staff engaged in the distribution and/or delivery of the publication. Distribution and/or delivery tasks may include but are not necessarily limited to: receiving printed publications from unrelated printers and placing into inventory, receiving pick tickets for orders, pulling the indicated publications from inventory and packing for shipping, cutting sheets of greeting cards printed by an unrelated concern(s) into individual cards, folding and placing cards into boxes or placing cards into inventory and packaging for shipment, picking up the printed publication at the unrelated printer's facility, labeling individual publications for mailing, placing the labeled publications into mailbags, delivering the mailbags to the post office, bundling publications and delivering bundled publications to stores for sale.

**OPERATIONS NOT INCLUDED:**

1. Assign the appropriate printing class as provided in this Manual to any publisher who also prints their publication(s).

2. Assign the appropriate printing class to a publisher who outsources the printing and distribution of their publication(s) but who has a separate staff in a physically separate work area printing non-publication product(s) for unrelated customers.

3. Code 287 and a printing class will not be assigned to any publishing business unless that business fulfills the multiple enterprise criteria specified in Rule IV, Paragraph C. 3. a. 2.

**COPYING OR DUPLICATING SERVICE – 932**

Applicable to printing businesses principally engaged in providing customer copy reproduction by means of small offset presses (with no more than two color towers), also known as duplicators, on paper sheet sizes 17x22 inches or less or electrostatic copiers on paper of any size. Such businesses also typically provide postpress bindery service that finishes the printed product. Finishing may include but is not necessarily limited to: collating, cutting to size, including die cutting, scoring and perforating, rounding corners, tab cutting, folding, drilling or punching holes, stapling, sewing, wire stitching, gluing – perfect binding, laminating, foil stamping or embossing.

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**OPERATIONS NOT INCLUDED:**

1. A printing business principally engaged in the reproduction of customer copy by other means shall be assigned to the appropriate printing class as provided for in this Manual.
2. Code 932 and another printing class shall not be assigned to any printing business unless that business fulfills the multiple enterprise criteria specified in Rule IV, Paragraph C. 3. a. 2.

**INVESTIGATIVE AGENCY – 904**

An investigative agency is principally engaged in gathering information for clients (e.g., insurance companies or other businesses, attorneys or private persons) for one of a number of reasons (e.g., fraud or another crime, matrimonial or child custody disputes). To accomplish this overall goal, an investigator's duties may include but are not necessarily limited to the tasks discussed below. The investigator may review public records (e.g., at a court house), interview the "subject's" neighbors, coworkers or acquaintances and/or conduct surveillance of the investigation's "subject." When surveillance is conducted, the investigator may take still photographs or video the "subject's" movements (e.g., to document insurance fraud). The investigator will prepare a written report of the findings and concurrently submit the photographs or videotape, as warranted.

**OPERATIONS NOT COVERED:**

1. Assign Code 660 to a separate alarm installation and/or repair crew.
2. Assign Code 954 to a separate security guard crew.

**SECURITY AGENCY – 954**

A security agency may also be known as a guard and patrol service. Such businesses are principally engaged in providing unrelated private sector or government customers with armed or unarmed private security personnel (also known as security officers) to guard the customer's premises and surrounding property against unlawful or undesirable activities (e.g., fire, theft, vandalism). To accomplish these overall goals, a guard/security officer's duties may include but are not necessarily limited to the tasks discussed below. A guard may control access to the customer's building or another off-road site (e.g., construction, direct traffic onto or off of the customer's premises and answer telephones. A guard's duties may be stationary (when the guard is assigned to a fixed location) or mobile (in a car covering a specified area). A guard may conduct a walking tour of the assigned location and/or monitor closed circuit television cameras. A security guard (e.g., in a retail store) may wear ordinary clothing, but typically a security guard will wear a uniform with a badge that clearly identifies the person as a security guard and designates the guard's employer. A security guard may maintain a logbook or write a report on their work shift activities and observations. Private security guards generally do not have police powers, but store guards will act to stop shoplifters (turning suspects over to the local police) and armed guards may act to stop robberies (e.g., in a bank) or, if acting as bodyguards, to protect the client(s) before the police can arrive.

**OPERATIONS NOT COVERED:**

1. Assign Code 660 to a separate crew that installs or repairs alarms.
2. Assign Code 904 to a separate crew engaged in performing any type of investigations for unrelated customers.

**RECYCLING CENTER - 862**

Applicable to businesses principally engaged in collecting or handling recyclable commodities including but not necessarily limited to: cloth clippings, rags, paper, glass, plastic, rubber stock and/or aluminum beverage cans. Includes consolidation facilities, where the recyclable commodities are simply collected, sorted baled and resold, and reprocessing facilities, where the recyclable commodities are processed prior to resale. Processing may include but is not necessarily limited to: grinding plastic, pulverizing glass and crushing aluminum beverage cans. Also includes businesses principally engaged in shredding paper or destroying documents for unrelated concerns.

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**OPERATIONS NOT INCLUDED:**

1. Assign businesses collecting a combination of recyclable products and scrap metals with no principal line of merchandise to Code 860.
2. Assign dealers in cloth clippings, new goods only, to Code 924.

**AUTOMOBILE AUCTION - 820**

Applicable to businesses principally engaged in the auctioning of automobiles to automobile wholesalers, used car dealers, automobile dealerships or the general public. Also includes the auctioning of trucks and motorcycles. Also includes the operation of a snack bar or restaurant when conducted in conjunction with the auction.

**OPERATIONS NOT COVERED:**

Automobile auctioneers are assigned to Code 819.

**RENTAL CLERKS – AUTOMOBILE/TRUCK RENTAL AGENCIES**

As a general rule, rental clerks/counter personnel for automobile and truck rental agencies have job duties that include but are not limited to waiting on customers, assigning vehicles, completing rental agreements, insurance and credit forms, and collecting payment for the rental of the vehicle. Rental clerks/counter personnel may also inspect the vehicle, record the mileage, and demonstrate or move the vehicle. As described, rental clerks/counter personnel for automobile and truck rental agencies should be assigned to Code 819 and not Code 818 or Code 953.

**HAND TOOL MFG. – NON-FORGED – 442**

Applies to a business principally engaged in machining or assembling non-forged and non-powered hand tools or bench tools. This includes but is not necessarily limited to screwdrivers, pliers, hammers, chisels or wrenches.

**OPERATIONS NOT INCLUDED:**

1. Assign Code 433 to a business principally engaged in forging hand tools.
2. Assign Code 473 to a business principally engaged making portable powered hand tools.

**SAW BLADE OR INDUSTRIAL KNIFE MFG – 443**

Applies to a business principally engaged in the manufacture of any type of saw blade, including but not necessarily limited to: circular saws, band saws, cylinder saws, drag saws or any type of hand saw. Saw blades may have teeth set and sharpened on a saw blade grinder. Also includes applying carbide tips or diamond cutting segments onto saw blades and the shop repair or sharpening of the saw blade by the manufacturer.

Also applies to a business principally engaged in the manufacture or shop reconditioning of all types of industrial cutting knives. The materials used may include sheet or coil steel or tool steel depending upon the type of knife being made and its designed application. The knife will generally be heat-treated. Surface grinders will grind the knife's edge.

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**PRECISION MACHINED PARTS MFG – N.O.C. – 446**

Applies to a business principally engaged in Precision Machined Parts Mfg., N.O.C. Such term will be defined as applying to a machining business where the plans or specifications require more than 50 percent of the employer's machining operations be held to a final tolerance of .001 inches or closer (e.g., .0005 inches), and where more than 50 percent of the parts machined by the employer are not assigned to any other manufacturing classification.

A business principally engaged in Precision Machined Parts Mfg., N.O.C., is typically a job shop. A job shop is defined as a business principally engaged in machining for unrelated businesses and that has either no proprietary product(s) or the business' proprietary product(s) is less than 50 percent of the business' revenue.

**OPERATIONS NOT COVERED:**

1. The machining of parts for unrelated businesses or the employer's proprietary product(s) where more than 50 percent of the employer's machining operations are held to a final tolerance cruder than .001 inches (e.g., .003 inches, .005 inches, .010 inches), and where the parts made by the employer are not assigned to any other manufacturing classification, shall be assigned to Code 461.

2. Machined parts or products specifically assigned to any manufacturing classification shall be assigned to that specified manufacturing classification regardless of the final machining tolerance called for by the plans or specifications.

**EXCAVATION – 609**

Applicable to payroll developed in general excavation, grading, trench digging, filling or backfilling. Such work is performed with power shovels, trench diggers, bulldozers or graders. The business may be a specialist excavation contractor principally engaged in one or more of the listed tasks. The business may be a general contractor employing a separate staff performing one or more of the listed tasks or the business has kept separate payroll records for personnel who interchange between one or more of the tasks listed above and other construction tasks assigned to another construction classification.

**OPERATIONS ALSO INCLUDED:**

1. All methods of clearing or removing brush and/or tree stumps that is not incident to tree removal except for road construction.

2. Excavation and/or grading for parking lots.

**OPERATIONS NOT INCLUDED:**

1. Assign Code 602 to payroll developed in clearing or removing brush for road construction. Code 602 shall also be assigned to road or street construction subsurface work which involves all work that brings the road up to grade: earth or rock excavation, filling or grading.

2. Assign the applicable "all work to completion" construction classification when a business is performing work assignable to an "all work to completion" classification. Any excavation work performed by the business incident to an "all work to completion" job or project shall be included in the "all work to completion" construction classification applicable to the job or project.

**AUTOMOBILE DISMANTLING**

A business whose operations include the dismantling of automobiles or other types of vehicles to recover usable/salable used parts shall be classified pursuant to the manner in which the employer is principally engaged. Please see the "Definitions" Ruling and Interpretation for additional information on principally engaged. Below find examples of reasonably common classification assignments for such businesses:

1. Assign Code 815 to businesses principally engaged in dismantling automobiles or other vehicles to recover usable/salable used parts and the sale of such and new parts.
2. Assign Code 815 to businesses principally engaged in performing automobile repairs (e.g., mechanical or body).

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3. Assign Code 818 to businesses principally engaged in the sale of new and/or used automobiles or other vehicles (e.g., trucks, motorcycles).
  4. Assign Code 858 to businesses principally engaged in the collection, handling and sale of ferrous scrap metal.
  5. Assign Code 859 to businesses principally engaged in the collection, handling and sale of nonferrous scrap metal.
  6. Assign Code 860 to businesses dismantling automobiles or other vehicles and collecting and handling a combination of ferrous and/or nonferrous scrap metal and/or other secondhand commodities (e.g., paper, glass) with no principal line of merchandise.
  7. Assign Code 934 to businesses principally engaged in the sale of new and/or used automobile parts. There may be a payroll division with Code 815 when such businesses also provide automobile repair services or dismantle automobiles when the following conditions are fulfilled: the automobile repair services or automobile dismantling is conducted in a physically separate work area by separate employee crews, and the majority of the automobile parts are sold to unrelated customers and are neither installed or used by the business for repair services.
  8. Assign Code 825 to businesses principally engaged in the storage of automobiles (e.g., an impound lot) or in the parking of customers' automobiles.

### **FLAT CEMENT WORK – 608**

Applicable to a specialist contractor performing ground-supported concrete work in the construction of houses or small (one- to two-story) commercial buildings, including but not necessarily limited to concrete footings, foundation walls, cellar floors, curbs, sidewalks and driveways. Also applicable to constructing ground-supported concrete floors for small commercial buildings and the blacktop paving or repaving of driveways, parking lots, sidewalks or yards. Further applicable to the breakup by use of picks or jack hammers and removal of old ground-supported concrete, digging with shovels, and the set-up and removal of forms by the ground-supported concrete contractor.

#### **OPERATIONS ALSO INCLUDED:**

1. Mausoleum or monument erection in cemeteries.
2. Diamond core drilling within buildings by a specialist contractor.
3. Painting lines in parking lots or tennis courts by a specialist contractor.

#### **OPERATIONS NOT INCLUDED:**

1. Assign Code 601 to the paving or repaving of streets, roads, airport runways or warming aprons.
2. Assign Code 601 to concrete curb or gutter work performed by a street or road paving contractor.
3. Assign Code 609 to excavation performed by means of mechanical equipment. See the "Excavation – 609" Ruling and Interpretation for further information.
4. Assign Code 654 ground-supported concrete work in the construction of commercial buildings three stories or more.
5. Assign Code 654 to the installation of precast walls or panels.
6. Assign Code 654 to the erection/dismantling of forms incident to the pouring of self-bearing floors or any other non-ground supported concrete work.
7. Assign Code 654 to Guniting/Shotcrete installation.
8. Assign Code 855 to concrete pumping services by a specialist contractor.

### **ROOFING – 659**

Applicable to specialist contractors performing any type of roofing, roofing repair or reroofing job utilizing any type of roofing material including but not necessarily limited to hot tar, shingles, slate, tile or rubber on any type of roof such as flat, sloped or built-up. Also applicable to all personnel working on a roofing job (e.g., ground personnel passing materials to personnel on the roof and picking up debris and personnel on the roof). Further applicable to the waterproofing or insulation of roofs and the pressure washing of roofs.

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**OPERATIONS ALSO INCLUDED:**

1. Roof decking and related carpentry work performed by a roofing contractor.
2. The installation of sheet metal products (e.g., fascia, gutters, downspouts) by a roofing contractor that is a part of a roofing job.

**OPERATIONS NOT INCLUDED:**

1. There is no payroll division between Code 659 and Code 676 at the same location of job.
2. Assign Code 454 to a separately-staffed and located sheet metal fabrication shop.

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**AUDITING****Drivers (Payroll Allocation)**

It is the Bureau's position that the payroll of drivers, chauffeurs or their helpers which cannot be allocated to a specific classification because they have duties common to more than one classification shall be assigned to the governing classification of the two or more classifications to which their work belongs.

The above ruling does not supersede any Manual rules found in Sections 2 or 5 of the Delaware Manual, nor does it supersede any Manual wording footnotes found in Section 2 or Section 5 regarding the allocation of payroll for the 800-series of classifications (Trucking and Storage Industry).

**Example:**

Insured X has approved classifications Code 0034, Animal Raising, and Code 865, Poultry and/or Fish Dealer/ Processor. If insured X had separate crews of drivers that did not interchange their duties between the two operations, the separate crews would have their payroll allocated to the separate respective classifications.

If no such separate crew existed and the drivers, etc. have duties common to both operations, their payroll would be assigned to the governing classification exclusive of miscellaneous employee payroll.

**Commission Salespersons (Deductible Expenses)**

Commissions paid to commission salespersons shall be included in the audit of payroll for premium computation purposes, except that traveling and all other expenses of the salespersons in connection with their employment may be deducted provided the salespersons report such expenses and the insured maintains a definite verifiable record of them. Arbitrary flat percentages shall not be allowed under the provisions of this interpretation nor shall automobile depreciation be deductible as an item of expense unless such depreciation comprises a part of the mileage rate allowance.

**BASIS OF PREMIUM****Employee Expense Reimbursements**

Reimbursement expenses (except for hand or power tools as provided for in Rule V., B. 2. i.) paid to employees may be excluded from the audit provided that all three of the following conditions are met:

1. The reimbursed expenses paid were incurred upon the business of the employer, and
2. The amount of each employee's expense payment is shown separately in the records of the employer, and
3. The amount of each expense reimbursement approximates the actual expenses incurred by the employee in the conduct of his or her work (IRS published per diem guidelines may be viewed as approximating actual expenses).

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**Salary Reduction Plans**

In determining the remuneration to be used for premium computation purposes, no deduction shall be permitted for contributions to employee benefit plans made by employees either directly or through salary reduction agreements. The typical salary reduction plan involves a binding salary reduction agreement through which a specific percentage of the employee's salary is not paid to him or her but is paid into a pension, medical or savings plan (Section 125 IRC).

**Strike Periods (Wages Paid)**

Wages paid to employees who are not on strike but who are unable to perform their normal duties because of a strike shall be assigned to the classification applicable to the work usually performed by such employees, except that if any such employees perform absolutely no work for their employer and are not present on their employer's premises during such period, such wages shall be assigned to Code 953, Clerical Office Employees, provided the facts are clearly disclosed by the employer's records.

**Traveling Time Payments**

Payments made by an employer to an employee to reimburse him or her for time spent in traveling to or from work or to or from a specific job shall be considered as remuneration in accordance with the provisions of Rule V., B. of the Manual, and such remuneration shall be assigned to the Manual classification which applies to the work normally performed by such employee.

**Wages Paid for Idle Time**

1. The entire amount of wages paid for idle time shall be included as payroll.
2. Wages paid for idle time due to the following causes shall be assigned in their entirety to the classification which applies to the work normally performed by the employee involved:
  - a. Suspension or delay of work on account of weather conditions.
  - b. Delays while waiting for materials.
  - c. Delays while waiting for another contractor to complete certain work.
  - d. Delays arising from breakdown of equipment.
  - e. "Stand-by" time where employees such as operators of cranes, hoists or other equipment are on the job but their active services are not required continuously.
  - f. Special union requirements or agreements between employer and employees calling for pay for idle time under specified circumstances.
  - g. Other cause of similar nature.
3. Wages paid to key employees of construction, erection or stevedoring risks, such as superintendents, foremen or engineers, for periods during which no jobs are in progress, shall be assigned to the classification applicable to the work which each one normally performs. (Exception: Reference Strike Periods – Wages Paid.)
4. The entire amount of wages paid for idle time to an employee engaged in work other than construction, erection or stevedoring must be assigned without division to the classification which normally applied to that employee.

**AUTOMOBILE DEALERSHIPS – CODE 818**

Employees who typically comprise the basic classification Code 818, Automobile or Automobile Truck Dealer, include but are not necessarily limited to: automobile repair technicians, detail employees, auto body shop technicians and auto body painters, maintenance employees, parts department employees and security employees who keep watch over their employer's premises.

Employees typically considered office employees include accounting, accounts payable, and accounts receivable, business office, bookkeeping, computer programmers, finance, human resources and the office manager. These employees must work in a physically-separate office as defined in Section 1 of this Manual. Reference should be made to the restrictive definition of a clerical office employee also found in Section 1 of this Manual.

With the above statements in mind, the payroll of the following employees should be assigned in the prescribed manner:

1. **Finance and Insurance (F&I) Manager and Employees** process automobile financing and payment schedule paperwork required by a bank or other financial institution on behalf of the customer. Their payroll is assignable to Code 953.
2. **Inventory Coordinators or Inventory Control Attendants** may physically check incoming or outgoing automobile inventory. These employees may move new or used automobiles from one lot location to another or to different locations within a single lot. They may also physically check the inventory on a regular basis by walking throughout the lot(s) to do a physical count of the automobiles and monitor them for damage or defects. Their payroll is assignable to Code 818. If job duties are limited to operating a computer and all inventory coordination and/or control is performed by computer, then, Code 953 would apply.
3. **Inventory Clerks** (either service or parts) usually assist the appropriate manager in the compilation and/or recording of paperwork involved in keeping track of either repair/service work done by the service department or the sale/inventory of parts done by the parts department. If they work exclusively on a computer or handle the paperwork generated by the appropriate respective department, their payroll is assignable to Code 953. However, if they physically handle the parts, their payroll is assignable to Code 818. Sometimes these employees have job titles of parts clerk or service clerk.
4. **Service Writers/Service Advisors** job duties include greeting customers for the purpose of discussing problems with the customers' vehicles. They will prepare job cost estimates and write up service orders. Service writers work behind a counter in a lobby-type area, in an area off the showroom floor, or in a driveway/garage. Their job duties may also include but are not necessarily limited to:
  - Physically inspecting the customer's automobile to determine what repair work is required.
  - Walking out to the car to write down the mileage from the odometer. This information is necessary because warranty work and adherence to the warranty schedule is keyed to the mileage an automobile has on it. An automobile dealership may not honor the warranty agreement unless all repairs and service have been completed by the dealership's technicians.
  - Providing information or direction to service/repair employees (called mechanics or technicians) through direct interface in the service/repair area and/or entering the shop area to determine the status of repair work on a customer's vehicle.
  - Pickup and delivery of parts.
  - Road testing the malfunctioning or the repaired vehicle, conducting a final inspection of the vehicle or physically handling ordered automobile parts.

Service advisors/service writers' payroll is assignable to Code 818.

5. **Cashiers** who wait on customers should have their payroll assigned to Code 818.
6. **Telephone Operators** should have their payroll assigned to Code 953 if they work in a physically separate office. Their payroll is assigned to Code 819, Automobile Salespersons, if they work in the automobile showroom.
7. **Greeters** working in the showroom direct walk-in customers to waiting salespersons. Their payroll should be assigned to Code 819.
8. **Title Clerks** process the paperwork involved in title and registration transfers. Their payroll is assignable to Code 953.
9. **Automobile Salespersons** must have their payroll assigned to Code 819. This classification is analogous to Code 951, Outside Salespersons, which is the standard exception classification applicable to employees engaged in the outside solicitation of a firm's goods or services. Job duties inherent for automobile salesmen include:
  - They sell automobiles by talking with walk-in customers.
  - Their offices/work areas are in the showroom.
  - They may or may not take the customer out for a test drive.
  - They demonstrate the various features of the automobiles to the customers and may deliver the vehicle to the customer.
  - A regular part of their job duties includes time spent in the new/used automobile lot or showroom.
10. **Sales Managers** should have their payroll assigned to Code 819, even though they may not sell cars, if their areas of responsibility encompass the sales department and they are engaged in directly supervising the productivity, training and evaluation of the sales department.

They accomplish these goals by observing the salespeople in their interaction with the customer in the showroom or car lot. They constantly evaluate the performance of the salespeople and direct them by updating and improving their sales

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techniques. While individual salespeople may learn the results of their evaluation in the sales manager's office for reasons of confidentiality and privacy, the sales manager must regularly spend time in the car lot and/or showroom in order to accomplish his/her goals of effective management.

The payroll of the sales manager should be assigned to the same classification that is applicable to the group of employees he/she directly supervises. The term "directly supervises" is construed to mean that the education, training, evaluation and/or the provision of instructions is done face-to-face in the areas where the employee is working.

The exception to this rule is the case where the sales manager, due to the complexity or large size of the dealership, would delegate training, evaluation and direct supervision of employees to a supervisor/subordinate and where the job duties of the sales manager relegate him/her to exclusively working in the office.

- 11. Parts Managers and Service Managers** should have their payroll assigned to Code 818. Parts managers may work in the parts department, provide direct supervision (as defined above) of employees, fill in for parts counter employees, physically handle parts, unload and stock parts in inventory and/or wait on customers or employee mechanics providing them with parts. Any of these activities are sufficient to place the parts manager in Code 818.

Service managers may work in the service area providing supervision and direction to employees, estimate service and repair cost by examining the car, and road test customer vehicles as a regular part of their job duties.

As noted above, the payroll of the manager should be assigned to the same classification that is applicable to the group of employees he/she directly supervises.

- 12. General Managers** should have their payroll assigned to either Codes 818, 819 or 953 depending upon their job duties. If the general manager directly supervises the parts, service, body shop or other operational areas of the dealership with the exception of the office or showroom/sales lot area or has regular job duties in those areas, that individual's payroll is assignable to Code 818.

In some automobile dealerships a general manager may have assumed the duties of a sales manager and is engaged in directly supervising the productivity, training and evaluation of the sales department, in which case Code 819 would be the appropriate classification for the general manager's payroll.

Finally, a general manager who is exclusively engaged in job duties that fall within the restrictive definition of Code 953 in Section 1 may have their payroll assigned to that classification.

- 13. Drivers/Car Jockeys** drive the new and/or used automobiles from one lot location to another or back and forth to positions within one location. They may wash and detail the car prior to the customer taking possession of the purchased automobile. They may drive cars from an automobile auction or a car wash to the lot location. These employees are miscellaneous employees whose job functions support the dealership's business, and their payroll is properly assignable to Code 818. Executive officers or sales managers who attend auctions to buy and sell automobiles and who drive different vehicles to and from an auction will have their payroll assigned to Code 819. Employees who drive carriers to transport vehicles to and from an auction will have their payroll assigned to Code 818.

- 14. Automobile Rental Clerks** have job duties that include but are not necessarily limited to assigning vehicles, completing rental agreements, insurance and credit forms and collecting payment for the rental of automobiles. Their payroll is assignable to Code 819. Rental clerks may also demonstrate or move the automobile.

- 15. Leasing Managers:** The Bureau considers the leasing of a vehicle as analogous to "selling" the vehicle, as the leasing of the vehicle effectively means relinquishing possession of the vehicle to a customer on a more or less permanent basis. Therefore, a leasing agent or manager that demonstrates the features of the automobile should have their payroll assignable to Code 819. Leasing managers should have their payrolls assigned to Code 953 if their job duties are limited to making leasing arrangements over the telephone.

### **COUNTER PERSONNEL – AUTOMOBILE REPAIR FACILITIES**

As a general rule, counter personnel for auto repair facilities wait on customers, prepare job cost or sales estimates, write up orders and collect payments for services rendered or merchandise purchased. As described, counter duties are a normal, integral and basic part of the operation of these types of facilities and, as such, are contemplated by the composite rating value of the basic governing classification – Code 815. Therefore, counter personnel for automobile repair facilities and/or automobile tire dealers should be assigned to Code 815 and not to a standard exception classification, either Code 951 or Code 953.

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**PROPERTY MANAGEMENT FIRMS**

Property management firms are engaged in the management of real property which may be owned by the management firm or owned by unrelated businesses and managed under contract. Real property is defined for this Ruling and Interpretation as apartment houses, condominiums, private dwellings (houses) and commercial office buildings. The duties of a property management firm are to enforce the provisions of the lease agreement entered into by the tenant and landlord, to ensure that necessary tax, mortgage, insurance and other payments are made in a timely manner, and to ensure that the property is maintained in such a way as to maximize its value to the owner. In the conduct of such operations management companies may employ maintenance personnel, resident or on-site managers, leasing agents or property management supervisors or may subcontract all or portions of these separate responsibilities. The basic functions performed by the personnel of property management firms and the current classification procedures followed in connection therewith are presented below:

**Maintenance**

Maintenance personnel generally perform minor maintenance and repair work at the property site, including but not limited to: cutting the grass, shoveling snow, plumbing, electrical wiring, painting and minor carpentry activities. New construction or structural alterations generally are subcontracted to a specialty contractor. Payroll developed by maintenance employees of a commercial or industrial building owner, lessee or real estate management firm is assigned to Code 971. Payroll developed by maintenance employees of an apartment or condominium complex operator is assigned to Code 880.

**Resident or On-Site Managers**

Resident managers typically are retained in connection with residential apartment complexes, while on-site managers may be employed in connection with either residential or commercial properties. Resident managers usually receive compensation in the form of a salary and an apartment unit located at the site of the managed property. The duties of resident or on-site managers retained in connection with apartment complexes and similar multiple dwelling units may include but are not limited to: performing maintenance and repair work, showing apartments to prospective tenants, preparing lease or rental agreements, collecting rents, handling tenant complaints, inspecting vacated units for damage, coordinating maintenance and repair activities, acting as the liaison between tenants and management supervisors, and directly supervising the overall operations and/or maintenance staff of the property.

As a general rule, managers engaged in the above job duties should have their payroll assigned to either Code 971 or Code 880. However, managers who perform no maintenance/repair work or perform no direct supervision of the maintenance staff or do not supervise the overall operations of the complex may have their payroll assigned to Code 951. The duties of on-site managers retained in connection with commercial buildings are similar to those described above and they are classified the same way.

**Leasing Agents**

Leasing agents are typically engaged in residential and/or commercial property leasing or real estate sales activities. Leasing agents are paid a commission based upon the total rent paid over the duration of the lease. Leasing agents show available space to prospective tenants and negotiate the terms of the lease, including the lease period, tenant improvements, payment schedules, and termination provisions. Leasing agents usually do not perform any property management activities.

Historically, leasing agents engaged exclusively in the aforementioned activities have been assigned to Code 951. Leasing agents who, in addition to leasing activities, perform property management operations, such as the direct supervision of employees engaged in the operation, maintenance or repair of properties, are assignable to either Code 971 or Code 880.

**Property Management Supervisors**

Property management supervisors normally retain responsibility for several residential complexes, single-family residences and/or commercial buildings. Such persons primarily perform administrative duties in the office of the management firm but will also visit the various properties under management to ensure that the properties are being adequately maintained. The job duties of these employees involve entering into contractual arrangements with real estate property owners for the management of properties, obtaining new properties to be managed, negotiating contracts with firms specializing in the maintenance, repair or alteration of properties, hiring and dismissal of resident or on-site managers, handling the financial arrangements of the property, preparing financial reports, showing available space to potential tenants, renegotiating or extending leases, meeting with resident or on-site managers to discuss problems or complaints, periodically inspecting the physical appearance of the property to ensure that necessary maintenance and repair operations are being performed and to take note of additional needed repairs.

Property management supervisors do not:

- reside at or work from the site of the properties under management
- directly supervise maintenance or repair employees

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- directly supervise the operation of the property

Employees exclusively engaged in the above job duties may have their payroll assigned to Code 951.

#### **OPERATIONS NOT INCLUDED:**

The management or operation of all other types of real property is not subject to this Ruling and Interpretation and shall be classified as provided elsewhere in this Manual.

#### **PREVAILING WAGE PAYMENTS**

Prevailing wage statutes, including but not necessarily limited to the Davis-Bacon Act or the Delaware Prevailing Wage Act stipulate that contractors under Federal or State government contracts, respectively, are required to pay specific minimum wage rates and specified fringe benefits that may be paid into an approved fund for distribution at a later date or paid directly to the employee. Where an employer is unionized, the payments will normally go into a fund. However, if the employer is not unionized, the payments will often be made directly to the employee.

#### **MINIMUM WAGE PROCEDURE**

Under Section 1, Rule V., B. 2. o. of the Manual remuneration includes: Adjustments necessary to bring employees to minimum wage.

Under Section 1, Rule V., B. 3. e. of the Manual remuneration excludes: tips and other gratuities received by employees.

All carriers are required to include an adjustment to equal the current minimum wage. The auditor should verify if all employees' wages equal or exceed the federal minimum wage. If not, the following adjustments should be made assuming the current minimum hourly wage for tipped employees is included.

1. Determine the average number of full-time tipped employees and the normal work hours.

$35 \text{ hour week} \times (\text{the difference of federal minimum wage and the tipped employees' minimum wages}) \times \text{number of tipped employees} \times 52 \text{ weeks}$ .

2. Determine the average number of part-time tipped employees and the normal work hours

$\text{Number of hours} \times (\text{the difference of federal minimum wage and the tipped employee minimum}) \times \text{the number of tipped employees} \times 52 \text{ weeks}$ .

#### **REGULAR AND FREQUENT**

In determining the classification assignment for an employee who may have (to varying degrees) multiple operational exposures, the term "regular and frequent" has historically been used by the DCRB in evaluating the duties of the employee(s) in question. The purpose of this R&I is to briefly (but not exhaustively) clarify the DCRB's use and application of this classification assignment concept.

The word "regular" is defined as "usual, normal, customary, recurring at fixed times and periodic." The word "frequent" is defined as "happening or occurring at short intervals, constant or habitual." The intent of the DCRB's classification procedure is to assign the payroll of an employee having multiple occupational exposures to that classification most consistent with the overall nature of that employee's exposure. The term "regular and frequent" is a benchmark used to help determine whether exposure in a given occupational area is or is not sufficient to warrant assignment of an employee to the Manual classification applicable to such exposure.

An employee need not actually work at a production machine in order to have their payroll assigned to the appropriate basic production classification. If in the course of performing their work, the employees' duties bring them into regular and frequent contact with the production area, then that person's payroll would be assigned to the appropriate basic production classification.

The above observation should not be construed to mean that any individual who ever steps into the plant or shop area would automatically have their payroll assigned to the higher valued classification. The intent of the DCRB's classification procedure is to be reasonable and fair in assigning the appropriate classification that reflects the employee's job duties. Therefore, an employee who was temporarily engaged in a job duty beyond the restrictive definition of the standard exception classifications on an infrequent or emergency basis would not have their payroll assigned to the basic classification.

Please note that the existence of a portal door or window in a floor-to-ceiling partition to allow an interface between employees, visitors or customers, does not in and of itself invalidate the floor to ceiling partition.

Some examples may further clarify these considerations:

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- Employee X of ABC Corporation makes outside sales calls and visits prospective customers one day a week every week. The employee will typically visit five-to-six customers. The other four days of the week, Employee X works at ABC Corporation's offices handling administrative paperwork and other clerical duties. Employee X's payroll would be allocated to Code 951, because this employee is regularly (every week) and frequently (one day per week) engaged in outside sales duties away from the premises.
  - Employee X of ABC Corporation makes a trip to a sales convention for a week, two times a year. The rest of the employee's duties keep Employee X working strictly in the company's corporate offices. Employee X's payroll should be assigned to Code 953 as two sales convention trips a year should not be construed as either regular or frequent.
  - Employee Y of DEF Corporation spends about two hours (out of an eight-hour day) every day in the production plant. Employee Y will go to each of the production areas of the plant and physically observe and talk with foremen and workers at their machines to get feedback as to when a certain job will be completed. Employee Y may also set up a complex job on a machine or do an emergency repair during these two hours. Employee Y spends the other six hours of each day in an office handling production scheduling, administrative paperwork, finances and management reports. Employee Y's payroll would be assigned to the production plant's governing classification, as this employee is regularly and frequently exposed to the production area, even though Employee Y does not actually work on a production machine.
  - If this same employee had spent only 10-to-15 minutes, once or twice a week, in the shop conferring with foremen, greeting employees or had been called into the shop in case of an emergency with the rest of their time spent in an office, then the payroll of Employee Y would be assigned to Code 953, as the employee is not frequently in the shop.

The major points attempted to be made here are:

- Determining the amount of time an employee spends exposed to the operational hazards of the business is extremely important.
- Determining the duties of an employee during that time may give a clearer picture of the extent of the employee's duties.

As usual, the more involved in presenting and exploring a line of questioning, the more information comes to light. With the benefit of such enhanced information, the auditor will more likely be able to make an informed judgment on assignment of payroll.

### **Executive Officers – Classification Assignment**

A significant number of disputes occur as a result of the misclassification of executive officers' payroll. In an attempt to enhance the accuracy and consistency of the treatment of these issues by insurance companies, below find a series of questions that the DCRB believes will aid in the determination of the proper classification for executive officers.

- Who are the officers of the corporation for the policy period in question?
- Was each of these officers active in the business during the policy period in question?
- What were each officer's exact job duties?
- How many hours a week (or what percentage of time) does each officer work in the store, shop, job site, farm, etc.?
- How many hours a week (or what percentage of time) does each officer spend in the basic classification work area, providing direct supervision and/or giving instructions to employees?
- How many hours a week (or what percentage of time) does each officer spend out of the office for sales calls, meetings or other similar purposes?

Please also see Section 1, Rule IX, Paragraph A. 4. "Assignment of Payroll" that advises an executive officer shall be classified in the same manner as any employee. Also please see the "Regular and Frequent" Auditing Ruling and Interpretation.

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**Nursing Home Personal Care Home and Residential Care Facility Classification Guideline**

The following guidelines have been developed to aid in the classification of employees of a typical nursing home/personal care home. Proper documentation on audit worksheets should be added whenever exceptions are made to these guidelines. These guidelines, to varying degrees, affect the following basic business classifications.

Code 960, NURSING AND CONVALESCENT HOME  
Code 974, RETIREMENT OR LIFECARE COMMUNITY  
Code 979, RESIDENTIAL CARE FACILITY FOR THE ELDERLY – NON MEDICAL

Nursing home/personal care home employees do not have to provide actual "hands-on care" to the patients and/or residents in order to have their payroll assigned to one of the above basic classifications. The object of the classification system is to group insureds into classifications so that the rating value for each classification reflects the exposures common to such distinct business enterprise (See Section 1, Rule IV. C. 2. and C. 3.) It is the business of the insured that is classified within Delaware not the separate employments, occupations or operations within the business.

Employees who typically comprise the basic classification for a nursing home/personal care home are activity staff, beauticians or barbers (usually remunerated through a 1099), dining room set-up and servers, drivers, food preparation, housekeeping, laundry, maintenance/plant, including supervisors, nurses (registered nurses, licensed practical nurses), nurses aides, including certified nurses aides, security and therapists (physical and speech).

Employees typically considered office employees include accounting, accounts payable and accounts receivable, business office, bookkeeping, finance, human resources and the office manager. These employees must work in a physically separate office as defined in Section 1, Rule IV, B. 2.

Codes 960, 974 and 979 are "all employees except office," which means none of the three classes permit payroll division with Code 951, Outside Sales.

With the above statements in mind, the payroll of nursing home/personal care home employees should be assigned in the following manner.

**ADMINISTRATOR/EXECUTIVE DIRECTOR**

Each facility has a licensed nursing home or residential care facility administrator on site who is in charge of all operations at the facility. This employee prepares budgets, reviews departmental reports, answers questions of department managers, deals with licensing issues, handles public relation issues, attends community events to promote the business, deals with HIPAA (Health Insurance Portability and Accounting Act) regulations, deals with employee benefits, handles safety issues, interprets procedures and writes plans of correction based on inspection reports. The employee will attend patient care plan meetings. The administrator will make rounds of the facility on a regularly scheduled basis. Each round will vary as to the amount of time it takes depending on the size and complexity of the facility. During rounds, the administrator walks the halls to observe that the patients are being cared for properly, there are no unreported maintenance issues, no housekeeping issues that are unsolved, the floor has adequate staffing and the general appearance of the facility is acceptable.

The administrator will stop and talk to residents to inquire if they have any complaints or concerns and will talk to family members and volunteers who may have questions. The administrator will not provide direct patient care. By state law (for nursing homes only), the administrator is not permitted to feed, toilet, administer medications or provide any other type of care. However, administrators do keep track of how often nurses see patients.

Administrators should have their payroll assigned to the applicable basic classification, as they are regularly exposed to the operative hazards of the nursing home/personal care facility. An administrator's job duties fall beyond the Manual definition of a clerical office employee.

**ASSISTANT ADMINISTRATOR**

An assistant administrator performs many of the same job duties as the administrator and reports directly to the administrator in the chain of command. This employee may assist the administrator in the preparation of budgets,

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review departmental reports, answer questions of department managers, deal with licensing issues, handle public relation issues, attend community events to promote the business, deal with HIPPA regulations, deal with employee benefits, handle safety issues, interpret procedures and write plans of correction based on inspection reports. The employee will attend patient care plan meetings. The assistant administrator may make rounds of the facility on a regularly scheduled basis. Each round will vary as to the amount of time it takes depending on the size and complexity of the facility. During rounds, the assistant administrator may walk the halls to observe that the patients are being cared for properly. They make sure no restraints are being used, there are no unreported maintenance issues or housekeeping issues that are unsolved, the floor is adequately staffed, and the general appearance of the facility is acceptable.

The assistant administrator may stop and talk to residents to inquire if they have any complaints or concerns and may talk to family members and volunteers who have questions. The assistant administrator may or may not provide direct patient care. Assistant administrators should have their payroll assigned to the appropriate basic classification, as they are regularly exposed to the operative hazards of the nursing home/personal care facility. See the Regular and Frequent Ruling and Interpretation for the definitions of "regular and frequent." An assistant administrator's job duties fall beyond the Manual definition of a clerical office employee.

**ACTIVITY DIRECTOR**

The activity director is in charge of the recreational and educational activities at a nursing home. The director is responsible for setting up a schedule, ordering supplies for the activities and, in some of the smaller homes, directly supervising the employees and residents in activities. If the activities director has a physically separate office, does not participate nor directly supervise (this activity may be done by the assistant activity director) and has no regular job duties in or about the facility, then the employee may have their payroll assigned to the clerical office classification. However, most activity directors are responsible for organizing and directly supervising the event and are present at the activity, whether it be on the premises of the facility or at another location (e.g., a shopping trip to a local mall). As such, the payroll of an activity director is generally assignable to the basic classification.

**ADMISSIONS DIRECTOR**

The admissions director may have alternate job titles, such as Marketing Director, Social Services Director, Public Relations Director or Director of Development. Regardless, this employee is responsible for working with residents and their families and guiding them through the admission process. The admissions director will explain facility rules (such as marking clothing with a name) and patients' rights. The employee will work with family members who wish to bring furniture from home. The admissions director may explain that all electrical appliances must be inspected for safety (no frayed wires). If a family member visits and removes money from the patient, the admissions director must determine if an abuse situation exists and deal with reporting suspected abuse. If a patient is not happy with his room or roommate, the admissions director will determine if the patient can be transferred to another room. The admissions director may coordinate family concerns with department heads. If two family members disagree about treatment or how a resident's money is being spent, the admissions director may intervene and mediate the situation. They may do the charting about the social interactions of residents. They will plan care meetings. If a patient passes away or moves to another facility, the admissions director may contact the family about collecting personal belongings. They may also work with the ombudsman (a representative from the Area Agency on Aging that is assigned to a nursing home). The payroll of an admissions director is usually assigned to the basic classification, as they regularly spend time in and about the facility even though their primary job duties keep them in a physically separate office.

**CASE MANAGER**

This position is responsible for the management of the rehabilitation department. The employee directs the therapists and gathers information on the level of care needed for minimum data sets (MDS) forms. The case manager maintains the resident's logs and compares the amount of therapy provided to the resident's care plan. The case manager usually does not provide any rehabilitation services. This employee may go to the local hospital to screen charts for potential admissions. The case manager deals with discharge personnel in hospitals regarding possible admissions to their facility. While at the nursing home, the case manager attends managed therapy meetings to see that therapy provided to a resident is in compliance with Medicare regulations. The employee prepares communications bulletins and may write articles for a news bulletin that is distributed to residents.

The case manager meets with physicians and social service workers to determine if any residents in the assisted living facility need to be moved to the nursing home. The employee is responsible for "hospitality" when new

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residents move into the independent living cottages, if such a facility exists. The employee will go to the resident's apartment and visit with the resident, answering any questions while providing information about the facility.

The case manager's payroll is properly assigned to the basic classification.

**CENTRAL SUPPLY CLERK**

This employee is responsible for distributing supplies to the floors and assuring the cupboards are stocked with needed supplies. This employee orders the supplies and determines what is chargeable to a resident. The employee will physically stock the supplies in the units. Some facilities title these employees as purchasing, but they work in an area similar to a storage office. They will make deliveries of supplies throughout the facility, and their control/purchasing is confined to a computer, paperwork or reports. Their offices are usually locked, since this is also where the supplies are located. The central supply clerk's payroll is properly assigned to the basic classification.

**CHAPLAINS**

A chaplain is a clergyman in charge of the nursing facility's chapel. They organize and conduct religious services for the residents of the nursing facility. They will visit non-ambulatory and ambulatory facility residents to provide spiritual counseling, individual worship services and counseling or just to see how a resident is faring in the facility. They may conduct in-room communions and/or last rites. Their payroll is properly assigned to the basic classification.

**CLINICAL DIRECTOR**

The clinical director's job responsibilities usually involve updating and reviewing the resident's medical and treatment charts and folders. If they review medications and treatments on the floor or in the resident rooms or if their offices are not physically separate from all other areas of the nursing facility, the payroll of the clinical director is properly assigned to the basic classification.

**DIETARY COORDINATOR /DIRECTOR /MANAGER / SUPERVISOR**

In some of the larger facilities there is a Dietary Director/Manager who maintains all the dietary requirement records for the residents. Many residents have varying dietary needs, so this is often a critical position. This employee would develop menus and oversee food service. This may entail charting the intake of food by the residents. These duties are performed both in the office and on the floor. The duties also involve supervising the preparation of the food and may directly supervise dietary preparation in the kitchen or walk throughout the facility when meals are served to see that the patient is given their dietary requirements. The payroll of the dietary coordinator/director/ manager is properly assigned to the basic classification.

**DIRECTOR OF NURSING (DON)/ASSISTANT DIRECTOR OF NURSING (ADON)**

Director of Nursing - This position is usually charged with overseeing the entire nursing/care functions of the facility. This employee is responsible for administering the nursing program to maintain standards of patient care and advises medical staff, department heads and administrators in matters related to nursing service. The employee analyzes and evaluates the quality of care administered by the nursing staff and visits residents routinely. The DON does not do any actual patient care.

Some nursing directors move throughout the facility all of the time, while others less so, spending the majority of their time in the office. This employee performs the scheduling of the nursing staff, all of the interviewing and hiring of nursing staff, and may review the unit manager's work. Due to the nature of the employee's work and the fact that the position requires the visitation of residents and the evaluation of the quality of care administered by the nursing staff, the payroll of the director of nursing is properly assigned to the basic classification.

Assistant Director of Nursing - This position is responsible for directing the programs of the facility. The employee collaborates in composing and implementing nursing policy, practice and quality assurance throughout the nursing department. The employee does not do any actual patient care. Primarily, their job responsibilities center around the quality assurance programs. The ADON makes sure all nursing departments are ready for the state survey. The ADON develops the schedule for quality assurance audits and reports. The employee directs, supervises and assigns projects and programs to a quality assurance analyst. The employee develops and directly oversees the Infection Control Program and reports monthly to the Quality Assurance Committee. The employee may oversee the wound care program and plans, organizes and oversees the staff development program reviewing the accurate recording of in-service attendance records. The ADON interacts on a regular basis with patients, families, physicians

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and facility employees and makes tours throughout the facility on a daily basis.

In smaller facilities the ADON is the supervisor on the floor. Their time may be split between directly supervising the registered nurses and other nursing staff and completing paperwork in an office. The payroll of the ADON is properly assigned to the basic classification.

**FACILITIES MANAGER**

This employee, in most cases, has direct floor duties and can do hands-on repair and maintenance work in and about the facility. This employee will also conduct evaluations for major repairs and improvements to the facility that requires the hiring of outside contractors. The payroll of the facilities manager is properly assigned to the basic classification.

**HOME HEALTH CARE OPERATIONS**

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided in the Delaware Workers Compensation Manual.

**INVENTORY CONTROL COORDINATOR**

This employee is responsible for the control and purchasing of hard goods and supplies used throughout the facility. This employee usually has no hands-on responsibilities on the facility floor. They usually make no deliveries of supplies throughout the facility, and their control/purchasing is confined to data entry, computer-generated reports and related paperwork. The payroll of the inventory control coordinator is properly assigned to Code 953, Office, if their job duties are confined to working in a physically separate office.

**MEDICAL DIRECTOR/MEDICAL COORDINATOR**

The medical director is usually a physician who is only active on a part-time basis. When he/she is active, the duties are usually visiting patients and making rounds within the nursing home. The payroll of the medical director is properly assigned to the basic classification.

**MAINTENANCE DISPATCH**

These employees' major job responsibility is to dispatch work assignments to the maintenance employees. These employees are found in larger type facilities. They spend no time performing maintenance work in most facilities. They do not supervise the maintenance employees or do any inspections of the facility. As long as their job duties are confined to working in a physically separate office, their payroll can be assigned to Code 953, Office.

**MASHGIAH**

A mashgiah is an Orthodox rabbi or a person appointed by such a rabbi whose responsibility is to prevent violations of Jewish dietary laws by inspection of facilities where food assumed to be kosher is prepared for the public. These employees enter the kitchen area of the facility to make sure certain foods are kosher. This job position is usually found in faith-based facilities, and their payroll is properly assigned to the basic classification.

**MEDICAL RECORDS CLERK/WARD CLERK**

The medical records clerks are normally responsible for updating resident's charts and medical records. If they spend no time picking up and dropping off charts at either nurses' stations or resident's rooms, assign Code 953. If they perform any of the above duties on a regular basis on the floor, their payroll is properly assigned to the basic classification. If they complete their updates in a physically separate office, their payroll may be assigned to Code 953, Office.

In larger facilities, medical records clerks usually work in the business office and use computers to maintain a database of records. In such circumstances assign Code 953. In the smaller facilities, they may have other duties, including the delivery of medical supplies to nursing stations and interchanging labor as a central supply clerk. If a medical records clerk has any of these duties, then their payroll should be assigned to the basic classification.

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**NURSING SECRETARY/SCHEDULER**

These employees do the paperwork for the nursing department, such as typing, scheduling, filing and other administrative support job duties. Their payroll may be assigned to Code 953, Office, if they work in a physically separate office and have no floor exposure. If they have their desks at the nursing station that is on the floor, their payroll would be assigned to the basic classification.

**RECEPTIONIST**

Receptionists answer incoming telephone calls and direct them to the correct extension. This employee also greets incoming visitors and asks them why they are at the facility. They may direct all visitors to sign a guest register. They may assist staff in making photocopies. They may maintain the postage meter and be responsible for outgoing mail. They will observe resident safety while the resident is in the lobby area. If one of the residents needs assistance or falls while in the lobby area, the receptionist may quickly page an aide to assist the resident rather than walk out to the resident herself. The receptionist will type the necessary information onto a new resident's identification bracelet. They may accept payment from residents or their representatives. They may walk out to the office, lobby and/or solarium to lock up the doors at the close of each day.

Receptionists in a nursing home facility not only greet and direct visitors but also provide a measure of security/safety for wandering residents and for visitors as well. Such an arrangement invariably precludes the assignment of Code 953, Office. Their payroll is properly assigned to the basic classification.

**REGISTERED NURSE ASSESSMENT COORDINATOR (RNAC)**

These employees are responsible for the completion and accuracy of the resident care planning process and monitoring level-of-care changes and determinations. The RNAC oversees the development and implementation of individual resident care plans and ensures the resident's reaction and ongoing development. They are case managers for the residents and compile all of the paperwork that is needed to deal with the Health Maintenance Organizations that reimburse the nursing home for the treatment and care of the resident. They input all types of information into the computer about the activity level of all of the residents. They complete forms called Minimum Data Sets (MDS) for each new admission to the facility. They complete MDS reviews on each resident on a quarterly basis, as well as an annual MDS. The form must be completed for each resident at least once a quarter and at other times required by Medicaid, including admission and change in condition.

The RNAC compiles this information by a comprehensive review of the patient charts. The form contains many different sections used to determine how well the resident is able to function. The dietician is responsible for completing the dietary section. The physical therapy department will complete a range of motion study and will complete the appropriate section of the form. The form is a comprehensive form that gathers information about the resident's social skills, communication skills, activities, cognitive skills, nutrition, vision and activities of daily living.

Nursing homes are reimbursed by Medicare for the care of a patient based on the condition of the patient. If a patient is in a severe condition and requires extensive medical condition, Medicare will reimburse more funds for that patient than a patient who is more self-sufficient. The RNAC writes up reports to be submitted to Medicare. These employees will visit nurses' stations to discuss the patient's progress with a DON or nursing supervisors. The RNAC will take the patient's charts back to their office to type up the reports. These individuals will also visit patient rooms to do evaluations.

The amount of time an RNAC spends working throughout the facility varies. An assessment nurse has to assess the patient, and different department heads complete parts of the form, but the RNAC signs off on the form. The RNAC places his/her license at risk by signing a form verifying the data is correct. For example, if a report states a patient has bedsores, the RNAC will go on the floor and physically turn the patient over to verify this is correct. Direct observation of the resident, as well as communication with the resident's direct caregivers across all shifts, are essential for the RNAC to complete their job according to the Resident Assessment Instrument User's Manual, a manual issued by the Federal government regarding the MDS. Based on the above information and job duties, the payroll of RNACs is properly assigned to the basic classification.

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**RESTORATIVE PROGRAMS DIRECTOR**

This employee is responsible for making sure that the residents eat regularly, walk and engage in the therapy that is provided by the insured's restorative aides. The employee will go out to see the residents and test them and regularly walks around the facility. Part of the employee's job responsibilities requires the employee to walk, lift and bend. The restorative programs director directly supervises the restorative aides and reviews them doing their jobs. Their payroll is assigned to the basic classification.

**STAFF DEVELOPMENT/IN-SERVICE TRAINING COORDINATOR**

These employees are registered nurses and are the "clinical experts." When a new employee is hired, these employees will do an orientation with the employee. They review corporate compliance, explain workers' compensation and infection control, and introduce the employee to his manager. They verify that all forms are completed as required for the new hire. They attend "stand-up meetings." These are meetings that occur at the change of a shift. The employees completing their shift will explain any changes in a resident's condition to the new shift. These meetings used to take place at the nursing station, but, due to HIPPA regulations, they are now held in an activity room.

They are responsible for assuring the staff's credentials and licenses are up-to-date. They assure nurses have the correct number of continuing education credits. They arrange for educational classes to be provided to employees. They may arrange for the maintenance department to provide information in a classroom setting on fire safety and the correct operation of a fire extinguisher. They may arrange for housekeeping to conduct a class for staff on infection control. They will gather information from the floor supervisors verifying nurses have met IV competencies (inserted the correct number of IVs successfully in the correct amount of time).

They regularly spend time doing classroom teaching of employees. They will teach and provide instruction classes on hand-washing techniques, resident safety, wound care and proper lifting mechanics. Their payroll is properly assigned to the basic classification.

**STAFF COORDINATOR**

This employee would only work from their office completing staffing schedules for the various departments. Their main job duty is to make sure there are enough employees for each shift.

If they have no other job duties and their scheduling work is done in a physically separate office, then the payroll of these employees may be assigned to Code 953, Office.

**TRANSPORTATION DISPATCHER**

Some of the larger facilities have employees who sit in an office and schedule transportation for the residents for shopping, doctors' visits and family visits. If the employee has no other job duty and their scheduling work is done in a physically separate office, then their payroll may be assigned to Code 953, Office. If the employee regularly engages in driving the residents to and from their destinations, their payroll is properly assigned to the basic classification.

**UTILIZATION MEDICAL REVIEWER - UMR**

These individuals review charts from medical records for the doctors to determine patient medical needs.

These individuals work in enclosed offices and usually have no floor duties. If their work is done in a physically separate office, then the payroll of these employees may be assigned to Code 953, Office.

**UNIT CLERK/SECRETARY**

This employee is responsible for ordering supplies for the nursing department and checking secretarial notes for quality. The unit clerk will code bills for insurance companies, Medicare and Medicaid. These employees may work on the nursing home floor at a desk behind the nursing stations, or they may work in a physically separate office. Their responsibilities include maintaining all unit records of the patient residents. The employee answers the phones, schedules medical appointments for residents on the unit and marks files if a resident leaves the facility. The

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employee coordinates all labs and doctor appointments by telephone.

They call for transportation for all of the appointments and perform chart-thinning work according to the nursing home's policy. They maintain all forms and active files and coordinate all lab orders by telephone. They fax paperwork to pharmacies and physicians and complete admission/readmission checklists for each admission.

This employee is responsible for the secretarial work on the unit. The employee assures doctor's orders are placed in the patient's chart. The employee may work at a desk in the nursing station on the floor or may be in a physically separate office. If the employee has no regular job duties on the nursing room floor and works in a physically separate office, then their payroll may be assigned to Code 953, Office. If they work on the nursing home floor at a desk behind the nursing station, then their payroll should be assigned to the basic classification.

**VOLUNTEER COORDINATOR**

The coordinator who has no duties/supervisory responsibilities over the volunteers on the floor, who simply schedules and coordinates volunteers' activities, can be classified as clerical. They usually work in an enclosed office. Many coordinators simply spend their time on the telephone recruiting volunteers or asking them to come in on a particular day. If they have no regular job duties in or about the facility and they work in a physically separate office, their payroll should be assigned to Code 953. Those volunteer coordinators who supervise volunteers on the floor should have their payroll assigned to the basic classification.

# **DELAWARE WORKERS COMPENSATION MANUAL**

## **Section 5**

**Effective Date: DECEMBER 1, 2007**

### **CLASSIFICATION UNDERWRITING GUIDE**

The Delaware Classification Underwriting Guide has been prepared for the convenience of writers of Workers Compensation Insurance in Delaware. Guide lists activities of Delaware employers and the appropriate classification code number for these operations. It should be noted, however, that these designated codes may be used only in conformance with general and specific rules of this Manual. If the operations to be insured are not described by one or more classifications, the exact operations shall be stated in the policy, followed by the code number of the Manual classification to which the operations have been assigned. In such cases, the policy shall be controlled by all the limitations and conditions included in this Manual with respect to any classification whose code number is so assigned.

Unlike a number of other jurisdictions, the Delaware classification system contemplates that a single classification shall be descriptive of all work performed by one employer. Necessarily, there are permissible deviations from the basic premise. The permitted deviations are printed in this Manual either under Section 1 (which formulates general underwriting procedures) or in Section 2 (which is specific as to the use of each classification).

Therefore, in the use of this Underwriting Guide, absolute dependence may not be placed on the indicated classification if other classifications are also to be used for the same employer.

If the Underwriting Guide is used within limits of these inherent restrictions, it is believed that it will provide a more universal comprehension of the Delaware classification system and, consequently, be a valuable factor in the assignment of proper classifications.

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 1**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Abrasive Paper Or Cloth Preparation .....	255
Abrasive Shape Mfg. ....	513
Abrasive Wheel Mfg. ....	513
Academic Costumes Mfg. - Caps Or Gowns.....	161
Accordion Door Mfg. - Fabric Or Plastic - No Woodworking .....	163
Accounting Firm .....	962
Acetylene Gas Machine Installation .....	675
Acetylene Gas Mfg.....	553
Acetylene Torch Mfg. ....	445
Acid Mfg. ....	551
Acoustical Ceiling Installation - Suspended Grid Type.....	649
Acoustical Insulation Material Installation.....	647
Acrylic Embedments Mfg.....	502
Adding Machine Mfg. ....	483
Adding Machine Repair - Shop Or Field .....	952
Adhesives Mfg. ....	563
Adjuster, Insurance - By Independent Contractor .....	951
Adjuster, Insurance Company .....	984
Adult Day Center .....	976
Advertising - Distributing Circulars Or Samples - Not In Stores.....	951
Advertising - Mailing Or Addressing Of Advertising Literature .....	948
Advertising Company - Outdoor .....	679
Advertising Display Card Service - Installation Or Removal Of, In Or On Vehicles .....	951
Advertising Display Service - For Stores .....	951
Advertising Sign Mfg., Erection Or Repair, Not Outdoor Advertising Company .....	673
Advertising Signs Mfg., No Off-Premises Repair Or Erection - Classify According To Materials Used.....	----
Advisory Rating Organization - Clerical Office .....	953
Advisory Rating Organization - Field Representative .....	951
Aerial Patrol Or Photography .....	7424
Aerosol Can Filling, By Contractor .....	923
Agate Or Enamel Ware Mfg. ....	454
Agricultural Chemical Mfg. ....	551
Agricultural Implement Dealer - Other Than Farm Machinery .....	926
Agricultural Pesticide Mfg. ....	551
Agricultural Tools Mfg.....	433
Air Conditioner Cover Mfg. ....	163
Air Conditioner Mfg. Home Window Unit .....	456
Air Conditioner Or Air Conditioner Equipment Mfg. - Home Window Unit Or Central Air, Commercial Or Industrial .....	456
Air Conditioning (Central) Systems Installation, Repair Or Service .....	664
Air Conditioning Systems, Automobile Or Truck Installation, Service Or Repair .....	815
Air Conditioning Window-Type Units - Service Or Repair .....	662
Air Conditioning: Non-Portable, Air Flow Testing And Balancing - By Specialist Contractor .....	955
Air Filter Mfg. - All Types .....	259
Aircraft Cleaning - Including Specialist Contractor .....	7428
Aircraft Engine Or Engine Part Mfg. Or Repair, Shop Only .....	461
Aircraft Flight Testing .....	7424
Aircraft Fueling Or Refueling - Including By Specialist Contractor .....	7428
Aircraft Instrument Mfg. (Not Radio Or Radar) .....	488
Aircraft Mfg.....	744

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 2**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Aircraft Operation - Agricultural .....	7424
Aircraft Operation - Air Cargo Carrier .....	7405
Aircraft Operation - Air Taxi .....	7424
Aircraft Operation - Commuter Air Carrier .....	7413
Aircraft Operation - Commuter Air Carrier - Nonrateable Catastrophe Element .....	7453
Aircraft Operation - Crop Dusting, Seeding Or Spraying .....	7424
Aircraft Operation - Forest Fire Fighting, Spotting And Observation.....	7424
Aircraft Operation - Ground Employees.....	7428
Aircraft Operation - Mapping Or Survey Work .....	7424
Aircraft Operation - Patrol.....	7424
Aircraft Operation - Personnel Transport .....	7421
Aircraft Operation - Photography.....	7424
Aircraft Operation - Scheduled Air Carrier.....	7405
Aircraft Operation - Scheduled And Supplemental Air Carrier - Nonrateable Catastrophe Element .....	7445
Aircraft Operation - Sightseeing.....	7424
Aircraft Operation - Skywriting Advertising .....	7424
Aircraft Operation - Stunt Flying .....	7424
Aircraft Operation - Supplemental Air Carrier .....	7405
Aircraft Operation, N.O.C. ....	7424
Aircraft Propeller Mfg. - Metal .....	446
Aircraft Propeller Mfg. - Wood .....	441
Aircraft Radio Or Transmitting Equipment Mfg. ....	485
Aircraft Remanufacturing, Conversion Or Modification - Not By The Original Aircraft Manufacturer .....	7428
Aircraft Sales Agency - Flight Operations .....	7424
Aircraft Seat Surcharge .....	9108
Aircraft Service And Repair.....	7428
Aircraft Subassemblies Mfg. - Metal, By Contractor (e.g., Cowlings, Wings, Tabs Or Ailerons) .....	456
Aircraft Trade School, Except Flying School.....	965
Airport Construction, Paving - Landing Strip Or Warming Apron .....	601
Airport Construction, Paving Of Automobile Parking Areas .....	608
Airport Hangar Operation .....	7428
Airport Operation - Groundmen .....	7428
Airport Parking Facility (Including Valet Service To And From Airport) Operation By Contractor .....	825
Airport Runway Construction - Paving Or Repaving.....	601
Airport Runway Or Warming Apron Construction - Sub-surface Work.....	602
Alarm Or Sound System Installation .....	660
Alcohol And/Or Drug Residential Facility .....	958
Alcohol/Drug - Halfway House Or Residential Program Not Licensed As Medical Or Social Setting Detoxification.....	986
Alcoholic Beverage Blending Or Bottling, Non-Carbonated .....	924
Alcoholic Beverage Bottling - Carbonated .....	112
Alcoholic Beverage Distilling .....	113
Alkali Mfg. ....	551
Altimeter Mfg. ....	488
Alum Mfg. ....	551
Aluminum Awning Erection .....	651
Aluminum Awning Erection - Residential.....	652
Aluminum Awning Mfg. ....	456
Aluminum Castings Mfg. ....	447
Aluminum Die Castings Mfg. ....	429

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 3**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Aluminum Extruded Products Mfg. ....	403
Aluminum Ingots And Primary Production Shapes From Bauxite/Alumina .....	402
Aluminum Railings Mfg. ....	413
Aluminum Scrap Metal Dealers (Other Than Beverage Cans) .....	859
Aluminum Siding Installation.....	651
Aluminum Siding Installation - Residential .....	652
Aluminum Storm Sash Installation .....	651
Aluminum Storm Sash Installation - Residential .....	652
Aluminum Storm Sash Mfg. ....	454
Aluminum Venetian Blind Mfg.....	456
Aluminum Ware Mfg. - From Sheet Aluminum .....	454
Aluminum Ware Mfg., Cast .....	447
Ambulance Body Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis.....	451
Ambulance Service - Non-Volunteer.....	807
Ammonia Mfg. ....	553
Ammunition Mfg. ....	4771
Amplifier Mfg. ....	485
Amusement Device Operator - Traveling .....	939
Amusement Park .....	969
Amusements, Indoor - See Entry By Topical Name .....	968
Amusements, Outdoor - See Entry By Topical Name .....	969
Analytical Chemical Independent Laboratory .....	955
Anfo Mfg. ....	4777
Anhydrous Ammonia Dealer .....	809
Anhydrous Ammonia Mfg. ....	553
Aniline Dye Mfg. ....	551
Animal And Marine Fat And Oil Mfg. ....	114
Animal Oil Mfg. ....	114
Animal Raising - Egg Production, Fish Hatcheries, Hogs, Poultry Or Veal .....	0034
Animal Raising - Non-Farm Domestic Animals .....	959
Animal Rendering Works, N.O.C. ....	114
Anodizing Metals .....	449
Answering Machine (Telephone) Repair .....	952
Antenna Mfg. ....	485
Antique Furniture Dealer - Retail.....	922
Antique Store, Other Than Furniture - Retail .....	928
Anvil Mfg. - Forged .....	431
Apartment House Or Condominium Complex Operation.....	880
Apparel Mfg. ....	161
Apparel Mfg. - Temporary Staff .....	191
Apple Cider Or Juice Mfg. ....	113
Applesauce Mfg. ....	113
Appliance Mfg., Major Household Or For Commercial Establishments, Kitchen Or Laundry .....	456
Appliance Parts Dealer .....	926
Appliances, Major Household Or Commercial, Electrical Or Gas - Service Or Repair .....	662
Arboretum .....	969
Archery Range.....	969
Architectural Bronze, Iron, And Brass Metal Work, Erection Only.....	658
Architectural Firm, Supervising .....	955

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 4**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Architectural Or Ornamental Iron Work Mfg. ....	413
Architectural Scale Model Mfg. - By Specialist Contractor .....	441
Armature Mfg.....	477
Armored Motor Truck Delivery.....	808
Arms Mfg., Excluding Ammunition Mfg. ....	445
Army/Navy Store - Retail .....	928
Aromatic Chemical Mfg. In Petroleum Refinery .....	581
Art Conservation, Preservation Or Restoration - By Specialist Contractor .....	955
Artificial Christmas Tree Mfg. ....	457
Artificial Insemination Of Animals .....	959
Artificial Leather Mfg.....	227
Artificial Limb Mfg. ....	459
Artificial Marble Products Mfg. ....	222
Artificial Silk Spinning And Weaving .....	132
Artificial Teeth Mfg. ....	489
Artificial Turf Installation - By Contractor .....	012
Arts And Crafts Store - Retail .....	928
Asbestos - Encapsulation Or Removal (Including Pipe Insulation).....	643
Asbestos Cement Products Mfg. ....	509
Asbestos Goods Mfg. ....	509
Asbestos Paper Mfg. ....	509
Asbestos Spinning Or Weaving.....	509
Ash Collecting .....	995
Asphalt Laying, Driveway, Floor, Yard, Sidewalk .....	608
Asphalt Laying, On Constructed Highway By Contractor .....	601
Asphalt Laying, On Constructed Highway By Supplier .....	601
Asphalt Mixing Plant - Operated By Dealer .....	855
Asphalt Road Spraying .....	601
Assaying - By Specialist Contractor .....	955
Assembled Millwork Mfg.....	305
Athletic Parks Operation .....	969
Athletic Team: Contact Sports - Professional Or Semiprofessional .....	970
Athletic Team: Non-Contact Sports - Professional Or Semiprofessional.....	991
Atomic Energy Radiation Exposure, N.O.C. ....	9985
Atomizing Molten Nonferrous Metal.....	403
Attorney - Independent Contractor.....	956
Auction, Automobile (Including Snack Bar Or Restaurant, Automobile Auctioneers To Be Assigned To Code 819) .....	820
Auctioneer, Automobile .....	819
Auctioneer, Livestock .....	801
Auctioneer, Not Livestock, No Permanent Location.....	951
Auctions-Classify To Appropriate Retail Store Class Based On Merchandise Mix (Not Automobile)-Including Auctioneers .....	----
Audio And Intercommunication System Installation - Within Buildings .....	660
Audio Compact Disc Duplicating .....	487
Audio/Video Equipment Dealer - Wholesale .....	926
Audio/Video Equipment Service Or Repair .....	966
Audio/Video Equipment Store - Retail .....	925
Auditing Firm (Not An Independent Insurance Traveling Auditing Firm).....	962
Auditor (Insurance Company), Traveling.....	984
Auditor, Insurance - Traveling - Independent Contractor .....	951

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 5**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Auto Parts Dealer - Wholesale .....	934
Autoclave Mfg., Industrial .....	415
Automatic Screw Machine Products Mfg. ....	445
Automatic Sprinkler Installation .....	663
Automatic Sprinkler Mfg. ....	445
Automatic Stoker, Gas Or Oil Burner Installation.....	663
Automatic Teller Machine (ATM) - Installation, Service Or Repair .....	933
Automatic Temperature Control Mfg. ....	488
Automobile Accessory Store .....	934
Automobile Auction (Including Snack Bar Or Restaurant, Automobile Auctioneers To Be Assigned To Code 819) .....	820
Automobile Battery Mfg.....	475
Automobile Body Mfg., Except Plastic Body Molding .....	451
Automobile Body Repairing .....	815
Automobile Bumper Mfg.....	435
Automobile Bus Operation, Scheduled, Public.....	817
Automobile Bus Operation, School Bus .....	804
Automobile Convertible Top Mfg. - Fabric Or Vinyl, No Installation .....	166
Automobile Dealer - New And/Or Used Cars .....	818
Automobile Dismantler .....	----
See Rulings And Interpretations	
Automobile Driveaway Or Truckaway Service .....	811
Automobile Driver School .....	819
Automobile Engine Mfg. Or Remanufacture .....	461
Automobile Filling Station - Retail - Including Repair Work .....	----
See Rulings And Interpretations	
Automobile Haulaway Or Driveaway Service, Driving Cars On Or Off Vessels.....	7317F
Automobile Hauler .....	811
Automobile Horn Mfg., Electric .....	473
Automobile Jack Mfg. ....	461
Automobile Laundry.....	816
Automobile Mfg. ....	463
Automobile Paint Shop .....	815
Automobile Parts Mfg. - Machined - N.O.C. ....	461
Automobile Parts Mfg., Miscellaneous Stamped Parts .....	454
Automobile Parts Store .....	934
Automobile Radiator Mfg. ....	454
Automobile Radiator Repair Shop .....	815
Automobile Radio Or Telephone Installation .....	966
Automobile Rental - No Drivers (Rental Clerks To Be Assigned To Code 819).....	818
Automobile Rental Company With Drivers (Limousine Service).....	817
Automobile Repair Shop .....	815
Automobile Repossessing, By Specialist Contractor .....	954
Automobile Salesperson .....	819
Automobile Seat Cover Installation And/Or Seat Upholstering .....	327
Automobile Seat Cover Mfg. - No Installation .....	166
Automobile Service Station - Retail - Gasoline Sales And Repair Work .....	----
See Rulings And Interpretations	
Automobile Spring Mfg. ....	435
Automobile Storage Garage .....	825

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 6**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Automobile Top Installation, Fabric Or Vinyl .....	327
Automobile Towing Company .....	815
Automobile Truck Mfg. ....	463
Automobile Wheel Mfg. ....	454
Automobile, Truck Or Trailer Body Mfg. - Temporary Staff .....	495
Automotive Alternator Or Generator Mfg. Or Repair .....	473
Automotive Lighting, Ignition Or Starting Apparatus Mfg. ....	473
Automotive Machine Shops - No Work On Cars - e.g., Cylinder Boring, Valve Grinding Or Turning Down Brake Drums .....	461
Automotive Wire Harness Assembly .....	471
Awning Erection Or Installation (Cloth) .....	681
Awning Mfg. - Cloth .....	166
Awning Mfg. - Metal, No Erection .....	456
Awning Or Tent Mfg. ....	166
Axe Handle Mfg. ....	306
Axe Mfg.....	433
Baby Blanket, Crib Linen Mfg. ....	163
Bacon (Side And/Or Sliced) Mfg. ....	106
Bag Loading, Explosives .....	4771
Bag Mfg. - Fabric Or Bulk Materials .....	166
Bag Mfg. - Paper .....	259
Bag Mfg. - Plastic.....	222
Bag Mfg., Traveling .....	205
Bag Renovating, Textile Fabrics .....	166
Bagel Shop - Retail .....	918
Bakery - Wholesale.....	105
Bakery Products Distribution .....	----
See Rulings And Interpretations	
Bakery Shop, Baking And/Or Selling On Premises - Retail .....	918
Baking Powder Mfg.....	104
Balcony Erection .....	658
Balcony Mfg. ....	413
Ball Bearing Mfg. ....	467
Ball Mfg. - Sporting Goods - Inflatable Plastic Beach Type.....	163
Ball Or Dart Throwing At Targets .....	969
Ball Point Pen Mfg. ....	459
Ballast Mfg. - Fluorescent Lights.....	473
Balloon Dealer - Wholesale .....	924
Balloon Mfg. - Rubber - Advertising And Toy.....	225
Banana Dealer - Wholesale .....	907
Banister Mfg. - Metal .....	413
Banister, Railing, Or Guard Erection - Metal .....	658
Bank .....	988
Bank And Trust Co., Armored Car Crews Of Contractor .....	808
Banner Mfg. ....	163
Bar.....	899
Bar Or Restaurant Supply Dealer (Other Than Beverages, Groceries Or Meat).....	924
Barber Or Beauty Parlor Supply House - Operates In A Retail Manner .....	928
Barber Or Beauty Parlor Supply House - Wholesale.....	924
Barber Shop .....	977

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 7**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Barge Repair - State Coverage Only	718
Bark Peeling In Veneer Mill	305
Bark Peeling, In Paper Mill	255
Barking Mill	301
Barrel Dealer - No Mfg.	924
Barrel Dealer, Including Repairing - Wood	305
Barrel Or Drum Mfg. - Metal	454
Barrel Or Drum Reconditioning Or Repairing - Metal	454
Barrel Stock Mfg., No Sawmill Work	305
Baseball Batting Range	969
Baseball Mfg.	205
Baseball Player, Coach, Manager Or Umpire - Professional Or Semiprofessional	991
Basket Mfg. - Veneer	305
Basketball Mfg.	205
Basketball Player, Coach, Manager Or Referee - Professional Or Semiprofessional	991
Bath And/Or Kitchen Fixture Store	925
Bathing Cap Mfg. - Rubber	225
Bathing Suit Mfg. - Knitting To Be Separately Rated	161
Bathtub Liner Installation	652
Bathtub Mfg. - Concrete	511
Battery Charging Equipment Mfg.	473
Battery Mfg. - Temporary Staff	499
Battery Mfg., Dry	473
Battery Mfg., Storage	475
Beauty Shop	977
Bed And Breakfast	973
Bed Spring Mfg. - Wire	457
Bed Underpads - Disposable	259
Bedding Mfg. - Blanket, Sheet, Pillowcase	163
Bedding Store - Retail	922
Bedsread Mfg.	163
Bedstead Mfg. - Metal	456
Bee Raising	959
Beer And Ale Dealer, In Keg Or Case Lots Wholesale	821
Beer Drawing Equipment, Cleaning And Installation	663
Beeswax Mfg.	571
Beet Sugar Mfg.	107
Bell Installation - Tower Bells	657
Belt Mfg. - Cloth - Wearing Apparel Only - No Buckles, Webbing Or Leather Parts Mfg.	161
Belt Mfg. - Industrial Use - From Premanufactured Textile Fabric	163
Benzene Mfg. In Petroleum Refinery	581
Beret Mfg.	161
Berry Or Fruit Farm	0016
Beverage Can Recycling	862
Beverage Distributing, Carbonated, Including Beer - Wholesale	821
Beverage Mfg., Carbonated - Bottled Or Canned	112
Bias Bindings Mfg.	163
Bicarbonate Of Soda Mfg.	551
Bicycle - Sale Or Rental, Including Repair	925

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 8**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Bicycle Assembly At Retail Store Locations - By Specialist Contractor	925
Bicycle Messenger Service	808
Bicycle Mfg.	463
Bill Posting (Including By Specialist Contractor)	679
Billboard - Erection, Maintenance And/Or Changing Of Advertising By Outdoor Advertising Co. Or Specialist Contractor	679
Billiard Hall	968
Billiard Table Mfg.	323
Bin Mfg. - Sheet Metal	454
Binder Mfg., Ringed	265
Bindings Mfg. - Bias And Straight	163
Bingo Hall	968
Binocular Mfg.	487
Biological Product Mfg.	555
Bird House Or Feeder Mfg. - Wood	309
Birth Center - Not Operated By A Hospital	957
Black Powder Mfg.	4771
Blackboard Installation - Wood	646
Blanket Mfg.	163
Blanket Mfg., Insulating For Aircraft - Asbestos	509
Blanket, Sheet, Pillowcase - Bedding Mfg.	163
Blast Furnace Operation	404
Blasting Agents Mfg.	4777
Blasting Cap Mfg.	4771
Blasting Contractor - Includes Incident Drilling By The Blasting Contractor	609
Bleaching, Fabrics	139
Blender Mfg. - Household	473
Blending Lubricants	581
Blinkerlight Mfg.	473
Blood & Gas Analyzer Mfg.	488
Blood Bank	957
Blueprint Reproduction (Using Photocopying Method) - By Contractor	932
Boarding Stable	801
Boarding Up Of Abandoned Buildings (Including Those Designed For Dwelling Occupancy)	651
Boat Building - State Coverage Only	718
Boat Building Or Repair	6824F
Boat Dealer, With Services, Inland	818
Boat Dismantling - State Coverage Only	718
Boat Rental - State Coverage Only	716
Boat Repairing - State Coverage Only	718
Boat Storage Or Moorage - State Coverage Only	716
Boiler Brick Work, Installation Or Repair	653
Boiler Inspection	951
Boiler Installation Or Repair	677
Boiler Mfg., Shop Only	415
Bolt Mfg.	445
Book Dealer - Wholesale	924
Book Printing By Web Press - By Publisher Or Contractor	281
Bookbinding Or Rebinding - By Specialist Contractor	281
Bookcase Mfg. - Metal	456

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 9**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Bookcase Mfg. - Wood	311
Bookstore	928
Boot And Shoe Mfg.	204
Boot And Shoe Mfg. - Rubber	225
Boot And Shoe, Cut Stock And Findings Dealer	924
Boring Or Test Boring For Soil Samples	607
Borough Employees, N.O.C.	980
Bottle Cap Or Crown Mfg.	445
Bottle Cap Printing	281
Bottle Dealer, New	924
Bottle Dealer, Used	862
Bottle Mfg. - Rubber	225
Bottled Gas Dealer	809
Bottled Spring Water Distribution - By Dealer	924
Bottling Or Canning Of Carbonated Beverages	112
Bowling Alley	968
Bowling Pin Mfg. - Wood	309
Box Mfg. - Corrugated	261
Box Mfg. - Paper (Non-Corrugated)	257
Box Or Box Shook Mfg.	305
Box Or Container Cardboard Partitions Mfg.	259
Boy Or Girl Scout Council - Clerical - Except At Camp Locations	953
Boy Or Girl Scout Council - Executive Secretary	951
Boy Or Girl Scout Councils Camp Operations, Including Clerical Workers At Camp Locations	978
Braid And Fringe Mfg.	134
Brake Lining Mfg. - Asbestos	509
Brass Bed Mfg.	456
Brass Castings Mfg.	447
Brass Door, Grill And Railing Erection	658
Brass Products Mfg., N.O.C. - From Sheet Stock	454
Brass Scrap Dealer	859
Breakfast Cereal Mfg.	101
Breeding Farm - Cattle, Sheep Or Goats	0083
Breeding Farm - Horse	801
Breeding Of Animals, Non-Farm Domestic	959
Brewery, Including Distributing Stations	108
Brick Mfg.	512
Brick Pointing	653
Bricking Up Abandoned Buildings	653
Bricklaying	653
Bridal Shop	916
Bridge Building - Metal	655
Bridge Building - Wood	651
Bridge Painting	655
Bridge Shop	411
Broadcasting Station - Radio Or Television	936
Broken Glass Dealer	862
Bronze Castings Mfg.	447
Bronze Door, Grill And Railing Erection	658

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 10**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Broom Mfg. - Assembling Only - No Woodworking	319
Brush Manufacture - Using Tinline Not Wood	445
Brush Mfg.	309
Brush Mfg. - Wire	457
Brush Or Weed Spraying - By Contractor - Except Aerial Spraying	012
Buffet Or Cafeteria-Style Restaurant	897
Buffing And Polishing Wheel Mfg. - Made From Cloth - No Metal Parts	163
Builders Hardware Mfg.	445
Building And Roofing Paper Mfg.	255
Building Caulking, Exterior	653
Building Cleaning, Exterior Walls	653
Building Cleaning, No Exterior Wall Cleaning	971
Building Erection - Prefabricated Sheet Metal	----
See Rulings And Interpretations	
Building Material Dealer, New	855
Building Materials Dealer, Secondhand	860
Building Mfg., Portable - Metal, No Erection	454
Building Mfg., Portable - Wood	305
Building Moving - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2	----
Building Paper Mfg.	255
Building Raising Or Razing - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2	----
Building Service Contractor	971
Building Underpinning	609
Building Wrecking - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2	----
Bulkhead Construction - State Coverage Only	611
Bunting Mfg., Shop Only	163
Buoy Mfg. - Metal	415
Burglar Alarm System Installation, By Contractor	660
Burial Garment Mfg.	161
Burlap Goods Mfg.	166
Bus Body Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis	451
Bus Operation, Scheduled Lines	817
Bus Operation, School	804
Bus-bar Mfg.	474
Bushing Mfg.	445
Bushing Or Bearing Mfg. - Nonferrous Metal - Cast	447
Business Forms Printing - By Web Press	281
Butane Gas Dealer	809
Butcher Shop - Retail	915
Butchering - Wholesale, Not Stockyards	111
Butter And/Or Butter Substitutes Dealer - Wholesale	911
Butter Or Cheese Mfg.	109
Button Mfg. - Metal	459
Button Mfg., Not Metal - Classify According To Materials Used	----
Cabinet Dealer - Wholesale	926
Cabinet Installation, Commercial Or Residential	648
Cabinet Mfg. - Sheet Metal	456
Cabinet Store - Retail	925
Cabinet Works - Wood - With Power-Driven Machinery	311

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 11**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Cable Connector Assembly .....	471
Cable Installation In Conduits - By The Conduit Construction Contractor .....	625
Cable Installation Or Replacement In Existing Conduit - By Specialist Contractor .....	661
Cable Laying With Automatic Equipment - By Specialist Contractor .....	625
Cable Mfg. - Insulated Electrical - Wire Drawing To Be Separately Rated .....	222
Cable Mfg. - Not Insulated Electrical Cable.....	457
Cable Or Wire Rope Dealer, Including Splicing .....	857
Cable T.V. - Installation - Hooking Up Of Customers To Systems .....	759
Cable T.V. - Installation Of New System, Except Towers .....	759
Cable T.V. - Service And/Or Repair Work For The System And Individual Customer.....	759
Cafeteria - Operated By Employer For Own Employees .....	----
Governing Class	
Cafeteria - Operated By Independent Or Specialist Contractor .....	898
Cafeteria Or Buffet-Style Restaurant .....	897
Caisson Work, Pneumatic.....	609
Cake Mix Mfg. - Dry Blending.....	104
Calcimining, By Contractor .....	665
Calcium Carbide Mfg. ....	501
Calculator Mfg. ....	483
Calf Raising For Veal .....	0034
Camera Or Photographic Supply Store - Retail .....	928
Camp, Boy Or Girl Scout - Day, Summer Or Winter .....	978
Can Mfg. - Paper .....	259
Can Mfg., Seamed .....	454
Can Mfg., Seamless.....	403
Can Recycling - Beverage .....	862
Canal Irrigation, Construction .....	609
Candle Mfg. ....	571
Candy And/Or Snack Trays - Sold On The Honor System .....	933
Candy Dealer (Including Repackaging) - Wholesale.....	924
Candy Mfg. ....	107
Candy Store .....	928
Candy, Chocolate Or Chewing Gum Mfg. - Temporary Staff .....	187
Cane Mfg. ....	309
Cane Sugar Refining .....	107
Canning Or Bottling Of Carbonated Beverages.....	112
Canning Or Preserving Of Food .....	113
Canvas Products Erection .....	681
Canvas Products Mfg. ....	166
Cap Mfg. - Graduation Caps And Gowns .....	161
Cap Mfg. - Headwear .....	161
Car Mfg., Rebuilding Or Repair, Railroad - All Kinds .....	416
Car Phone Installation .....	966
Car Wash.....	816
Carbon Dioxide Mfg. ....	553
Carbon Paper Mfg. ....	263
Carbon Products Mfg. ....	507
Carbonated Beverage Mfg. - Bottled Or Canned .....	112
Carbonic Acid Gas Mfg. ....	553

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 12**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Carbonizing Of Hair Or Wool .....	132
Carburetor Mfg. ....	445
Cardboard Mfg. ....	255
Cardboard Or Paper Mailing Tube Mfg. ....	259
Carding Of Fibers .....	132
Carnival - Traveling .....	939
Carpentry - Detached One Or Two Family Dwellings.....	652
Carpentry - Installation Of Cabinet Work, Finished Wooden Flooring Or Interior Trim.....	648
Carpentry - Remodeling Of One Or Two Family Dwellings.....	652
Carpentry - Residential For Multiple Dwelling Occupancy - Three Stories Or Less .....	652
Carpentry Shop .....	305
Carpentry, N.O.C. - Temporary Staff .....	693
Carpentry, N.O.C. Excluding Concrete Form Building .....	651
Carpet And Rug Cleaning And Storage .....	971
Carpet Cleaning On Customers' Premises.....	971
Carpet Dealer - Wholesale .....	921
Carpet Installation .....	670
Carpet Mfg. ....	132
Carpet Store - Retail .....	922
Carriage Mfg.....	305
Carriage Repairing.....	815
Carriage Tours Or Taxis (Horse Driven).....	801
Cartridge Charging Or Loading .....	4771
Cartridge Mfg., No Handling Of Explosives .....	445
Cash Register Mfg.....	483
Casing Mfg. - Sheet Metal .....	454
Casing Mfg., Boiler Metal Plate .....	415
Casket Or Coffin Lining Mfg. - No Casket Mfg. Or Upholstery Work .....	163
Cast Iron Pipe Mfg. ....	425
Cast Stone Mfg. - Concrete .....	511
Casting Foundry, Ductile Or Grey Iron .....	425
Casting Foundry, Malleable Iron .....	427
Casting Foundry, Steel .....	421
Casting Mfg. - Nonferrous Metals .....	447
Cat Food Mfg. - Dry/Bagged - No Cereal Milling .....	104
Cat Or Dog Food Mfg. - Canned .....	113
CAT Scanner Mfg. ....	488
Catalogue Printing By Publisher Or Contract Printer .....	282
Catalyst Mfg., Oil-Based .....	581
Caterer - All Types .....	898
Cathode Ray Picture Tube Mfg. ....	486
Catsup Mfg. ....	113
Cattle Auctioneer .....	801
Cattle Dealer.....	801
Cattle Farm .....	0083
Cave, Exhibition .....	969
Caves, Excavation Of New Areas For Exhibition Purposes .....	609
Cedar Chest Mfg. ....	323
Ceiling Installation - Acoustical - Suspended Grid Type .....	649

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 13**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Cellar Excavation .....	609
Cement Block Erection .....	653
Cement Block Mfg. ....	511
Cement Finishing .....	654
Cement Mfg., Including Quarrying .....	501
Cement Quarry Operated By Manufacturer.....	501
Cement Work, Flat, Not Self-Bearing Or Reinforced .....	608
Cemetery Monument Or Memorial, Cutting, Engraving And/Or Polishing .....	855
Cemetery Operation.....	999
Cemetery, Opening Graves, Removing And Reinterring Remains.....	999
Central Air Conditioning Systems Installation, Service Or Repair .....	664
Centrifugal Castings Mfg. - Nonferrous Metals .....	447
Centrifuge Mfg., Laboratory .....	473
Ceramic Capacitor Mfg. - Less Than 1 H.P. ....	472
Ceramic Mfg. ....	513
Ceramic Shop.....	----
See Rulings And Interpretations	
Ceramic Tile Dealer - Retail.....	925
Ceramic Tile Dealer - Wholesale .....	926
Ceramic Tile Installation .....	668
Cesspool Cleaning, By Contractor .....	992
Chain Mfg. ....	435
Chair Mfg. - Metal.....	456
Chair Or Chair Frame Mfg. - Wood .....	323
Charcoal Mfg.....	551
Charter Bus Service .....	817
Chauffeurs And Helpers.....	----
Governing Class	
Chauffeurs, Private - Not Available For Use With Any Farm Class .....	0912
Check Cashing Service .....	988
Cheerleading Instruction - By Independent Contractor .....	968
Cheese Dealer - Wholesale .....	911
Cheese Mfg. ....	109
Cheese Shop - Retail .....	917
Chemical Etching - By Specialist Contractor.....	281
Chemical Processing Or Products Mfg., N.O.C. ....	551
Chenille Products Mfg. From Chenille Cloth .....	163
Chenille Products Weaving .....	132
Chewing Gum Mfg. ....	107
Chicken Catching .....	865
Chicken Dressing (To Kill And Prepare For Market) .....	865
Child Care Service, Residential - (Neglected, Deprived Or Abused) .....	941
Child Daycare Center .....	891
Children's & Infants' Clothing Store .....	916
Chimney Cleaning - Industrial Smokestacks .....	655
Chimney Cleaning - Residential .....	882
Chimney Construction - Masonry .....	653
Chimney Flashing Installer .....	659
Chimney Flashing Mfg., No Installation Work.....	454

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 14**

**UNDERWRITING GUIDE - ALPHABETIC**

---

China Decorating - By A China Manufacturer .....	513
China Decorating - By Specialist Contractor With No China Mfg. ....	281
China Tableware Mfg. ....	513
Chinchilla Farm .....	0034
Chinese Food Dealer - Packaged Or Frozen - Wholesale .....	911
Chinese Food Mfg. ....	104
Chiropodist Office.....	957
Chocolate Mfg. ....	107
Chore Worker - Home Health Care Services .....	943
Christmas Tree Light Cord Sets Mfg. ....	473
Christmas Tree Raising.....	0013
Chromium Plating .....	449
Church .....	963
Church Furnishings - Wood (Altars, Pews) Installation.....	646
Cider Dealer - Wholesale .....	911
Cigar Band, Printing .....	281
Cigar Mfg. ....	115
Cigarette Dealer - Wholesale.....	924
Cigarette Mfg. ....	115
Cigarette Or Cigar Lighter Mfg. ....	483
Cinder Block Mfg. ....	511
Cinder Dealer.....	855
Circuit Breaker Mfg. ....	474
Circus - Traveling.....	939
Citizen Band (CB) Radio Installation, Service Or Repair .....	966
City Emp. Except Sewer Const., Sal. Policemen & Firemen, Vol. Firemen, Clerical Office & Elected Officials .....	980
City Employees, N.O.C. ....	980
Civic Center - Operation By Specialist Contractor .....	971
Civil Consulting Engineering Firm.....	955
Clay Digging In Open Pits .....	055
Cleaning And Dyeing, Except Rug Cleaning By Dry Cleaner .....	142
Cleaning Of Grease Exhaust, Air Conditioning, Heating And Ventilating Ducts - By Specialist Contractor .....	971
Cleaning Outside Surface Of Masonry Buildings, Siding Or Decks .....	653
Cleaning Tanks Or Tank Cars .....	995
Cleaning, Oiling Or Adjusting Of Air Conditioning, Forced Air Heating Or Ventilating Systems .....	664
Cleaning, Polishing Or Sanitation Preparations Mfg. ....	571
Cleaning, Sanitizing Or Deodorizing Restrooms - By Contractor .....	971
Clearing Of Land .....	-----
See Rulings And Interpretations	
Clearing Of Right-Of-Way, For Telephone, Telegraph Or Electric Lines.....	005
Clerical Office Employees .....	953
Clerical Office Employees - Temporary Staff.....	889
Clerks On Loading Platforms.....	-----
Governing Class	
Clinic - Outpatient Services Only.....	957
Clinical Laboratory - Independent.....	957
Clock Mfg. ....	458
Closed Circuit Television Systems - Installation Or Repair.....	660
Cloth Bag Mfg. ....	166

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 15**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Cloth Bag Repairing .....	166
Cloth Clippings Dealer, New .....	924
Cloth Clippings Dealer, Used.....	862
Cloth Cutting By Contractor - Garment Fabrics .....	161
Cloth Mfg. - Asbestos .....	509
Cloth Printing .....	139
Cloth Sponging (Shrinking), Inspection Or Mending - By Specialist Contractor .....	142
Clothes Dryer Mfg., Commercial Or Household.....	456
Clothing Dealer, Used - Wholesale.....	924
Clothing Mfg.....	161
Clothing Store - Retail Or Wholesale .....	916
Clothing Store (Used) - Retail .....	928
Club - Country, Golf Or Yachting .....	944
Club, Business Or Social .....	896
Club, Exercise .....	884
Club, Health .....	884
Club, N.O.C. ....	896
Club, Swim - Indoor .....	968
Club, Swim - Outdoor .....	969
Club, Tennis - Indoor .....	968
Club, Tennis - Outdoor .....	969
Coal Merchant.....	809
Coat - Front Or Interlining Mfg. ....	161
Coat Hanger Mfg. - Metal .....	457
Coat Hanger Mfg. - Wood.....	309
Coating And/Or Glazing Of Paper Or Plastic - By Specialist Contractor .....	263
Coating New Fabrics, Except Rubberized Fabrics Or Oilcloth.....	139
Coating New Fabrics, Rubberized Or Oilcloth.....	227
Coating Of Parts - By Contractor .....	445
Coating Optical Products - Vacuum Deposition Method .....	487
Cocktail Lounge .....	899
Cocoa Mfg. ....	107
Coconut Shredding Or Drying .....	104
Cod Liver Oil Mfg.....	114
Coffee Dealer (No Grinding Or Roasting) - Wholesale .....	911
Coffee Grinding And Roasting.....	104
Coffee Pot Filter Mfg. - Paper .....	259
Coffee Service Company .....	933
Coffee Shop .....	897
Cofferdam Work - Non-Pressurized - Use Appropriate Contracting Classes .....	---
Cofferdam Work - Under Pneumatic Pressure .....	615
Coffin Assembly - No Wood Or Metal Working .....	319
Coffin Mfg. - Metal .....	456
Coffin Mfg. - Wood.....	323
Coffin Or Casket Lining Mfg. - No Casket Mfg. Or Upholstery Work .....	163
Coffin Or Casket Upholstery Work .....	327
Coil Stock Or Sheet Stock Dealer .....	857
Coiled Flat Spring Mfg.....	435
Coils - Less Than 1 H.P. ....	472

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 16**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Coin And/Or Postage Stamp Dealer - Retail Or Wholesale	920
Coin Wrapper Mfg.	259
Coin Wrapper, Printing - By Specialist Contractor	281
Coin-Operated Amusement Or Vending Machine - Installation, Service Or Repair	933
Coin-Operated Telephone - Installation, Service Or Repair By A Specialist Business Or Contractor	933
Cold Rolling Or Drawing - Ferrous Metals	406
Cold Rolling Or Drawing, Nonferrous Metals	403
Cold Storage	813
Cold Wound Wire Spring Mfg.	457
Cold-Rolled Sheet Mfg. - By Specialist Contractor	406
Collapsible Tube Mfg.	445
Collar Mfg.	161
Collection Of Used Motor Oil - By Specialist Contractor	809
Collectors Of Money - By Specialist Contractor	951
Collectors Of Money, Who Also Deliver Goods	---
Appropriate Store Class	
College Or School - Temporary Staff	895
College Or School, N.O.C.	965
Color Mfg., No Red Or White Lead Mfg.	563
Combing Of Fibers	132
Comforter Or Quilt Mfg.	163
Comic Book Printing By Publisher Or Contractor	282
Commercial Camp	978
Commercial Lumber Yard	855
Commercial Or Industrial Building Operation - By Owner, Lessee Or Real Estate Management Firm	971
Community Center	976
Community Nursing Services - Nonprofessional Staff	943
Community Nursing Services - Professional Staff	942
Compact Disc Player Service Or Repair	966
Compost Filling Of Mushroom Beds - By Contractor	007
Computer Dealer - Wholesale	924
Computer Mfg.	483
Computer Or Computer System - Service Or Repair - Shop Or Field	952
Computer Paper Mfg. (No Paper Mfg.)	265
Computer Peripheral Mfg.	483
Computer Programmer	953
Computer Programmer/Operator - Temporary Staff	889
Computer Store - Retail	928
Computer Wiring Installation Within Buildings - By Specialist Contractor	660
Concrete Block Mfg.	511
Concrete Burial Vault Installation	609
Concrete Burial Vault Mfg.	511
Concrete Construction	654
Concrete Dealer, Ready-Mixed	855
Concrete Drilling Or Sawing - On Highways Or Roads	601
Concrete Floor Construction, Not Self-Bearing	608
Concrete Floor Construction, Self-Bearing	654
Concrete Form Erection	654
Concrete Mixing	855

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 17**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Concrete Parking Garage Construction .....	654
Concrete Products Mfg. ....	511
Concrete Pumping Services - By Independent Contractor.....	855
Concrete Reinforcing Rod Setting .....	654
Concrete Work, Dams .....	654
Concrete Work, Floors, Etc., Above Ground Level .....	654
Concrete Work, Yard .....	608
Concrete, Pre-Stressed, Erection By Contractor .....	655
Condensed Milk Mfg. ....	109
Condenser Mfg., Steam .....	415
Condominiums - Including Resident Or On-Site Manager .....	880
Conduit Construction - For Cables Or Wires, All Work To Completion .....	625
Confectioners' Machinery Mfg. ....	464
Confectionery Mfg.....	107
Construction Equipment - Rental, Sales Or Service (In Shop Or At Customer's Location) .....	814
Construction Of Boiler Foundations .....	677
Construction Or Erection Operations - Temporary Staff.....	682
Construction Tools Mfg.....	433
Consulting Engineering Firm - All Types .....	955
Contact Sports Athletic Team, Professional Or Semiprofessional .....	970
Container Recycling - Beverage - Bottle Or Can .....	862
Containerized Trash Removal .....	995
Containers, Stevedoring .....	7327F
Contract Packaging - Crating - In Shop.....	305
Contract Packaging - Non-Crating .....	923
Contract Packaging - Non-Crating - Temporary Staff .....	879
Contractor For Building Cleaning .....	971
Contractor, Permanent Yards, Maintenance Or Storage Of Equipment Or Material .....	----
Governing Class .....	
Contractor, Supervisory Employees .....	----
Governing Class .....	
Contractors Equipment - Rental, Sales Or Service (In Shop Or At Customer's Location) .....	814
Contractors, Watchmen, Timekeepers And Cleaners.....	----
Governing Class .....	
Convalescent Home - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher .....	960
Convenience Grocery .....	917
Conveyor Mfg. - Or Reconditioning.....	465
Conveyor Or Conveyor Belt Installation, By Contractor.....	675
Conveyor Oven Installation, Service Or Repair .....	675
Cookie Shop, Baking And/Or Selling On Premises - Retail .....	918
Cooking Utensil Mfg. - Steel Or Aluminum .....	454
Cooling Tower Erection, Prefabricated - Wood .....	651
Cooper .....	305
Cooperative Building Operation - For Residential Occupancy.....	880
Cooperative Electric Utility.....	755
Copper Castings Mfg. ....	447
Copper Pipe Or Tube Mfg. By Extruding And Drawing .....	403
Copper Products Mfg. - From Sheet Stock .....	454
Copper Recovery, Not Smelting .....	551

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 18**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Copper Scrap Dealer	859
Copper Smelting And Refining, Primary	402
Coppersmithing - Shop Only	454
Cordage Mfg., Including Fiber Preparation	132
Cordite Mfg.	4771
Cork Carpet Mfg.	227
Cork Products Mfg.	309
Corn Chip Mfg.	104
Corn Starch Mfg.	107
Correctional Institution Guards (Not State Employees)	985
Corrosion Proofing Of Chemical Tanks	655
Corrugated Paper And/Or Corrugated Products Mfg.	261
Corrugating Iron And Steel - Cold-Rolled - By Specialist Contractor	406
Cosmetic, Perfume Or Other Toilet Preparations Mfg.	571
Cosmetics Store	928
Costume Jewelry Mfg.	458
Costume Mfg. - Masquerade Or Theatrical	161
Cotton Batting Mfg.	130
Cotton Gin Operation	132
Cotton Merchant	924
Cotton Seed Oil Mfg.	551
Cotton Spinning And Weaving	132
Cotton Waste Mfg.	130
Cough Drop Mfg.	555
Counter Top Mfg. - Wood	311
Counter, Heel Or Sole Mfg. - Leather	204
Country Club	944
County Employees, N.O.C.	980
County Road Districts	980
Courier Service Company	808
Cover Mfg. - Air Conditioner	163
Cracker Mfg.	105
Cranberry Grower	0016
Crane Or Derrick Installation	675
Crane Or Derrick Mfg. - Classify According To Materials Used	----
Crane Rental - With Operators By Specialist Contractor	811
Crane Repair, Mobile, By Specialist Contractor	814
Crane Repair, Permanently Located, By Specialist Contractor	675
Crate Mfg. - Wood	305
Crayon Mfg.	571
Creamery	109
Credit Union	988
Crematory Operation	997
Creosote Mfg. - From Tar	551
Crutches Mfg. - Wood	309
Cullet Dealer - Broken Or Refuse Glass	862
Culvert Construction, Not Exceeding 10 Feet Span	602
Culvert Mfg. - Metal Plate	415
Cup Mfg. - Paper	259

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 19**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Curbstone - Concrete Prefabricated - Installed By Road Contractor	601
Cured Meats - Brined, Dried And Salted	106
Curled Hair Mfg.	132
Curtain Mfg.	163
Curtain Or Drapery Installation From Floor Or Ladder	670
Curtain Or Drapery Installation From Scaffolding	681
Curtain Rod Mfg. - Metal	445
Custom Dressmaking	916
Custom Tailoring	916
Customizing Vans	815
Cut Glass Mfg.	535
Cut Stone Or Stone Products Mfg.	855
Cutlery Mfg. (Non-Forged) For Household Or Butcher Shop/Restaurant Use	441
Cylinder Mfg. - Pressure Metal Plate	415
Dairy Farm	0036
Dairy Products Dealer - Wholesale	911
Dairy Products Mfg. (Except Ice Cream Mfg.)	109
Dance Band - Independent Contractor	967
Dance Company	967
Dance Hall	968
Dance Studio, Not Operated In Conjunction With Dance Hall	965
Data Processing - Temporary Staff	889
Data Processing Systems - Service Or Repair - Shop Or Field	952
Day Center For The Elderly	976
Day Nursery - Children	891
Day Spa - Not Affiliated With A Health Club Or Swimming Pool	977
Daycare - Mentally Disabled, No Residential Facility Affiliation	976
Daycare Center For Children	891
Daycare Center Operated By A Y.M.C.A., Y.W.C.A.	976
Dealer (See Listings Under Appropriate Merchandise)	----
Debris Box Service	995
Defibrillator Mfg.	488
Degreasing Skins	201
Degreasing Solvent Mfg.	571
Dehydration Of Food - Except Dehydration Of Meat Or Milk	113
Dehydration Of Meat	106
Dehydration Of Milk	109
Delicatessen Store	917
Delivery Service - On Foot, By Bicycle Or Motor Vehicle	808
Demolition Of Structures - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2	----
Dental Assistant - Employed By A Dentist Office	957
Dental Drill Or Dental Tools Mfg.	487
Dental Equipment Or Supply Dealer	924
Dental Laboratory	489
Dentist Office	957
Department Store	914
Department Store - Temporary Staff	877
Depth Sounding Equipment Mfg.	485
Dermatological Lab - Testing Cosmetics - By Specialist Contractor	955

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 20**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Desk Calendar Mfg.....	265
Detective Agency .....	904
Detergent Mfg. ....	571
Detinning .....	449
Detoxification (Alcohol And/Or Drug) Residential Facility Licensed As Medical Or Social Setting Detoxification .....	958
Diamond Core Drilling Within Buildings - By Specialist Contractor .....	608
Diamond Cutter, Polisher, Setter .....	458
Diaper Mfg. - Cloth .....	161
Diaper Mfg. - Disposable .....	259
Diaper Service - Laundry .....	141
Dictating Machine Repair - Shop Or Field .....	952
Die Castings Mfg. - Aluminum, Brass, Bronze, Copper Or Zinc .....	429
Die Cutting - Paper, Paperboard Or Cardboard - By Contractor .....	263
Die Cutting - Paper, Paperboard Or Cardboard - By Specialist Contractor .....	259
Die Mfg.....	441
Dimmer Switch Mfg.....	473
Dinner Theater .....	975
Diode Mfg. ....	472
Direct Mail Company .....	948
Disc Jockey Service - Non Broadcasting.....	967
Discotheque .....	899
Disinfectant (Household And Industrial) Mfg. ....	571
Dismantling, Installation Or Service Or Repair Of Machinery Or Industrial Equipment, By Contractor.....	675
Dispatchers On Loading Platforms.....	----
Governing Class	
Display Rack Or Stand Installation - Metal, Plastic Or Wood .....	646
Display Showcase Mfg. - Metal .....	456
Disposable Diaper Mfg. ....	259
Disposable Towel Mfg. ....	259
Distillation, Wood.....	551
Distilling Of Alcoholic Liquors .....	113
Document Conservation - Paper - By Specialist Contractor .....	955
Document Destruction Or Shredding Service .....	862
Dog Collar Mfg. ....	205
Dog Food Mfg. - Dry/Bagged - No Cereal Milling .....	104
Dog Groomer - No Kennel Facilities .....	928
Dog Kennel .....	959
Dog Obedience Classes .....	959
Dog Or Cat Food Mfg. - Canned .....	113
Doll Or Doll Parts Mfg. - Classify According To Materials Used.....	----
Domestic Service Contractor - Inside .....	882
Domestic Workers - Inside - Occasional .....	0908
Domestic Workers - Inside, Excluding Office Employees .....	0913
Domestic Workers - Outside - Including Private Chauffeurs.....	0912
Domestic Workers - Outside - Occasional - Including Occasional Private Chauffeurs .....	0909
Donut Shop, Baking And/Or Selling On Premises - Retail .....	918
Door Frame Or Sash Mfg. - Wood .....	305
Door Installation - Metal Or Metal-Covered, In Garages, Not Overhead Doors .....	658
Door Installation, Overhead - Wood Or Metal.....	675

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 21**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Door Mfg. - Metal .....	456
Door Mfg. - Wood .....	305
Door Mfg., Accordion - Plastic Or Fabric - No Woodworking .....	163
Door Or Door Frame Erection - Wood .....	648
Door Or Window Distributor .....	855
Dope (Plastic Model Paint) Mfg. ....	563
Doubling Process, Sheet Rolling - By Specialist Contractor.....	406
Doughnut Mfg. - By Wholesale Bakery .....	105
Dowel Mfg. - Wood .....	306
Downspout Installation .....	676
Drafting Equipment Mfg.....	487
Draftsman .....	953
Draftsman - Temporary Staff .....	889
Drain Tile Mfg. - Concrete .....	511
Drapery Dry Cleaning Plant .....	142
Drapery Or Curtain Installation From Floor Or Ladder .....	670
Drapery Or Curtain Installation From Scaffolding.....	681
Drapery Or Curtain Mfg.....	163
Drawing - Nonferrous Metals .....	403
Dredging Of Materials On Non-Navigable Waters With Incidental Shore Operations.....	055
Dress Form Mfg. - Classify According To Materials Used .....	----
Dress Mfg. ....	161
Dress Pattern Printing .....	281
Drilling, By Contractor.....	607
Drinking Straw Mfg. - Paper .....	259
Drive-In Theater .....	967
Drivers.....	----
Governing Class .....	
Driveway Construction - Blacktop Or Cement .....	608
Drug And/Or Alcohol Residential Facility .....	958
Drug Mfg. ....	555
Drugstore - Wholesale .....	924
Dry Cleaning - Self-Service Only .....	928
Dry Cleaning Plant, Except Rug Cleaning .....	142
Dry Cleaning Preparation Mfg. ....	571
Dry Dock Operation .....	6872F
Dry Goods Store - Retail Or Wholesale .....	916
Dry Ice Dealer .....	855
Dry Toner Mfg. ....	563
Dryers, Household Or Commercial, Electrical Or Gas - Service Or Repair .....	662
Drywall Installation - Including Taping And Seaming .....	645
Duct Cleaning - Grease Exhaust, Air Conditioning, Heating, Ventilating - By Specialist Contractor .....	971
Duct Fabrication - No Installation Work .....	454
Duct Fabrication And Installation - Heating, Ventilating Or Air Conditioning .....	664
Ductile Iron Foundry .....	425
Dumpster Or Refuse Container Mfg. - From Metal Plate .....	415
Duplication Services .....	932
Dye Mfg.....	551
Dyeing .....	139

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 22**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Dyeing And Cleaning, Except Rug Cleaning By Dry Cleaner .....	142
Dynamite Mfg. ....	4771
Early Intervention For Infants And Toddlers - No Residential Affiliation .....	965
Earthenware Mfg. ....	513
Egg Dealer - Grading, Candling, Packing - Wholesale .....	924
Eggs, Dehydrated .....	113
Eggs, Powdered .....	113
Elastic Mfg. ....	225
Electric Blanket Mfg. ....	473
Electric Cord Assembly, Cable Mfg. To Be Separately Rated .....	473
Electric Fan Mfg. ....	473
Electric Fixture Installation - By Contractor .....	661
Electric Fixtures Mfg. ....	445
Electric Heating Element Mfg. ....	473
Electric Housewares And Fan Mfg. ....	473
Electric Light Bulb Mfg. ....	486
Electric Line Construction, By Contractor .....	656
Electric Measuring Instrument Or Test Equipment Mfg. ....	488
Electric Meter Reader .....	951
Electric Motor Mfg. Or Repair - Shop Only .....	477
Electric Power Equipment Mfg. For Utilities.....	474
Electric Steel Foundry .....	421
Electric Switches Mfg. - Household And Crossbar .....	473
Electric Utility Operation .....	755
Electric Wire Assembly - Cord .....	473
Electrical Advertising Sign Mfg., Installation Or Repair .....	673
Electrical Apparatus Mfg. ....	473
Electrical Apparatus, Machinery Or Motor Installation Or Field Repair .....	675
Electrical Appliance Dealer - Small Appliances - Wholesale.....	926
Electrical Appliance Store, Small - Retail .....	925
Electrical Consulting Engineering Firm.....	955
Electrical Contractor .....	661
Electrical Equipment For Internal Combustion Engines Mfg. ....	473
Electrical Household Appliances, Major - Retail .....	922
Electrical Machinery Or Equipment Dealer - Wholesale .....	926
Electrical Or Gas Household Major Or Commercial Appliances - Service Or Repair.....	662
Electrical Supply Dealer - Wholesale .....	886
Electrical Supply Store - Retail .....	925
Electrical Wire Harness Assembly .....	471
Electrical Wiring (Within Buildings) - Temporary Staff .....	695
Electrical Wiring In Buildings - By Contractor .....	661
Electrocardiograph Equipment Mfg.....	488
Electrolysis .....	977
Electron Tube Mfg.....	486
Electronic Component Mfg. - Temporary Staff.....	497
Electronic Components And Accessories Store - Retail .....	925
Electronic Components And/Or Accessories Dealer - Wholesale .....	886
Electronic Garage Door Opener Installation - By Contractor.....	661
Electronic Organ And Synthesizer Mfg. ....	483

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 23**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Electronic Terminal And Connector Mfg. - By Machining Or Stamping	459
Electro-Physical Therapy Equipment Mfg.	473
Electroplating	449
Electrotyping - By Specialist Contractor	281
Elevator Erection Or Repair	675
Elevator Inspection	951
Elevator Or Elevator Door Mfg.	465
Elevator Shaft Drilling	607
Emblem Mfg.	136
Embroidery Mfg.	136
Emery Cloth Mfg.	255
Emery Works - Crushing Or Grinding	059
Employment Contractor - Temporary Apparel Mfg. Staff	191
Employment Contractor - Temporary Automobile, Truck Or Trailer Body Mfg. Staff	495
Employment Contractor - Temporary Battery Mfg. Staff	499
Employment Contractor - Temporary Candy, Chocolate Or Chewing Gum Mfg. Staff	187
Employment Contractor - Temporary Carpentry, N.O.C. Staff	693
Employment Contractor - Temporary Clerical Staff	889
Employment Contractor - Temporary College Or School Staff	895
Employment Contractor - Temporary Department Store Staff	877
Employment Contractor - Temporary Electrical Wiring (Within Buildings) Staff	695
Employment Contractor - Temporary Electronic Component Mfg. Staff	497
Employment Contractor - Temporary Excavation Staff	691
Employment Contractor - Temporary Food Sundries Mfg., N.O.C. Staff	185
Employment Contractor - Temporary Hardware Store - Wholesale - Staff	881
Employment Contractor - Temporary Marketing Staff	949
Employment Contractor - Temporary Medical Staffing	946
Employment Contractor - Temporary Packaging - Contract - Non-Crating - Staff	879
Employment Contractor - Temporary Paint Or Colors Mfg. Staff	587
Employment Contractor - Temporary Plastic Articles Mfg. - Injection Molding Staff	275
Employment Contractor - Temporary Plastic Articles Mfg., N.O.C. Staff	276
Employment Contractor - Temporary Printing Staff	297
Employment Contractor - Temporary Retail Store, N.O.C. Staff	883
Employment Contractor - Temporary Rolling, Drawing Or Extruding Nonferrous Metals Staff	491
Employment Contractor - Temporary Staff - Heavy Service - See The Employment Contractor Temporary Staff R & I	937
Employment Contractor - Temporary Staff - Maintenance Or Service - See Employment Contractor Temporary Staff R & I	947
Employment Contractor - Temporary Staff - Manufacturing Or Light Industrial Operations	544
Employment Contractor - Temporary Staff - Retail Or Wholesale Store Businesses	929
Employment Contractor - Temporary Staffing - Construction Or Erection Operations	682
Employment Contractor - Temporary Warehousing Staff	867
Enamel Paint Mfg.	563
Enamel Ware Mfg.	454
Enameled Cast Iron Ware Mfg.	425
Engine Mfg., Internal Combustion	461
Engineering Consulting Firm - All Types Of Engineering	955
Engraving - By Specialist Contractor	281
Ensilage Cutting By Contractor	007
Entertainer	967
Envelope Mfg.	265

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 24**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Environmental Cleanup Services .....	995
Environmental Control Systems Installation, Service Or Repair - By Specialist Contractor.....	661
Environmental Control Systems Mfg./Assembly.....	476
Equipment Dealer - Mobile, Self-Propelled - Factory, Farm Or Construction.....	814
Eraser Mfg. ....	225
Escalator Installation, By Contractor .....	675
Escalator Mfg. ....	465
Escort Service For Oversize Loads On Highways .....	817
Etching (By Chemical Method) By Specialist Contractor.....	281
Excavation - Street Or Road - Including Rock Excavation .....	602
Excavation - Temporary Staff.....	691
Excavation, N.O.C.....	609
Executive Secretary, Boy Or Girl Scout Council .....	951
Exercise Club.....	884
Exercise Equipment - Service Or Repair - In Shop Or At Customers' Locations .....	925
Exhibit Booth Erection .....	646
Exhibit Booth Mfg.....	311
Exhibition - Outdoor .....	969
Exhibition Garden .....	969
Explosives Distributor.....	4777
Explosives Or Ammunition Mfg., N.O.C.....	4771
Explosives Or Ammunition Mfg., N.O.C. - Nonrateable Catastrophe Element .....	0771
Exterminator .....	971
Extruded Products Mfg. - Nonferrous Metals .....	403
Eyelet Mfg. ....	459
Fabric Coating, N.O.C. ....	139
Fabric Shop .....	916
Fabrics, Rubberized .....	225
Facsimile Equipment Mfg. ....	483
Fair - Permanently Sited .....	969
Fair - Traveling .....	939
False Work Erection For Concrete Construction .....	654
Farm Machinery Dealer .....	814
Farm Machinery Operation By Contractor.....	007
Farm, Berry .....	0016
Farm, Chicken .....	0034
Farm, Dairy .....	0036
Farm, Egg Producer .....	0034
Farm, Fish .....	0034
Farm, Fruit .....	0016
Farm, Grain .....	0006
Farm, Livestock .....	0083
Farm, Mushroom .....	0008
Farm, N.O.C.....	0006
Farm, Poultry .....	0034
Farm, Tobacco .....	0006
Farm, Tree .....	0013
Farm, Vegetable .....	0006
Farm, Vineyard .....	0016

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 25**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Farrrier (Horse Shoeing By Specialist Contractor).....	801
Fastener Mfg., N.O.C. ....	445
Fast-Food Restaurant .....	897
Feather Assembly - Sewn, On Wire Frames Decorated For Costumes/Band Plumes .....	163
Feather Dyeing .....	139
Feather Pillow Mfg. ....	163
Feather Washing, Steaming, Cleaning And Renovating .....	142
Feed Dealer - Wholesale.....	924
Feed Mfg. - Preparation Of Cereal Or Compound Feeds For Livestock Or Poultry .....	101
Felt Mfg. - Unwoven .....	130
Felt Mfg. - Woven .....	132
Fence Erection - Metal .....	658
Fence Erection - Wood .....	651
Fence Erection, Highway Barriers By Paving Contractor.....	601
Fence Mfg. - Wire .....	457
Fence Mfg. - Wood, Shop Only.....	305
Fence Or Fence Post Mfg. - Ornamental Iron Or Steel .....	413
Fender Repairing, Automobile.....	815
Ferrous Metals Cold Rolling Or Drawing.....	406
Fertilizer (Except Humus Or Manure) Dealer .....	924
Fertilizer Application To Soil By Contractor .....	007
Fertilizer Blending Or Mixing .....	573
Fertilizer Mfg. ....	573
Fetal Monitor Mfg.....	488
Fiber (Paper) Products Mfg. ....	255
Fiber Furniture Mfg. ....	323
Fiber Mfg. ....	255
Fiber Preparation For Spinning Or Weaving .....	132
Fiber Tube Mfg. ....	255
Fiberboard Mfg. ....	255
Fiberboard Products Mfg. ....	261
Fiberglass (A Fibrous Glass And Resin Composite) Mfg.....	227
Fibrous Glass Mfg.....	535
File (Tool) Mfg. - Forged .....	433
File Cabinet Mfg. ....	456
File Folder Mfg. ....	265
File Jacket Mfg. ....	265
File, Tool (Non-Forged) Mfg.....	442
Film Exchange.....	928
Filter Mfg. - Air - All Types .....	259
Finished Hardwood Floor Installation .....	648
Finisher Of Broad Woven Fabrics .....	139
Finishing New Textile Goods .....	139
Fire Alarm Siren Mfg. ....	473
Fire Alarm System Installation .....	660
Fire Clay Digging .....	055
Fire Department - Paid .....	985
Fire Department, N.O.C. ....	-----
Governing Class .....	

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 26**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Fire Door Installation .....	658
Fire Door Mfg. ....	413
Fire Escape Installation By Contractor - Outside.....	655
Fire Escape Installation, Inside .....	658
Fire Escape Mfg. ....	413
Fire Extinguisher - Sales And/Or Service - Wholesale .....	926
Fire Patrol Or Protective Corp. - Independent - Paid .....	985
Fire Resistant Glove Mfg. ....	509
Fire Truck Body Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis .....	451
Fire, Smoke And/Or Water Damage Clean-Up - By Contractor .....	971
Firearms Sale - Wholesale .....	924
Firemen - Not Volunteer.....	985
Fireplace Installation .....	653
Fireproof Equipment Mfg. - Metal .....	456
Fireproof Shutter Erection .....	658
Fireproof Tile Setting .....	653
Fireworks Exhibitor .....	4777
Fireworks Mfg. ....	4771
Fish Curing/Processing .....	865
Fish Dealer - Wholesale - No Cutting, Filleting Or Processing Whatsoever .....	924
Fish Dealer (Including Cutting Or Filleting) - Wholesale .....	865
Fish Grower .....	0034
Fish Hatchery .....	0034
Fish Oil Mfg.....	114
Fish, Meat Or Poultry Store - Retail .....	915
Fishing Pond, Public .....	969
Fishing Rod Mfg. - Classify According To Materials Used .....	---
Fitness Club .....	884
Fitness Equipment - Service Or Repair - In Shop Or At Customers' Locations .....	925
Five And Ten Cent Store.....	928
Fixture Installation: Partitions Or Counters .....	646
Fixture Or Jig Mfg. ....	441
Flag And Bunting Erection From Floor Or Ladder .....	670
Flag Mfg., Shop Only .....	163
Flag Or Bunting Erection From Scaffolding .....	681
Flagmen - Provided By Specialist Contractor.....	601
Flagpole - Erection .....	658
Flagpole Mfg. - Metal .....	413
Flare Mfg. ....	4771
Flashlight Mfg., Or Assembling .....	445
Flat Cement Work Contractor .....	608
Flat Glass Mfg. ....	535
Flavoring Extract Mfg. ....	104
Flavoring Syrups Blending .....	104
Flax Spinning And Weaving .....	132
Flea Market Or Swap Meet Operators .....	971
Flint Or Feldspar Grinding, Not Done By Quarry .....	059
Flood Debris Cleanup (Except Building Demolition) - By Contractor .....	995
Floodlight Erection - Permanent .....	656

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 27**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Floodlight Erection, Temporary - By Contractor	661
Floor Cleaning/Waxing Machine Mfg.	473
Floor Coverings - Installation Of Linoleum, Asphalt Or Rubber Tiling - Not Ceramic Tile Installation	670
Floor Coverings Dealer - Retail	922
Floor Coverings Dealer - Wholesale	921
Floor Installation - Ceramic Tile	668
Floor Installation - Not Concrete, Ceramic Or Wood	670
Floor Installation - Portable - Wood	648
Floor Laying - Linoleum, Asphalt, Rubber Or Composition Tiling, Not Ceramic	670
Floor Laying, Finished Hardwood	648
Floor Sanding Or Scraping - Wood	648
Floor Waxing Or Polishing - By Building Owner, Lessee, Management Agency Or Contractor	971
Flooring Mfg. - Open Steel Grating	413
Flooring Mfg. - Wood	305
Florist Store - Fresh Cut Flowers - Retail Or Wholesale	919
Florist Store Supplies Dealer - Wholesale	919
Flour Dealer - Wholesale	911
Flour Mfg. - Wood	101
Flour Milling	101
Flour Mixing And Blending, No Milling	104
Flow Controller Mfg.	488
Flower Assembling - Artificial Or Dried	924
Flower Dealer - Artificial Or Dried - Wholesale	924
Flower Dealer Or Store - Fresh Cut Flowers (No Flower Or Plant Raising) - Retail And/Or Wholesale	919
Flower Growing	0011
Flowmeter Mfg.	488
Flue Mfg., Stove Or Furnace - By Specialist Contractor	454
Flying Field	7428
Foam Rubber Mfg.	225
Folding Cardboard Or Paperboard Box Mfg.	257
Food And/Or Beverage Concession - By Specialist Contractor	898
Food Product Machinery Mfg.	464
Food Sundries Mfg., N.O.C. - No Cereal Milling	104
Food Sundries Mfg., N.O.C. - Temporary Staff	185
Football Mfg.	205
Football Player, Coach, Manager Or Referee - Professional Or Semiprofessional	970
Footwear Mfg. - Not Rubber	204
Footwear Mfg. - Rubber	225
Foreign Currency Exchange	988
Forest Fire Fighting, N.O.C. Governing Class	----
Forest Ranger - Not State Employees	980
Forging - Nonferrous Metals Only	403
Forging, N.O.C.	431
Forklift Service And/Or Repair - By Specialist Contractor (Shop Or At Customer's Location)	814
Forklift Truck Dealer - Rental, Sales Or Service (In Shop Or At Customer's Location)	814
Forklift Truck Mfg.	463
Formal Wear Rental Or Sales	916
Foundation Excavation	609

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 28**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Foundry - Nonferrous, N.O.C.....	447
Foundry Sand Cores Mfg. - By Contractor .....	513
Foundry, Iron, N.O.C. ....	425
Foundry, Malleable Iron.....	427
Foundry, Steel .....	421
Fracturing (Fracing) Of Gas Wells - By Contractor .....	607
Frame Straightening On Automobiles .....	815
Franklin Stove Assembly.....	445
Fraternal Organization (e.g., VFW Post, The Elks) .....	896
Fraternity/Sorority House .....	896
Freezer Mfg., Commercial Or Household .....	456
Freight Car Icing .....	855
Freight Car Mfg. ....	416
Freight Handling On Piers Or Terminals Or Adjoining Piers.....	7366F
French Drain Installation .....	663
Front Or Interlining Mfg. - Coat .....	161
Frozen Food Dealer - Wholesale .....	911
Frozen Fruit, Fruit Juice, Processing .....	113
Frozen Or Frosted Food Products Mfg. ....	----
See Rulings And Interpretations	
Fruit And Vegetable Juice, Canned, Bottled Or Bulk .....	113
Fruit Dealer - Wholesale .....	907
Fruit Evaporating .....	113
Fruit Farm .....	0016
Fruit Gift Basket - By Mail Order Or Internet .....	907
Fruit Gift Basket Store - Retail .....	917
Fruit Juice Dealer - Wholesale .....	911
Fruit Juice Mfg. ....	113
Fruit Juice Mfg. - From Purchased Concentrates Only .....	104
Fruit Packing, By Grower .....	0016
Fruit Picking .....	0016
Fruit Preserving .....	113
Fuel Oil Distributor .....	809
Fuel Pump Mfg., Automobile .....	461
Fuel Service - Aircraft, By Contractor.....	809
Fuel Yard .....	809
Fumigating - Not Agricultural - By Contractor .....	971
Funeral Director .....	997
Funeral Escort Service (Motorcycle) .....	817
Fungicide Mfg. ....	551
Fur Bearing Animal Raising .....	0034
Fur Clothing - Cleaning, Tumbling, Glazing, Combing And Ironing.....	142
Fur Clothing Mfg. (Preparation Of Skins To Be Separately Rated).....	161
Fur Dressing Or Dyeing .....	201
Fur Mfg. - Synthetic .....	132
Fur Plate Mfg. ....	161
Fur Pointing .....	161
Furnace - Hot Water Or Steam - Installation, Service Or Repair .....	663
Furnace Cleaning - Hot Forced Air.....	664

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 29**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Furnace Cleaning - Hot Water Or Steam .....	663
Furnishing Goods Installation .....	670
Furnishing Goods Mfg. - Canvas Or Burlap .....	166
Furnishing Goods Mfg. - Not Canvas Or Burlap .....	163
Furniture Assembling - Wood, By A Furniture Manufacturer, Including Woodworking .....	323
Furniture Assembly - From Prefabricated Parts Or Pieces Only - No Woodworking .....	319
Furniture Cleaning Or Polishing On Customers' Premises .....	141
Furniture Frame Mfg. - Wood .....	323
Furniture Installation, Portable, By Dealer.....	922
Furniture Mfg. - Metal .....	456
Furniture Mfg. - Wood .....	323
Furniture Mfg. - Wrought Iron .....	413
Furniture Moving And/Or Storage .....	806
Furniture Or Fixture Installation - Portable - In Offices Or Stores .....	646
Furniture Polish And Wax Mfg. ....	571
Furniture Rental - Chairs, Coat Racks, Dishes, Etc. - Retail .....	922
Furniture Stock Mfg. - Non-Turned - By Specialist Contractor .....	305
Furniture Store - Retail .....	922
Furniture Store - Wholesale .....	921
Furniture Stripping - Incidental To Assembling Or Refinishing Operations Only .....	319
Furniture Stripping, No Woodworking - By Specialist Contractor .....	319
Furniture Turned Stock Mfg. - By Specialist Contractor .....	306
Furniture Upholstering .....	327
Furrier Repairing Or Remodeling Fur Garments .....	916
Fuse Mfg. - Electrical .....	473
Fuse Mfg., Explosive .....	4771
Galvanizing Works - Hot Dip .....	402
Garage .....	815
Garage Operated As A Subordinate Accommodation .....	-----
Governing Class .....	
Garbage Or Rubbish Removal .....	995
Garbage Works - Reduction Or Incineration - Municipal.....	980
Garbage Works - Reduction Or Incineration - Private .....	995
Garden - Open To Public Exhibition .....	969
Garden Center - Retail .....	928
Garden Equipment Store .....	925
Garden Supplies Dealer .....	924
Garden Supplies Store - Retail .....	928
Gardener.....	012
Gardening Tools Mfg. ....	433
Garland Mfg. ....	259
Garlic Dealer - Wholesale .....	907
Garment Rack Mfg. - Metal .....	456
Garment Sewing Contractor .....	161
Gas And Electric Fixtures Mfg. ....	445
Gas Detection Monitor Mfg. ....	488
Gas Distribution, Bottled Or Bulk.....	809
Gas Fireplace Service Or Repair .....	662
Gas Holder Erection .....	655

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 30**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Gas Main Construction - Local Distribution Systems - All Work To Completion Except Tunneling .....	617
Gas Meter Mfg. ....	488
Gas Meter Reader .....	951
Gas Mfg.....	553
Gas Or Oil Pipeline Construction - Cross-Country.....	609
Gas Or Oil Pipeline Operation .....	752
Gas Pipefitting, Indoor.....	663
Gas Production .....	028
Gas Tank Mfg. - Metal Plate .....	415
Gas Utility .....	751
Gas Well Drilling .....	607
Gas Well Operation.....	028
Gas Well Service Contractor .....	607
Gas, Steam Or Hot Water Apparatus Supplies Dealer - Wholesale .....	885
Gas, Steam Or Water Main Repair - By Contractor - All Work To Completion Except Tunneling .....	617
Gasket Mfg. - Rubber .....	225
Gasoline Blending Plant.....	581
Gasoline Dealer, Wholesale .....	809
Gasoline Station - Retail - Including Repair Work .....	----
See Rulings And Interpretations	
Gasoline Station Equipment Installation (Including Excavation) Or Repair .....	675
Gasoline Station, Retail - Exclusively Gasoline Sales.....	816
Gate Mfg. - Ornamental Metal.....	413
Gauge Mfg. - Ring, Plug Or Snap .....	441
Gear Mfg. Or Grinding .....	461
Gelatin Mfg. ....	113
General Construction - Commercial.....	651
Generator Mfg., Electric .....	474
Geophysical Exploration - Seismic Method .....	607
Geophysical Exploration, N.O.C. ....	607
Gilling Of Fibers .....	132
Glass Block Installation - Structural Use .....	653
Glass Container Mfg. ....	535
Glass Dealer - No Mfg., Glass Bending, Beveling, Grinding, Silvering Or Installation .....	926
Glass Door Installation.....	666
Glass Installer, Automobile .....	815
Glass Installer, Except Automobile .....	666
Glass Merchant - Bending, Beveling, Grinding Or Silvering Plate Glass By Separate Shop Crew .....	536
Glass Mfg., Stained .....	535
Glass Ornament Mfg. - From Purchased Glass .....	536
Glass Products Decorating Or Engraving By Specialist Contractor.....	281
Glassware Mfg. ....	535
Glazier, Away From Shop.....	666
Glazing .....	666
Glove Lining Mfg. ....	161
Glove Mfg. - Fire Resistant .....	509
Glove Mfg. - Knit .....	134
Glove Mfg. - Rubber .....	225
Glove Mfg., Except Fire Resistant, Industrial Use, Knit Or Rubber .....	161

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 31**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Glove Mfg., Including Baseball, Boxing, Handball Or Punching Bag Glove (Except Rubber Gloves).....	205
Glucose Mfg. ....	107
Goat Farm .....	0083
Gold Leaf Mfg. ....	458
Gold Plating .....	449
Golf Cart - Rental, Sale And/Or Maintenance - By Specialist Contractor .....	814
Golf Club Heads Or Shafts Mfg. - Wood .....	309
Golf Club Mfg. - Metal .....	456
Golf Course - Miniature.....	969
Golf Course - Pro Shop - Operated By Golf Course.....	944
Golf Course - Pro Shop - Operated By Specialist Contractor.....	928
Golf Course - Public Or Private .....	944
Golf Course Operated By Hotel .....	973
Golf Driving Range.....	969
Goodwill Stores .....	928
Grading .....	609
Grading Preparatory To Building Erection .....	609
Grain Dealer .....	924
Grain Elevator Operation .....	855
Grain Farm .....	0006
Grain Harvesting By Contractor .....	007
Grain Mill - Permanently Located Mill .....	101
Grain Mill, Portable, Operated By Contractor .....	007
Grandstand Or Bleacher Mfg. - Metal .....	413
Grandstand Or Bleacher, Erection By Contractor - Portable - Wood .....	651
Granite Countertop Installation .....	668
Graphite Products Mfg. ....	507
Grass Cutting Along Highways By Specialist Contractor.....	012
Grass Cutting, Lawns, By Contractor .....	012
Grate Installation In Boilers, By Specialist Contractor .....	677
Grating Mfg. - Open Steel Flooring .....	413
Grave Digging - By Contractor .....	609
Gravel Crushing By Dealer .....	059
Gravel Or Sand Digging Or Excavation - Including Crushing .....	055
Grease And Tallow Mfg. ....	114
Grease Mfg., Animal .....	114
Grease Mixing Or Blending, Not Animal Or Vegetable .....	581
Greenhouse Erection .....	651
Greenhouse, Flower Or Vegetable Growing .....	0011
Greeting Card Printing By Web Press - By Publisher Or Contractor .....	281
Greeting Card Shop.....	928
Grey Iron Foundry .....	425
Grinding Wheel Mfg. ....	513
Grindstone Mfg., No Quarrying .....	513
Grist Mill - Permanently Located .....	101
Grocery - Wholesale .....	911
Grocery Store - Retail .....	917
Grocery, Tea, Coffee Dealer - Retail .....	917
Ground Personnel - Aircraft And/Or Airport Operations .....	7428

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 32**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Group Home - Developmentally Disabled (Not Intermediate Care Facility) - 8 Or Fewer Clients Per Facility	941
Group Home - Intermediate Care Facility For The Mentally Retarded - Regardless Of Client Count	940
Group Homes For The Mentally Ill	941
Grouting - Including Drilling - Placing Of Cement, Plastic Compounds Or Concrete, Or Pumping Of Fly Ash	654
Guard Or Patrol Service - By Contractor	954
Guardrail Or Metal Fence Erection - By Road Contractor	601
Guardrail Or Metal Fence Erection - By Specialist Contractor	658
Guards At Corr. Institutions, House Of Corr., Prisons Or Prison Farms - Not State Employees	985
Gun Forging, Iron And Steel	431
Gun Shop - Retail	928
Guniting (Shotcrete Installation)	654
Gunstock Mfg., Finished	309
Gunstock Mfg., Unfinished Shapes	306
Gutter Installation - Metal	676
Gymnastics Training	968
Hackling Of Fibers	132
Hair Dryer Mfg. - Hand-Held	473
Hair Processing (Excluding Dehairing Or Wig-Making)	132
Hairdressing Shop	977
Halfway House - Pre-Parole Or Probation	986
Ham - Boiled, Boneless Or Cured Mfg.	106
Hamburger Or Hamburger Patty Mfg.	119
Hammock Mfg.	163
Hand Tool Mfg. - Electric - Portable	473
Hand Tool Mfg. - Non-Forged (Excluding Axes, Agricultural Tools, Sledgehammers Or Wheelbarrows)	442
Handbag (Women's) Store	928
Handbag, Mfg. - From All Materials	205
Handbill Distribution	951
Handicapped - Transportation Services For	817
Handkerchief Mfg.	161
Handle Mfg. - Wood	306
Hangar Operation	7428
Hardware Mfg. - Nonferrous - By Foundry Method	447
Hardware Mfg., N.O.C. Including Foundry	445
Hardware Store - Retail	925
Hardware Store - Wholesale	926
Hardware Store - Wholesale - Temporary Staff	881
Hardwood Dimension And Flooring Mill, No Sawmill Operation	305
Hardwood Floor Laying	648
Harness Or Saddle Mfg.	205
Harvesting By Contractor	007
Hat Block Mfg. - Wood	309
Hat Cleaner	977
Hat Frame Mfg., Ladies	161
Hat Lining Mfg.	161
Hat Mfg., Felt	161
Hat Mfg., N.O.C.	161
Hat Mfg., Safety - See Helmet	---
Hat Store - Cloth, Felt, Fur Or Straw	916

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 33**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Hatchery - No Poultry Raising	924
Hatters' Fur Processing	130
Hauling Contractor, N.O.C.	811
Hay Baling, By Contractor	007
Hay Dealer	924
Head Start Program	891
Headboard Mfg. - Wood (Upholstery Work If Conducted By A Sep. Crew In A Sep. Dept. Shall Be Separately Rated)	323
Health Club	884
Health Food Dealer - Wholesale	911
Health Food Store - Retail	917
Health Or Exercise Club	884
Health Spa	884
Hearing Aid - Sale And Service	920
Hearing Aid Ear Mold Mfg.	489
Hearing Aid Mfg.	485
Hearse Body Mfg.	451
Heart Scan Systems Mfg.	488
Heater Or Radiator Mfg. - Cast Iron	425
Heating Equipment - Installation - Hot Water Or Steam	663
Heating Pad Mfg.	473
Heating Pad Mfg. - Fabric Covering Only	163
Heating Systems - Hot Forced Air, Repair Or Service - Cleaning, Oiling Or Adjusting	664
Heating Systems Installation, Except Electric, Hot Water Or Steam	664
Heating, Ventilating Or Air Conditioning Equipment Or Parts Dealer - Wholesale	885
Heat-Treating Of Metal - By Specialist Contractor	433
Heel Mfg. - Rubber	225
Helicopter Operation, N.O.C.	7424
Heliport Operation - Ground Personnel	7428
Helmet Mfg., Safety - Use Appropriate Plastics Molding Class	----
Hemp Spinning And Weaving	132
Herb Dealer - Wholesale	911
Herbicide Mfg.	551
Herbs - Blending, Grinding And Packing	104
Hide Dealer - Including Salting - Curing	924
High Explosives Mfg.	4771
Highway Maintenance, Scraping, Paving Or Repaving By Contractor	601
Highway Operation - Toll Collector	951
Hobby Shop - Retail	928
Hockey Player, Coach, Manager Or Referee - Professional Or Semiprofessional	970
Hog Farm	0034
Hoist Installation	675
Hoisting Systems Mfg.	465
Holiday Decorations Mfg. - Paper Or Plastic	259
Home For Orphans	941
Home For Unwed Mothers - No Medical Services	986
Home Freezer Dealer - Retail	922
Home Health Aide	943
Home Health Care Services - Nonprofessional Staff	943
Home Health Care Services - Professional Staff	942

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 34**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Home Improvements And/Or Remodeling .....	652
Homemaker Service .....	943
Homeowners' Association .....	----
See Rulings And Interpretations	
Hone Or Oilstone Mfg. ....	855
Honeycomb Products Mfg.....	261
Hood Mfg., Range .....	454
Horse Breeding Farm Or Boarding/Training Stable .....	801
Horse Driven Carriage Tours Or Taxis .....	801
Horse Shoeing By Specialist Contractor.....	801
Horse Show .....	969
Horseshoe Mfg. ....	431
Hose Mfg. - Plastic .....	222
Hose Mfg. - Rubber.....	225
Hosiery Dyeing .....	135
Hosiery Finishing .....	135
Hosiery Mfg. ....	135
Hospice Care Performed In Client's Residence - Nonprofessional Staff.....	943
Hospice Care Performed In Client's Residence - Professional Staff .....	942
Hospital, All Employees.....	961
Hospital, Psychiatric .....	958
Hospital, Rehabilitation .....	958
Hospital, Veterinary .....	959
Hot Air Ballooning .....	7424
Hot House, Vegetable Growing .....	0011
Hot Tub Or Spa Dealer - Retail .....	925
Hot Tub Or Spa Dealer - Wholesale.....	926
Hot Water Tank - Installation, Service Or Repair.....	663
Hotel - All Other Employees.....	----
See Rulings And Interpretations	
Hotel Kitchen Equipment Mfg.....	454
Hotel Restaurant Employees .....	----
See Rulings And Interpretations	
House Cleaning By Contractor - Interior .....	882
House Furnishings Installation .....	670
House Furnishings Mfg. - From Textile Fabrics .....	163
House Moving - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2 .....	----
House Of Correction Guards (Not State Employees).....	985
House Slippers Mfg. ....	204
Household Appliance Store, Small - Retail .....	925
Household Appliances Dealer, Major - Retail.....	922
Household Appliances Dealer, Small - Wholesale .....	926
Household Bleach, Dry Or Liquid Mfg. ....	571
Household Cooking Utensil Mfg. ....	454
Household Furniture Dealer - Retail .....	922
Household Goods Packing At The Customer's Location By The Moving Company Or By Independent Contractor .....	806
Household Laundry Equipment Dealer - Retail.....	922
Household Linens, Bedspreads, Towels, Drapes Mfg. ....	163
Household Major Or Commercial Appliances, Electrical Or Gas - Service Or Repair .....	662

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 35**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Household Refrigerator Dealer - Retail.....	922
Household Vacuum Cleaner Dealer - Wholesale.....	926
Household Vacuum Cleaner Store, Small - Retail .....	925
Housing Authority .....	983
Humidifier Mfg. ....	473
Humus Dealer - No Excavation.....	855
Humus Digging And Bagging .....	609
Hydrant Mfg. Water - Cast Iron .....	425
Hydraulic Device Mfg. - e.g., Jacks, Auto Lifts .....	461
Hydraulic Stabilizer Mfg., For Trains .....	445
Hydrogen Mfg.....	553
Hydroponic Vegetable Production .....	0011
Ice Cream Cabinet Mfg. ....	456
Ice Cream Cone Mfg. ....	105
Ice Cream Dealer - Wholesale.....	911
Ice Cream Mfg. ....	110
Ice Cream, Store Or Street Vending - Retail.....	928
Ice Dealer - No Mfg. ....	855
Ice Mfg. - Not Dry Ice .....	104
Ice Mfg., Dry Ice .....	553
Ice Skating Rink - Indoor .....	968
Icing Of Refrigerator Cars .....	855
Impregnated Fabrics Mfg. ....	139
Incandescent Light Bulb Mfg.....	486
Incubator Mfg. - Metal .....	456
Index Card Mfg. ....	265
Industrial Boiler Mfg. ....	415
Industrial Caterer.....	898
Industrial Crane Installation .....	675
Industrial Gas Mfg. ....	553
Industrial Knife Mfg. - All Types.....	443
Industrial Launderer .....	141
Industrial Locomotive And Parts Mfg. ....	416
Industrial Pattern - Cast-Metal, Mfg.....	----
See Appropriate Foundry Class	
Industrial Truck Mfg. ....	463
Infant Wear Service Laundry .....	141
Infrared Homing Systems Mfg.....	485
Injection Molding Of Plastics .....	221
Ink Mfg., Printing.....	563
Inorganic Pigment Mfg. ....	563
Inpatient Non-Hospital Detoxification Facility Licensed As Medical Or Social Setting Detoxification .....	958
Insecticide Mfg. ....	551
Inspection Of Mercantile, Mfg. Or Risks For Insurance Or Valuation Purposes - By Independent Contractor.....	951
Inspection Of Mercantile, Mfg. Or Risks For Insurance Or Valuation Purposes - By Insurance Company.....	984
Installation Of Hod Hoists, Etc. ....	675
Installation Of Telephone, Telegraph Or Electric Pole Hardware .....	656
Installation Of Telephone, Telegraph Or Electric Transformers .....	656
Installation Or Dismantling Of Machinery And Industrial Equipment, By Contractor .....	675

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 36**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Institutional Caterer .....	898
Instrument - Professional Or Scientific - Service Or Repair - Shop Or Field .....	952
Insulated Clothing Mfg. - Thermal Type.....	161
Insulation (Asbestos) Encapsulation Or Removal (Including Pipe Insulation) .....	643
Insulation Dealer .....	855
Insulation Work, N.O.C.....	647
Insulation Work, Pipe (Except For Asbestos).....	663
Insulation Work, Pipe (Incl. Asbestos Encapsulation Or Removal).....	643
Insulation Work, Residential.....	647
Insurance Adjuster - By Independent Contractor .....	951
Insurance Company .....	984
Insurance Traveling Auditor - Independent Contractor .....	951
Integrated Circuit Mfg.....	472
Intercommunication System Installation, Within Buildings .....	660
Intercommunications Equipment Mfg. ....	485
Interior Decorator - No Installation Work - Classify Per Business Of The Employer .....	---
Interior Marble Installation.....	668
Interior Stripping/Gutting Of Buildings .....	651
Interior Tile Mosaic Work .....	668
Interior Trim Installation - Wood.....	648
Intermediate Care Facility For The Mentally Retarded - Regardless Of Client Count .....	940
Internal Combustion Engine Mfg. ....	461
Inventory Service - By Specialist Contractor .....	951
Investigative Agency - All Types .....	904
Investment Casting.....	445
Investment Castings Mfg. - Nonferrous Metals .....	447
Invisible Fence Installation.....	660
Iron Erection.....	655
Iron Erection, Ornamental Or Non-Structural Only.....	658
Iron Forging .....	431
Iron Foundry, N.O.C. (See Also Classes 427 And 445) .....	425
Iron Or Steel Erection, Structural .....	655
Iron Or Steel Merchant, New Materials Only .....	857
Iron Or Steel Scrap Dealer .....	858
Iron Recovery By Chemical Means .....	551
Iron Shutter Mfg. ....	413
Iron, Ornamental, Fabrication Shop .....	413
Irrigation Plant, Selling And Pipe-Distributing Water.....	753
Irrigation System Construction .....	609
Jackhammer Mfg. ....	461
Jalousie Or Jalousie Screen - Metal Or Glass, Erection Of .....	651
Jalousie Or Jalousie Screen - Metal Or Glass, Erection Of - Residential .....	652
Jalousie Or Jalousie Screen Mfg. - Metal Or Glass .....	456
Jam Mfg.....	113
Janitor Contractor.....	971
Janitorial Supply Dealer - Wholesale .....	926
Jelly Mfg. ....	113
Jetty Construction - State Coverage Only .....	611
Jewel Setting And Mounting .....	458

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 37**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Jeweler, Findings And Materials Dealer.....	920
Jewelry Mfg. ....	458
Jewelry Polishing .....	458
Jewelry Store - Wholesale Or Retail .....	920
Jig Or Fixture Mfg. ....	441
Jockey - Employed By A Horse Breeding Farm Or Boarding/Training Stable .....	801
Jockey - Employed By A Race Track.....	969
Juice Mfg. - Fruit.....	113
Jukebox Operation, Service Or Repair .....	933
Junk Dealer .....	860
Jute Spinning And Weaving .....	132
Kaolin Excavation Or Surface Mining - Including Milling Or Washing .....	055
Kaolin Milling Or Washing By Other Than Producer.....	059
Karate Or Other Martial Arts Institute.....	968
Keg Mfg. - Wood .....	305
Kerosene Distribution .....	809
Kerosene Mfg.....	581
Ketchup Mfg. ....	113
Kiddie Rides - All Operations - Permanently Sited .....	969
Kiddie Rides - Traveling .....	939
Kiln Drying Of Lumber - By Sawmill .....	301
Kindergarten, Not Operated In Conjunction With Grade School .....	891
Kiosk Mfg. ....	311
Kitchen And/Or Bath Fixture Dealer .....	885
Kitchen Cabinet Installation - Wood .....	648
Kitchen Equipment Exhaust Duct Cleaning - By Specialist Contractor .....	971
Kitchen Equipment Installation - (Commercial) .....	646
Kite Mfg. ....	163
Knapsack Mfg.....	166
Knife Mfg. - Industrial - All Types .....	443
Knit Glove Mfg. ....	134
Knit Goods Mfg., N.O.C.....	134
Knitting Mill, Hosiery .....	135
Label (Pressure-Sensitive) Printing By Web Press - By Specialist Contractor .....	281
Label Mfg. - Metal.....	441
Label Mfg., Woven Labels .....	132
Label Printing - Non-Pressure-Sensitive - Assign Applicable Printing Class .....	----
Labor Union .....	903
Laboratory Animal Breeding Or Raising (Rats, Mice, Guinea Pigs, Rabbits, Etc.).....	959
Laboratory Glassware Mfg. - From Purchased Glass.....	536
Lace Mfg. ....	134
Lacquer Mfg. ....	563
Lacrosse Player, Coach, Manager Or Referee - Professional Or Semiprofessional .....	970
Ladder Mfg. - Metal .....	456
Ladder Mfg. - Wood.....	305
Laminated Glass Products Mfg. - From Purchased Glass .....	536
Laminated Wood Building Beam And Column Mfg. ....	305
Laminating - Paper.....	263
Lamp (Floor Or Table) Assembly Only - No Metal Or Wood Fabricating .....	319

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 38**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Lamp Or Portable Lantern Mfg. ....	445
Lamp Post Mfg. - Metal .....	413
Lamp Shade Frame Mfg. ....	457
Lamp Shade Mfg. (Excluding Frame Manufacturing) .....	163
Landfill Operation.....	609
Landfill Operations By A Rubbish Or Garbage Removal Contractor .....	995
Landscape Architectural Firm, No Construction Work .....	955
Landscape Contractor .....	012
Lapidary.....	458
Laser Printer Cartridge Mfg. Or Remanufacture .....	483
Laser Printing By Contractor.....	932
Last Block Mfg. ....	305
Last Form Mfg. - Wooden.....	441
Last Mfg. - Cast Metal.....	----
See Appropriate Foundry Class	
Latex, Foamed Mfg.....	225
Lath Mfg. - Wood .....	306
Lathing .....	669
Launderer, Industrial .....	141
Laundry - Coin-Operated - Self-Service.....	928
Laundry Collection By Dry Cleaner.....	142
Laundry Collection By Launderer .....	141
Laundry Collector Without Laundry (Excluding Contract Hauler) .....	928
Laundry Equipment Installation, Service Or Repair - Industrial .....	675
Laundry, Hand.....	141
Laundry, N.O.C. ....	141
Laundry, Waste Cloth, Operated By Dealers In Used Materials .....	862
Law Firm.....	956
Lawn Care Service Company - Including Lawn Cutting, Maintenance Or Spraying .....	012
Lawn Mower Sale Or Service (Including Riding Type) .....	925
Lawn Sprinkler Installation .....	663
Lead Mfg., Red Or White.....	402
Lead Paint Removal (From A Pipe Surface) - By Contractor .....	663
Lead Paint Removal (From Any Non-Pipe Surface) - By Contractor .....	651
Lead Pencil Mfg. ....	309
Lead Scrap Dealer .....	859
Lead Sheet, Pipe And Shot Mfg. ....	402
Lead Smelting.....	402
Lead Smelting And Refining, Primary .....	402
Leaf Spring Mfg. ....	435
Leash Mfg. ....	205
Leather (Imitation) Mfg. ....	227
Leather Belting Mfg. ....	205
Leather Clothing Mfg. ....	161
Leather Dealer .....	201
Leather Dressing .....	201
Leather Embossing .....	205
Leather Finishing .....	201
Leather Goods Mfg., N.O.C. (See Also Gloves, Hats, Shoes) .....	205

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 39**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Leather Skiving .....	205
Leather Tanning .....	201
Levee Construction.....	609
Library - Public .....	890
Licorice Extract Mfg. ....	104
Life Care Community - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher .....	960
Life Care Community - With Less Than 50 Pct. Of Beds Licensed As Intermediate Care Or Higher .....	974
Life Jacket Mfg. - Inflatable Rubberized Fabric .....	225
Life Jacket Or Preserver Mfg. ....	166
Life Raft Mfg. - Rubber.....	225
Light Emitting Diode Mfg. ....	472
Light Industrial Or Manufacturing Business Operations - Temporary Staff .....	544
Lighting Fixture And Supplies Store .....	925
Lighting Fixtures And Supplies Dealer .....	886
Lighting Fixtures Mfg. ....	445
Lime Burning Or Processing - By Specialist Contractor.....	501
Lime Spreading By Contractor.....	007
Limousine Services.....	817
Linen Cloth Weaving .....	132
Linen Mfg. - House Furnishings .....	163
Linen Supply Service Including Laundering .....	141
Linen Thread Mfg. ....	132
Linens Shop .....	916
Lingerie Mfg.....	161
Lining For Casket Interiors Mfg. - No Casket Mfg. Or Upholstery Work.....	163
Lining Mfg. - Hat .....	161
Linings, Sewing Into Coats By Hand .....	161
Linoleum Laying .....	670
Linoleum Mfg.....	227
Liquefied Petroleum Gas Dealer And Distributor .....	809
Liquid Crystal Display Mfg. ....	472
Liquid Oxygen Tank Mfg. - Metal Plate .....	415
Liquid Waste Treatment Plant.....	753
Liquor Or Wine Store - Retail .....	928
Liquor/Wine Dealer.....	924
Livestock (Excluding Dairy Or Horses) Farm - Animal Raising In Fields/Pastures .....	0083
Livestock Commission Merchant .....	801
Livestock Dealer .....	801
Livestock Tattooing, By Contractor .....	959
Locker Mfg. - Metal .....	456
Locks, Installation In New Buildings .....	648
Locksmith - Including Shop .....	925
Locomotive And Parts Mfg. ....	416
Logging - By Chain Saws.....	009
Logging - By Means Of Mechanized Equipment .....	015
Logging Of Oil And/Or Gas Wells .....	607
Logging Or Lumbering Business - Trucking To Sawmill Or Unrelated Customer - Assign Applicable Logging Class.....	---
Logging Tools Mfg.....	433
Long Term Care Facility - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher .....	960

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 40**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Loose-Leaf Binder Or Ledger Mfg. ....	265
Lubricant, Blending .....	581
Lubricating Oil And Grease Mfg., Excluding Animal And Vegetable Products .....	581
Luggage Mfg., Excluding Trunks .....	205
Luggage Store - Retail .....	928
Lumber And Building Material Dealer - Store Employees - For Use In Conjunction With Class 855 Only.....	935
Lumber Cutting, Incidental Cutting To Size, By Lumber Yards .....	855
Lumber Dealer, No Lumber Fabricating Or Handling Of Used Lumber.....	855
Lumber Yard, Secondhand Material .....	860
Lumbering - By Chain Saws .....	009
Lumbering - By Means Of Mechanized Equipment .....	015
Luncheon Meats Mfg. ....	106
Luncheonette .....	897
Macaroni, Spaghetti, Vermicelli Or Noodles Mfg. ....	105
Machine Belting Installation Or Repair.....	675
Machine Guard Mfg. - Sheet Metal .....	454
Machine Shop, N.O.C. ....	461
Machine Tools Mfg. - Metal - Cutting Or Forming Types.....	441
Machined Automobile Parts Mfg., N.O.C.....	461
Machine-Painting Shade Cloth.....	139
Machinery Erection, Not By Manufacturer .....	675
Machinery Mfg. - Industrial, N.O.C. ....	461
Machinery Or Industrial Equipment Installation, Service Or Repair Or Dismantling, By Contractor .....	675
Machinery Reconditioning (Excluding Conveyors) - Shop Operations Only .....	464
Magazine Printing By Publisher Or Contractor .....	282
Magnesium Metal Mfg. - Electrolysis Of Fused Magnesium Chloride Process .....	551
Magnesium Metal Mfg. - Ferro-Silicon Process .....	551
Magnesium Metal Mfg., N.O.C.....	551
Magnetic Resonance Imaging (MRI) Mfg. ....	488
Maid Service Contractor - Interior .....	882
Mail Delivery - Under Contract To United States Postal Service .....	812
Mail Order House - Use Appropriate Wholesale Store Classification .....	----
Mail Order Pharmacy .....	927
Mail Sorting Service - By Specialist Contractor .....	948
Mailing And Shipping Store - By Independent Contractor .....	928
Mailing Lists - Compiling/Selling - Risk's Only Operation .....	953
Mailing Or Addressing Company Including Incidental Printing .....	948
Mailing Tube Mfg. ....	259
Main Construction - Gas, Steam Or Water - Local Distribution Systems - All Work To Completion Except Tunneling .....	617
Maintenance Of Buses, By Bus-Operating Company .....	817
Maintenance Of Buses, By Public Garage.....	815
Maintenance Of Premises, Not Tenanted Buildings.....	----
Governing Class	
Major Household Appliance Dealer - Wholesale .....	921
Malleable Iron Foundry .....	427
Malt Liquors Mfg. And Distribution .....	108
Malted Milk Mfg. - From Powdered Milk, Sugar, Malt And Cocoa .....	104
Malted Milk Powder Mfg., Including Dehydration Of Milk .....	109
Manhole Cover Mfg. - Cast Iron .....	425

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 41**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Manicuring Shop .....	977
Manufactured Gas Utility .....	751
Manufacturing Or Light Industrial Operations - Temporary Staff .....	544
Manure Dealer.....	855
Map Mfg. Relief, Made Of Plaster .....	502
Marble Cutting Or Polishing .....	855
Marble Products Mfg. - Artificial.....	222
Marble Setting, Exterior Only .....	653
Marble Setting, Interior Only .....	668
Marina - State Coverage Only.....	716
Marina - With Federal Coverage .....	6826F
Marine Appraiser Or Surveyor.....	951
Marine Plumber, Not Boat Or Shipbuilding .....	6872F
Marine Railway Operator .....	6872F
Marketing Staff - Temporary Staff.....	949
Martial Arts (Including Karate) Institute .....	968
Mask Mfg. - Costume - Cloth .....	161
Masonry, N.O.C. ....	653
Massage Therapy Services .....	977
Match Mfg. - Paper.....	259
Material Yard, Secondhand, When Not On Demolition Sites .....	860
Maternity Apparel Shop .....	916
Maternity Home - No Medical Services .....	986
Mattress Mfg.....	165
Mausoleums And Monuments In Cemeteries, Erection Only.....	608
Mayonnaise Mfg. ....	104
Meals On Wheels .....	898
Measuring Or Dispensing Pump Mfg.....	461
Measuring Tape Mfg. - Cloth - Sewing Type .....	163
Meat Chopper Mfg. ....	445
Meat Dealer - Wholesale - Including Cutting Or Deboning Of Fresh Meat .....	910
Meat Dealer - Wholesale - No Processing Whatsoever .....	924
Meat Packing Plant - Wholesale, Including Slaughtering .....	111
Meat Products Mfg., N.O.C. ....	119
Meat Slicers Or Grinders - Counter Type - Service Or Repair .....	952
Meat, Fish Or Poultry Store - Retail .....	915
Mechanical Consulting Engineering Firm.....	955
Mechanical Pencil Mfg. ....	459
Medical Diagnostic Lamp Mfg.....	486
Medical Equipment Mfg., Electronic - Diagnostic Or Treatment .....	488
Medical Service - Temporary Help .....	946
Medical Supply Store - Retail .....	928
Medicinal Extract Mfg. ....	104
Medicine Ball Mfg.....	205
Medicine Mfg.....	555
Megetron Device Mfg. (Specialty Electron) .....	486
Melting Of Nonferrous Scrap Metals .....	402
Men's Clothing & Furnishings Store .....	916
Mental Health Center - Outpatient Services Only .....	957

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 42**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Mercerizing Of New Goods .....	139
Merchandise Warehouse - Cold Or General Merchandise .....	813
Merchandise Warehouse - Furniture - Including Moving .....	806
Mercury Switch Mfg. ....	473
Messenger (Not Employed By A Messenger Or Courier Service Company) .....	951
Messenger Service - On Foot, By Bicycle Or Motor Vehicle .....	808
Metal Anodizing .....	449
Metal Arches Mfg., For Buildings .....	413
Metal Can Mfg., Seamed .....	454
Metal Can Mfg., Seamless .....	403
Metal Ceiling Installation .....	676
Metal Furniture Mfg. ....	456
Metal Furring, By Contractor.....	655
Metal Lath Mfg. ....	413
Metal Partition, Shelving, Locker, Office And Store Fixture Installation .....	646
Metal Polish Mfg. ....	563
Metal Powder Mfg. - Crushing Or Grinding - By Independent Contractor.....	059
Metal Salvaging, From Slag Dumps .....	055
Metal Service Center (Ferrous Or Nonferrous Metals) .....	857
Metal Shipping Barrels, Drums, Kegs Or Pails - Used, Dealer .....	454
Metal Spinnings Mfg. ....	454
Metal Stampings Mfg. ....	454
Metal Storm Sash Installation .....	651
Metal Storm Sash Installation - Residential.....	652
Metal, Sheet Goods Mfg., N.O.C. ....	454
Metallizing Of Fabrics .....	227
Meter Maid - Employed By A Municipality .....	980
Meters - Electric, Installing, Repairing And Testing, Including Shop - By Contractor .....	661
Microfilming .....	932
Micrometer Mfg. ....	487
Microphone Mfg. ....	485
Microwave Communication Equipment Mfg.....	485
Military Tank Hull Mfg.....	415
Milk Hauling - By Contractor.....	805
Milk Or Milk Products Dealer - Wholesale .....	911
Milk Processor - Fluid .....	109
Milk Producer - Fluid Only .....	0036
Milk Products Mfg., N.O.C. (Excluding Ice Cream Mfg.).....	109
Milking Equipment Installation .....	663
Millinery And Straw Hat Mfg.....	161
Millinery Mfg., Felt .....	161
Millinery Store .....	916
Milling - Wet Corn.....	107
Milling Of Grain - Permanently Located.....	101
Milling Of Grain, With Portable Mills .....	007
Millwork Plant .....	305
Millwork, Hand Assembling Or Glazing, Not Performed By A Millwork Plant .....	855
Millwrighting.....	675
Mine Car Mfg.....	416

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 43**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Mine Shaft Sinking, By Contractor.....	615
Mineral Color Mfg.....	563
Mineral Milling .....	059
Mineral Water, Carbonated - Bottled Or Canned .....	112
Mineral Wool Mfg. - Including Spinning And Weaving .....	513
Miniature Golf Course .....	969
Miniature Tube Mfg. - From Ferrous Metals .....	407
Miniature Tube Mfg. - From Nonferrous Metals .....	403
Miniature Valve And Fitting Mfg. ....	459
Mining Consulting Engineering Firm .....	955
Mink Farm .....	0034
Mirror Installation .....	666
Mirror Mfg. - From Purchased Glass .....	536
Missile Guidance Equipment Mfg. ....	485
Mixed Gas Utility .....	751
Mobile Catering .....	898
Mobile Crane & Hoisting Operations, By Rigging Contractor .....	657
Mobile Crane Leasing Or Rental - With Operators By Specialist Contractor .....	811
Mobile Crane Repair, By Specialist Contractor .....	814
Mobile Equipment Dealer - Factory, Farm Or Construction .....	814
Mobile Home - Setup Or Warranty Service - By Specialist Contractor .....	818
Mobile Home Dealer.....	818
Mobile Home Mfg. - Non Self-Propelled .....	451
Mobile Home Park - Operation Or Maintenance By Contractor (Not Recreational Vehicle Campground) .....	971
Mobile Home Park Maintenance.....	971
Model Or Pattern Mfg. - Wood Or Metal, Shop Only, Excluding Castings.....	441
Modem Mfg. ....	483
Modular Home Erection, Remodeling Or Repair.....	652
Modular Home Mfg. ....	305
Molasses Mfg.....	107
Mold Mfg., Excluding Castings .....	441
Monorail System Installation (Except For Public Transportation).....	675
Monument Or Memorial (Cemetery) Cutting, Engraving And/Or Polishing .....	855
Mop Head Mfg., From Cotton Waste, No Other Operations.....	132
Mop Mfg.....	309
Mortar Mfg., No Construction Work.....	855
Mosaic Tile Installation .....	668
Mosquito Netting - No Mfg. Of Net.....	163
Moss Ginning .....	132
Motel .....	973
Motel, Motor Court, Etc. - All Other Employees .....	----
See Rulings And Interpretations .....	
Motion Picture Production .....	936
Motion Picture Theater .....	967
Motion Pictures, Development Of Films, No Other Operations.....	928
Motor Controller Assembly .....	476
Motor Oil (Used) - Collection By Specialist Contractor .....	809
Motor Vehicle Parts And Accessory Dealer .....	934
Motorcycle Dealer (Including Sale Of Accessory Merchandise Such As Clothing, Racing Gear, Etc.) .....	818

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 44**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Motorcycle Funeral Escort Service.....	817
Motorcycle Mfg. ....	463
Mover - Household Or Office Furniture - With Or Without Storage Facility .....	806
Mucilage Mfg.....	563
Mulch Dealer .....	855
Multiplexer Mfg. ....	485
Municipal Or County Employees, N.O.C. ....	980
Museum - All Types.....	887
Mushroom Bed Filling With Compost - By Contractor .....	007
Mushroom Dealer - Wholesale .....	907
Mushroom Raising .....	0008
Mushroom Spawn Production .....	0008
Musical Instrument Mfg. - Metal .....	458
Musical Instrument Mfg. - Wood .....	323
Musical Instrument Rental - Except Pianos And Organs .....	928
Musical Instruments Rental - Pianos And Organs - Retail .....	922
Musician, Independent Contractor .....	967
Mustard (Prepared) Mfg.....	104
Nail Mfg. - Wire .....	457
Nail Mfg., Not Wire .....	445
Nailhead Ornamentation Attaching Nailheads Or Similar Articles To Textile Fabrics By Means Of Foot Presses .....	161
Naphtha Distribution .....	809
Naphtha Mfg. In Petroleum Refinery .....	581
Napkin Mfg. - Cloth .....	163
Napkin Mfg. - Paper .....	259
Narrow Fabric Mill - Cotton, Wool, Silk Or Man-Made Fibers.....	132
Natural Gas Production .....	028
Natural Gas Utility .....	751
Navigational Instruments Mfg. ....	485
Necktie Mfg., From Fabric .....	161
Necktie Mfg., Knitted .....	134
Needle, Pin, Hook Or Eye Mfg. ....	459
Neighborhood Homes - 5 Or Fewer Residents .....	941
Neighborhood Homes For The Mentally Disabled - 5 Or Fewer Residents Per Facility .....	941
Neon Sign Mfg. - Shop Only, No Installation, Service Or Repair .....	486
Neon Sign Mfg., Installation Or Repair.....	673
Net Mfg. - Classify According To Materials Used.....	----
Netting - Mosquito - No Mfg. Of Net .....	163
News Agent Or Magazine Distributor - Retail.....	928
News Agent Or Magazine Distributor - Wholesale .....	924
Newspaper Inserts (e.g., Advertising, Sunday Comics, Sunday Magazines) Printing By Publisher Or Contractor .....	282
Newspaper Printing By Publisher Or Contractor .....	282
Newspaper Reporter Or Photographer .....	951
Nightclub .....	899
Nitroglycerin Mfg. ....	4771
Non-Contact Sports Athletic Team, Professional Or Semiprofessional .....	991
Non-Destructive Testing - All Kinds - By Specialist Contractor .....	955
Nonferrous Metals Cold Rolling, Drawing, Extruding, Or Forging .....	403
Nonferrous Metals Foundry .....	447

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 45**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Notebook Mfg. (No Paper Mfg.) - All Types	265
Notepad Mfg.	265
Nurse - Private Duty	942
Nurse - RN And LPN Including Aides - Temporary Help	946
Nurses - Visiting Patients In Private Homes	942
Nursing Home - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher	960
Nut Or Bolt Mfg.	445
Nuts - Cleaning And Shelling	104
Nuts (Edible) Dealer	924
Nylon Mfg.	581
Nylon Spinning And Weaving	132
Office Furniture Dealer	921
Office Furniture Mfg. - Metal	456
Office Machine Dealer - Wholesale	924
Office Machine Mfg.	483
Office Machine Repair - Shop Or Field	952
Office Machine Store - Retail	928
Office Supply Dealer - Wholesale	924
Office Supply Store - Retail	928
Offset Duplicating	932
Oil Blending - Not Animal Or Vegetable	581
Oil Distributing, Retail And Wholesale	809
Oil Field Machinery Or Equipment Mfg. - Classify According To Materials Used	----
Oil Field Tank Painting	655
Oil Lease Operation	028
Oil Mfg., Animal	114
Oil Mfg., Vegetable	551
Oil Or Coal Dock Operation - Waterfront	7313F
Oil Or Gas Geologist	607
Oil Or Gas Pipeline Construction - Cross-Country	609
Oil Or Gas Pipeline Operation	752
Oil Or Gas Well Drilling, By Contractor, N.O.C.	607
Oil Production	028
Oil Refining, Petroleum	581
Oil Re-Refining, Used Motor Oil	581
Oil Rig Or Derrick Erecting And Dismantling	655
Oil Spill Cleanup	995
Oil Still Erection	655
Oil Still Pipe Insulation	663
Oil Storage Tank Mfg. - Metal Plate	415
Oil Well Casing Installation	607
Oil Well Cementing, By Contractor	607
Oil Well Cleaning	607
Oil Well Equipment Dealer	926
Oil Well Operation	028
Oil Well Service Contractor	607
Oil Well Shooting	607
Oil Well Tools Mfg.	433
Oilcloth Mfg.	227

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 46**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Olive Handling .....	104
Opening Of Fibers .....	132
Optical Instrument Or Lens Mfg. ....	487
Optical Store, Including Lens Grinding And Optometrists .....	920
Optometrist Office.....	957
Orchard Or Fruit Farm .....	0016
Orchard Or Vineyard .....	0016
Orchard Work, Fumigating Or Pruning By Contractor .....	005
Orchestra .....	967
Ore Dock Operation .....	7313F
Ore Milling .....	059
Organ Building - Including Installation .....	323
Organ Tuning - Away From Shop .....	952
Organ, Electronic - Mfg. ....	483
Ornamental Brass Erection .....	658
Ornamental Brass Goods Mfg. ....	413
Ornamental Bronze Erection .....	658
Ornamental Iron Door Erection .....	658
Ornamental Iron Grill Erection .....	658
Ornamental Iron Railing Erection .....	658
Ornamental Or Architectural Metal Work Mfg.....	413
Orphanage .....	941
Orthopedic, Prosthetic And Surgical Appliances And Supply Dealer - Wholesale .....	924
Orthopedic, Prosthetic, And Surgical Appliances And Supply Store - Retail.....	928
Oscillator Mfg. ....	472
Osteopath Office .....	957
Ostrich Farm.....	0034
Outboard Motor Mfg. ....	461
Oven (Conveyor) Installation, Service Or Repair .....	675
Oven Mfg. - Metal Industrial Drying Ovens .....	456
Overhead Crane Mfg. ....	465
Overhead Door Installation .....	675
Oversize Loads On Highways - By Specialist Escort Contractor .....	817
Oxygen Or Hydrogen Mfg.....	553
Package Liquor Store .....	928
Packaging - Contract - Non-Crating - Temporary Staff .....	879
Packaging Machinery Mfg. - Including Automatic Filling Type Machinery (Not Bottling) .....	464
Packaging, Contract - Crating - In Shop .....	305
Packaging, Contract - Non-Crating.....	923
Packing Case Mfg. ....	305
Packing House - Wholesale, Including Slaughtering .....	111
Packing House Distributing Station .....	910
Packing Household Goods At The Customer's Location By The Moving Company Or By Independent Contractor .....	806
Padding And Upholstery Filling Mfg. ....	130
Paint Brush Cleaner Mfg. ....	563
Paint Dealer - Wholesale .....	926
Paint Mfg., No Red Or White Lead Mfg. ....	563
Paint Or Colors Mfg. - Temporary Staff.....	587
Paint Remover Mfg.....	563

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 47**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Paint Store - Retail .....	925
Paint, Varnish, Lacquer Or Enamel Mfg.....	563
Painting Lines On Highways Or Roads .....	601
Painting Lines On Parking Lots Or Tennis Courts .....	608
Painting Of: Bridges, Oil Field Tanks, Steel Structures Or Tanks .....	655
Painting Or Powder Coating Metal Parts - Shop - By Specialist Contractor .....	445
Painting Ship Hulls .....	6872F
Painting, Including Shop .....	665
Pallet Mfg. ....	305
Panel Mfg. - Soft Wood Or Plywood.....	305
Panel Or Partition Mfg. - Sheet Metal .....	456
Panel Or Wall Installation - Precast Concrete .....	654
Paper Bag Mfg. ....	259
Paper Box Mfg. ....	257
Paper Coating And Glazing - By Paper Mill .....	255
Paper Cup, Dish Or Plate Mfg. ....	259
Paper Dealer, Used.....	862
Paper Document Conservation - By Specialist Contractor .....	955
Paper Dress Pattern Printing.....	281
Paper Finishing - By Paper Mill .....	255
Paper Finishing - By Specialist Contractor .....	263
Paper Hat Mfg. - All Types .....	259
Paper Industry Machinery Mfg. ....	464
Paper Laminating .....	263
Paper Mfg. ....	255
Paper Mfg. - Asbestos .....	509
Paper Mill .....	255
Paper Or Cardboard Mailing Tube Mfg. ....	259
Paper Or Foil Goods Mfg. ....	259
Paper Or Paper Products Dealer .....	924
Paper Products Mfg., N.O.C. ....	259
Paper Sheeting, Slitting Or Winding .....	259
Paper Towel Mfg. ....	259
Paper Twine Mfg. ....	132
Paperhanging .....	667
Papier-Mache Goods Mfg.....	259
Parachute Mfg. (Hardware Mfg. To Be Separately Rated).....	166
Paratransit Service .....	817
Parcel Delivery Company - See Section 2 Class Footnote .....	808
Park, N.O.C. ....	969
Parking Areas.....	825
Parking Enforcement Officer (Meter Maid) - Employed By A Parking Authority .....	954
Parking Garage Construction - Concrete.....	654
Parking Meter Installation, Service Or Repair .....	933
Parquet Floor Laying .....	648
Parquet Flooring Mfg. - Hardwood .....	311
Particle Board Mfg. ....	255
Partition Installation .....	646
Partition Mfg. - Ornamental Iron .....	413

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 48**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Partitions (Cardboard) Mfg. - For Boxes Or Containers.....	259
Party Decorations Or Favors Mfg. ....	259
Party Supply Rental .....	922
Pattern (Dress) Printing - Paper .....	281
Pattern Or Model Mfg. - Wood Or Metal, Shop Only, Excluding Castings.....	441
Pavers (Decorative Brick Or Stone) Installation .....	653
Paving Mixtures Mfg. ....	855
Paving Or Repaving, Road And Street .....	601
Paving, Driveway - Blacktop Or Cement .....	608
Paving, Wood Block, Interior.....	648
Pawn Shop .....	928
Peanut Butter Mfg.....	104
Peanut Handling .....	104
Peat Digging .....	609
Peat Moss Dealer .....	855
Peg Or Skewer Mfg. - Wood .....	306
Pellet Mfg. - Wood.....	101
Pen Or Pen Point Mfg. ....	459
Pencil Stock Mfg. - Wood .....	306
Pencil, Penholder Or Crayon Pencil Mfg. - Wood .....	309
Pendant Jewelry Mfg. ....	458
Pennant Mfg. ....	163
Perforated Metal Mfg. ....	454
Perfume, Cosmetic Or Other Toilet Preparations Mfg. ....	571
Perfumery Extract Mfg. ....	571
Periodical Printing By Publisher Or Contractor .....	282
Personal Care Home.....	979
Personal Computer Store - Retail .....	928
Personal Leather Goods Mfg. ....	205
Pest Strip Mfg. ....	551
Pesticide Mfg. ....	551
Pet Food Mfg. - Canned - Non Farm Domestic .....	113
Pet Grooming - By Specialist Concern .....	928
Pet Shop - Retail .....	928
Petroleum Broker .....	809
Petroleum Bulk Stations And Terminals - Including Blending And Mixing .....	809
Petroleum Refining.....	581
Pharmaceutical Or Surgical Goods Dealer, N.O.C. ....	924
Pharmaceutical Preparation Mfg. ....	555
Pharmacy - Retail Or Internet Or Mail Order.....	927
Phonograph Record Dealer - Retail.....	928
Photocopy Machines - Service Or Repair - Shop Or Field .....	952
Photocopy Shop .....	932
Photoengraving - By Specialist Contractor .....	281
Photoflash Cube Mfg. ....	486
Photographer .....	928
Photographer - Aerial .....	7424
Photographic Equipment And Supplies Store - Retail .....	928
Photographic Equipment Or Supplies Dealer - Wholesale.....	924

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 49**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Photographic Film And Dry Plate Mfg. ....	255
Photographic Studio, Not Producing Motion Pictures, And Outside Work.....	928
Physical Therapy - By Specialist Contractor.....	957
Physician Office .....	957
Piano Mover .....	806
Piano Or Organ Store - Retail .....	922
Piano Or Organ Store - Wholesale .....	921
Piano Or Player Piano Mfg. ....	323
Piano Tuning .....	952
Picking Of Fibers .....	132
Pickle Mfg. ....	113
Picture Frame Mfg. - Wood .....	311
Piggery.....	0034
Pigment Color Mfg.....	563
Pile Driving - State Coverage Only .....	611
Pillow Cover Mfg. ....	163
Pillow Mfg. ....	163
Pin Or Needle Mfg.....	459
Pinball Games - Service Or Repair By Vending Machine Operator .....	933
Pipe Bending - Fabrication Shop .....	413
Pipe Cleaner Mfg. ....	132
Pipe Cleaning - Interiors Of Sewer Or Water Mains By Hydraulic Method .....	995
Pipe Connection, For Boilers.....	677
Pipe Covering Installation (Except For Asbestos).....	663
Pipe Insulation - Asbestos Encapsulation Or Removal .....	643
Pipe Laying For House Or Service Connections, By Plumbing Contractor.....	663
Pipe Merchant, Including Cutting, New Materials Only - All Types And Sizes .....	885
Pipe Mfg. - Brass, Copper Or Aluminum .....	403
Pipe Mfg. - Cast Iron, N.O.C. ....	425
Pipe Mfg. - Concrete .....	511
Pipe Mfg. - Plastic .....	222
Pipe Mfg. - Terra-Cotta.....	512
Pipe Mfg., Fiber .....	255
Pipe Mfg., Tobacco - Wooden .....	309
Pipe Or Tube Mfg. - Iron Or Steel.....	407
Pipefitting - House Connections .....	663
Pipefitting, Installation Of Apparatus Or Machinery Outside Of Buildings .....	675
Pipeline Construction, Oil Or Gas - Cross-Country .....	609
Pipeline Reclamation, Oil Or Gas .....	609
Piston, Piston Pin Or Piston Ring Mfg.....	461
Pitch And Putt Golf Course .....	969
Pizza Assembly - No Baking Operation .....	104
Pizza Shop - Retail .....	897
Planing Mill .....	305
Plant Food Mfg. - Mixed.....	573
Plantscaper - Interior .....	919
Plaster Block Erection .....	653
Plaster Block Mfg.....	511
Plaster Form Mfg. ....	502

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 50**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Plaster Mill .....	501
Plaster Statuary Mfg. ....	502
Plasterboard Installation .....	645
Plastering, N.O.C.....	669
Plastic Articles Mfg. - Injection Molding - Temporary Staff .....	275
Plastic Articles Mfg., Injection Molding .....	221
Plastic Articles Mfg., N.O.C. - All Plastic Molding Techniques Except Injection Molding .....	222
Plastic Articles Mfg., N.O.C. - Temporary Staff .....	276
Plastic Bag Mfg. ....	222
Plastic Composite Products Molding .....	227
Plastic Material, Synthetic Resin, Or Nonvulcanizable Elastomer Mfg.....	581
Plastic Mfg., Sheets And Rods .....	222
Plastic Sign Letters Mfg. - Shop Only .....	281
Plastic, Molded Products Mfg. N.O.C. ....	222
Plastics Dealer - Scrap.....	862
Plate Glass Installation .....	666
Plate Glass Mfg. ....	535
Plate Steel Mfg. - By Specialist Contractor.....	406
Plate Work, Fabricated .....	415
Plating Of Metal Articles .....	449
Platinum Group Metals - Rolling, Drawing And/Or Extruding .....	403
Playground Equipment Mfg. ....	445
Playing Cards Mfg.....	281
Pleating, Stitching Or Tucking - Dress Fabrics Or Trimmings - Not Clothing Mfg. ....	136
Plumbers' Fittings Mfg.....	445
Plumbers' Supplies Mfg., N.O.C. ....	445
Plumbers' Supplies Store - Retail.....	925
Plumbing Fixture Fittings And Trim (Brass Goods) Mfg. - Cast .....	447
Plumbing Supplies Dealer - Wholesale .....	885
Plumbing, N.O.C. ....	663
Plush Or Velvet Mfg. ....	132
Plywood Container Mfg. ....	305
Plywood Dealer .....	855
Plywood Mfg., Including Veneer Mfg. ....	305
Pneumatic Tool Mfg. ....	461
Pocketbook Frame Mfg. ....	457
Pocketbook Mfg. - From All Materials .....	205
Police Deputies .....	985
Police, Special School Police .....	985
Policemen And Detectives .....	985
Polish Or Leather Dressing Mfg. ....	563
Polished Plate Glass Mfg. ....	535
Polishing And Buffing, Shop Only - Specialist Contractor .....	445
Polishing Cloth Mfg. ....	163
Polishing Wheel Mfg. - Cloth Or Felt - No Metal Parts.....	163
Polishing, Cleaning Or Sanitation Preparations Mfg. ....	571
Polyurethane Foam Products Mfg. ....	222
Pony Rides .....	969
Pool Mfg. - Swimming - Inflatable Kiddie-Type Pools .....	163

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 51**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Pool Room .....	968
Pool Table Dealer - Retail .....	922
Popcorn Mfg. ....	107
Porcelain Electrical Product Mfg.....	513
Porcelain Mfg. ....	513
Porch Enclosure Mfg. ....	305
Pork Products Mfg. - Pickled, Cured, Salted And Smoked .....	106
Portable Lamp Or Lantern Mfg. ....	445
Portable Toilet Leasing/Serviceing.....	992
Porters For Condominiums .....	880
Post Construction Clean-Up - New Homes - By Specialist Contractor .....	971
Postage Stamp And/Or Coin Dealer - Retail Or Wholesale .....	920
Potato Chip Dealer.....	924
Potato Chip Mfg. ....	104
Potato Dealer - Wholesale .....	907
Potato Flour Mfg. ....	101
Pottery Mfg., Glazed .....	513
Pottery Mfg., N.O.C. - No Brick, Tile, Sewer Pipe Or Gas Retorts .....	513
Pottery Mfg., N.O.C. - Supplemental Dust Disease Loading .....	0176
Poultry Dealer - Wholesale - No Processing Whatsoever.....	924
Poultry Dealer (Including Cutting Or Deboning) - Wholesale.....	865
Poultry Or Egg Producer .....	0034
Poultry Or Small Game Dressing (To Kill And Prepare For Market).....	865
Poultry Vaccination, Debeaking And Sexing, By Contractor .....	959
Poultry, Fish Or Meat Store - Retail .....	915
Powder Coating Of Parts (Electrostatic Spray Application) - By Contractor.....	445
Powder Metal Products Mfg. ....	506
Powder Mfg. - Atomizing Molten Nonferrous Metal .....	403
Powder Mfg. - Metal - Crushing Or Grinding - By Independent Contractor .....	059
Power Controller Assembly .....	476
Power Line Construction.....	656
Power Pipe Fabrication .....	413
Precast Concrete Panel Or Wall Installation.....	654
Precast Concrete Products Mfg. - Shop .....	511
Precious Metal Refining, Primary .....	402
Precious Stone Cutting, Polishing Or Setting .....	458
Precision Machined Parts Mfg., N.O.C. ....	446
Prefabricated Building Mfg. - Wood, Shop Work .....	305
Prefabricated Wooden Building And Structural Member Erection .....	651
Pre-School - Early Education Services - By Independent Contractor .....	891
Preserving Or Canning Of Food .....	113
Presort Bureau - Mail Sorting - By Specialist Contractor .....	948
Press Forging.....	431
Pressed Or Blown Glass Mfg. ....	535
Pressure Vessel Mfg. - Industrial Metal Plate .....	415
Pressure-Sensitive Label Printing By Web Press - By Specialist Contractor.....	281
Pressure-Sensitive Labels Or Paper Mfg. ....	263
Pretzel Mfg. ....	105
Pretzel Shop - Heating/Baking On The Premises .....	918

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 52**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Primary Smelting And Refining Of Nonferrous Metals, N.O.C.....	402
Primer, Paint, Mfg. ....	563
Printed Circuit Board Mfg. - By Specialist Contractor.....	471
Printed Circuit Board Stuffing By Contractor .....	471
Printers' Finisher - By Specialist Contractor .....	281
Printers' Roller Mfg. ....	225
Printing - Books Or Greeting Cards By Web Press - By Publisher Or Contractor .....	281
Printing - By Laser Method - By Contractor .....	932
Printing - Principally Sheet-Fed Press Production (Of Any Printed Product) .....	285
Printing - Temporary Staff .....	297
Printing Ink Mfg. ....	563
Printing Of Fabrics .....	139
Printing Plate Mfg. - By Specialist Contractor .....	281
Printing Trade Machinery Or Equipment Mfg. ....	464
Printing, N.O.C. ....	281
Prison Cell Erection - Steel.....	658
Prison Farm Guards (Not State Employees) .....	985
Prison Guards (Not State Employees) .....	985
Private Duty Nurse.....	942
Private Electric Utility .....	755
Pro Shop - Golf Course - Operated By Specialist Contractor.....	928
Process Control Systems Mfg./Assembly .....	476
Processed Meat Products Mfg.....	106
Processed Waste And Recovered Fibers And Flock Mfg. ....	130
Produce Dealer - Wholesale .....	907
Produce Store - Retail .....	917
Professional Or Semiprofessional Athletic Team: Contact Sports .....	970
Professional Or Semiprofessional Athletic Team: Non-Contact Sports .....	991
Projectile Loading .....	4771
Projectile Or Shell Casing Mfg.: Forging - Separately Rate Loading Or Testing With Explosives.....	431
Projectile Or Shell Casing Mfg.: Secondary Machining - Separately Rate Loading Or Testing With Explosives .....	461
Propane Gas Dealer.....	809
Psychiatric Hospital .....	958
Psychiatrist Office .....	957
Psychologist (M.A. or Ph.D.) Office .....	957
Public Accounting Firm .....	962
Public Address Systems Installation - Including Loudspeakers .....	660
Public Health Nurse .....	942
Public Library .....	890
Public Weighers And Samplers Of Steamship Agency - State Coverage Only .....	709
Publisher - Outsources Printing, Performs Product Distribution .....	287
Pulley Block Mfg. - Wood .....	306
Pulp (Paper) Mfg. ....	255
Pump Installation, Service Stations .....	675
Pump Installation, Water .....	663
Pump Mfg. ....	461
Pump, Air And Gas Compressor, And Pumping Equipment - Installation .....	675
Punch List Repairs - By Contractor To A New House .....	652
Punch Mfg., For Marking Metal .....	441

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 53**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Purse Mfg. - From All Materials .....	205
Putty, Caulking Compound, And Allied Product Mfg. ....	563
Pyrometer Mfg. ....	488
Pyroxylin Mfg., Not For Use In Explosive Mfg. ....	551
Quarry, Cement - Operated By Manufacturer .....	501
Quarry, Gravel Or Slag Excavation - Including Crushing .....	055
Quartz Crystal Culturing .....	472
Quick Printer.....	932
Quilt Or Comforter Mfg.....	163
Quilted Cloth Manufacturing Contractor - For Garments Or Household Furnishings.....	136
R.E.A. Cooperative.....	755
Rabbits - Slaughtering, Dressing And Packing For The Trade.....	865
Race Track Operation .....	969
Race Track, Pari-Mutuel Clerks .....	953
Racing Stable.....	801
Racing Sulky Mfg. ....	413
Racquetball Club .....	968
Radar Devices Mfg.....	485
Radiation Exposure, Supplemental Loading .....	9985
Radiator Cabinet Or Shield Mfg. - Metal .....	456
Radiator Mfg., Auto .....	454
Radiator Or Heater Mfg. - Cast Iron .....	425
Radio & Television Tube Mfg.....	486
Radio And Television Tower, Fabrication .....	411
Radio Broadcasting Station .....	936
Radio Or Television Parts And Accessories Store - Retail .....	925
Radio Or Television Transmitting, Signaling Or Detection Equipment Or Apparatus Mfg. ....	485
Radio, Television Or Audio Equipment Store - Retail .....	925
Radio, Television, Stereophonic Or High Fidelity Equipment, Parts Or Accessories Dealer - Wholesale .....	926
Radon Mitigation .....	664
Railing Mfg. ....	413
Railing Or Stair Mfg. - Wood.....	305
Railroad Car Mfg. ....	416
Railroad Car Or Locomotive Spring Mfg.....	435
Railroad Construction, By Contractor .....	605
Railroad Maintenance Of Way, By Contractor .....	605
Railroad Operation - Street, Including Shop.....	817
Railroad, N.O.C. - Including Shop.....	721
Railway Maintenance Car Mfg.....	416
Raincoat And Other Waterproof Outer Garments Mfg. ....	161
Rattan Or Fiber Furniture Mfg. ....	323
Rayon Mfg. ....	581
Rayon Spinning And Weaving .....	132
Razor Blade Mfg. - Safety .....	459
Razor Mfg. Or Repair - Electric .....	473
Ready-Mixed Concrete Dealer .....	855
Real Estate Agency - Clerical Workers In Office .....	953
Real Estate Agency - Outside Salespersons .....	951
Receivers - Radio Communication Mfg. ....	485

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 54**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Receiving Station - Dry Cleaner - No Dry Cleaning At Same Or Contiguous Location	928
Receiving Station - Laundry - No Laundering At Same Or Contiguous Location	928
Reclaiming Rubber	225
Recording Devices Mfg.	485
Recording Studio	936
Recovery Of Usable Automobile Parts	----
See Rulings And Interpretations	
Recreational Facility Or Amusement Devices, Indoor - See Entry By Topical Name	968
Recreational Facility Or Amusement Devices, Outdoor - See Entry By Topical Name	969
Recreational Vehicle Dealer	818
Red Lead Mfg.	402
Refractory Products Mfg.	512
Refrigerated Showcase Mfg. - Wood	311
Refrigeration Or Central Air Conditioning Units Installation Or Service	664
Refrigeration System Parts And/Or Accessories Dealer - Wholesale	885
Refrigerator Car Icing Or Re-Icing	855
Refrigerator Car Mfg.	416
Refrigerator Car, Pre-Cooling	855
Refrigerator Mfg., Commercial Or Household	456
Refrigerator, Household - Service Or Repair	662
Refrigerator, Stove Or Washing Machine Store - Retail	922
Refuse Container Or Dumpster Mfg. - From Metal Plate	415
Rehabilitation Hospital	958
Reinforcing Rod Setting - Including By Specialist Contractor	654
Reinforcing Rods Or Bars Dealer	857
Relish Mfg. - Fruit Or Vegetable	104
Rental Clerk Employed By An Automobile Or Truck Rental Agency	819
Rental Service Stores And Yards - Classify On The Basis Of Principal Merchandise Rented	----
Repair Of Roofs By Contractor	659
Repaving - Street Or Road	601
Research And Development (Including Prototypes) - By Specialist Contractor	955
Research Or Development - Testing By Manufacturers - For Own Products	----
Governing Class	
Residential Child Care Service - (Neglected, Deprived Or Abused)	941
Residential Cleaning Services - By Contractor	882
Residential Facility For The Elderly - Non Medical	979
Residential House Rental	880
Resin Coated Fabric Mfg.	227
Resistor Mfg. - Less Than 1 H.P.	472
Resort Hotel - All Other Employees	----
See Rulings And Interpretations	
Respirator Equipment Mfg.	488
Rest (Residential) Home	979
Restaurant Kitchen Equipment Mfg.	454
Restaurant Or Bar Supply Dealer (Other Than Beverages, Groceries Or Meat)	924
Restaurant, N.O.C.	975
Retail Bakery - No Baking On Premises	918
Retail Bakery - Selling Purchased Bakery Products	918
Retail Store, N.O.C.	928

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 55**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Retail Store, N.O.C. - Temporary Staff.....	883
Retaining Wall Construction - Concrete.....	654
Retaining Wall Construction (Excluding Concrete).....	653
Retinning Of Metal Not Done In Rolling Mill.....	402
Retirement Community - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher.....	960
Retirement Community - With Less Than 50 Pct. Of Beds Licensed As Intermediate Care Or Higher.....	974
Reupholstering .....	327
Ribbon Mfg., Textile Fabrics.....	132
Riding Academy .....	801
Rigging - Non Ship.....	657
Rigging, Ship .....	6872F
Ringed Binder Mfg.....	265
Rivet Mfg. ....	459
Road Construction - Paving Or Repaving.....	601
Road Maintenance By Municipal Employees .....	980
Robe And Dressing Gown Mfg. ....	161
Rock Excavation, Not Quarry, By Road Contractor .....	602
Rock Excavation, Not Quarry, Not By Road Contractor .....	609
Rock Wool Installation .....	647
Rock Wool Mfg. - Including Spinning And Weaving .....	513
Rolled Glass Mfg. ....	535
Roller Bearing Mfg. ....	467
Roller Derby Player, Coach, Manager Or Referee - Professional Or Semiprofessional .....	970
Roller Mfg. - Covered Sleeves Only .....	163
Roller Skating Rink - Indoor.....	968
Rolling Mill - Ferrous Metals - By Specialist Contractor .....	406
Rolling, Drawing Or Extruding Nonferrous Metals - Temporary Staff .....	491
Ronald McDonald House Operation .....	880
Roof Repairing By Contractor.....	659
Roof Spraying, Painting Or Coating By Contractor.....	659
Roofing Compound Mfg., No Refining .....	563
Roofing Installation - All Kinds .....	659
Roofing Paper Or Roofing Felt Mfg. ....	255
Room Divider Mfg. ....	311
Rooming House Or Boarding House - All Other Employees .....	----
See Rulings And Interpretations	
Rope Mfg. - Wire .....	457
Rope Mfg., Including Fiber Preparation.....	132
Rubber Band Mfg. ....	225
Rubber Coating .....	227
Rubber Garment Mfg., No Rubber Mill .....	161
Rubber Products Mfg., N.O.C.....	225
Rubber Reclaiming .....	225
Rubber Stamp Mfg. ....	281
Rubber Stock Dealer, Used .....	862
Rubber Tile Installation .....	670
Rubber Tire Dealer, Retail .....	815
Rubber Tire Mfg. ....	225
Rubber Tire Retreading .....	225

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 56**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Rubberized Fabrics Mfg.....	225
Rubbish Or Garbage Removal .....	995
Rug And Carpet Cleaning And Storage .....	971
Rug Mfg.....	132
Rust Proofing (Hot Dipping) Of Metals .....	402
RV Campground.....	978
Saddle Mfg. ....	205
Saddle Soap Mfg. ....	571
Sadiron Mfg. ....	445
Safe Installation .....	675
Safe Mfg. ....	461
Safe Moving .....	657
Safety Belt Mfg. - Automobile - No Hardware Mfg.....	163
Sail Making .....	166
Salad Dressing Mfg. ....	104
Salad Preparation - Cole Slaw, Egg, Potato, Etc.....	104
Sales Stable .....	801
Salesperson - Outside .....	951
Salesperson, Delivering Goods By Automobile .....	----
Governing Class .....	----
Salesperson, Door-To-Door .....	----
Governing Class .....	----
Salt Refining.....	551
Salvage Operations And Incidental Wrecking - See Wrecking Or Demolition Or Building Moving Project - Section 2 .....	----
Sand Or Gravel Digging Or Excavation - Including Crushing .....	055
Sandblasting The Outside Of Buildings .....	653
Sandpaper Mfg. ....	255
Sandwich Or Other Food Preparation By Vending Machine Operators.....	897
Sandwich Shop.....	897
Sandwich Spread Mfg. - Salad Dressing Base .....	104
Sandwich Steak Mfg. ....	119
Sanitary Company (Septic Tank, Cesspool Or Chemical Portable Toilet Cleaning) .....	992
Sanitary Food Container Mfg. - Paper .....	259
Sanitary Napkin Mfg. ....	259
Sash Mfg. - Wood .....	305
Sash, Door Or Assembled Millwork Mfg. ....	305
Sash, Door Or Finished Millwork Dealer.....	855
Sauces Mfg. ....	104
Sauerkraut Mfg. ....	113
Sausage Casings Dealer - Natural - Including Cleaning.....	910
Sausage Or Other Prepared Meat Products Mfg. ....	106
Savings And Loan .....	988
Saw Blade Mfg. - All Types .....	443
Sawdust Dealer .....	855
Sawmill .....	301
Scaffold Sale, Rental Or Erection, By Specialist Contractor .....	675
Scale Adjustment, Service Or Repair, Counter Type .....	952
Scale And Balance Mfg. ....	445
Scale Installation Or Adjustment, Coin-Operated Type, By Vending Machine Operator .....	933

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 57**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Scale Installation Or Adjustment, Platform Or Beam Type .....	675
Scenery - Theatrical - Curtain And Drapery Mfg. ....	163
School Bus Operation, By Contractor .....	804
School Crossing Guard .....	980
School District - Public, Private Or Parochial .....	965
School, Aircraft, All Employees Except Flight Crew .....	965
School, Aircraft, Flight Employees .....	7424
School, Trade Or Vocational .....	965
Scoreboard Mfg., Installation Or Repair - Electric .....	673
Scouring Compound Mfg. ....	571
Scouring Of Natural Or Synthetic Fibers .....	132
Scout Camp .....	978
Scrap Metal Dealer - Ferrous Metals .....	858
Scrap Metal Dealer - Nonferrous Metals.....	859
Scrap Metal Mfg.....	106
Screen Mfg., Window - Wood .....	305
Screen Printing (Including Finished Textile Articles) - By Specialist Contractor .....	281
Screw Machine Products .....	445
Screw Mfg. ....	445
Seafood Market - Retail.....	915
Sealing Wax Mfg. ....	571
Seasonal Hotel - All Other Employees .....	----
See Rulings And Interpretations	
Seasoning - Prepared Sauces - Vegetable .....	104
Secondary Smelting, Refining, And Alloying Of Nonferrous Metal And Alloys.....	402
Secondhand Building Material Dealer .....	860
Secondhand/Used Material Dealer (Including Scrap Metals) .....	860
Security Agency .....	954
Seed Merchant.....	924
Self-Service Gasoline Station - Retail .....	----
See Rulings And Interpretations	
Semiconductor Refining - Silicon Wafers .....	472
Semiconductor Test Equipment Mfg.....	488
Semiprofessional Or Professional Athletic Team: Contact Sports .....	970
Semiprofessional Or Professional Athletic Team: Non-Contact Sports .....	991
Senior Citizens Center .....	976
Separating Of Natural Or Synthetic Fibers .....	132
Septic Tank Cleaner .....	992
Septic Tank Installation, By Specialist Contractor .....	609
Septic Tank Mfg. - Concrete .....	511
Serum Mfg. ....	555
Service Connections, Electrical Contractor .....	661
Setting Of Telephone Or Telegraph Poles .....	656
Set-Up Box Mfg. ....	257
Sewage Disposal Plant, Municipal .....	980
Sewage Disposal Plant, Private .....	753
Sewer Cleaning - Interiors Of Sewer Or Water Mains By Hydraulic Method .....	995
Sewer Cleaning, House Connections, Using Portable Equipment .....	663
Sewer Construction, All Work To Completion Except Tunneling, See Class 615 .....	603

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 58**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Sewer Construction, Tunneling .....	615
Sewing Contractor - Garment .....	161
Sewing Machine - Service Or Repair .....	483
Sewing Machine Attachment Mfg. (e.g., Hemmers, Binders) .....	441
Sewing Machine Dealer - Wholesale.....	926
Sewing Machine Mfg. ....	483
Sewing Machine Store - Retail .....	925
Sewing, Hand .....	161
Shade Roller Mfg. - Wood .....	306
Shaft Mfg. - All Types .....	461
Shaft Sinking.....	615
Shale Digging Or Excavation In Open Pits .....	055
Shampoo Mfg. ....	571
Sheepmen .....	0083
Sheepskin Pickling.....	201
Sheet Glass Or Sheet Window Glass Mfg.....	535
Sheet Metal Aircraft Parts Mfg. ....	456
Sheet Metal Products Fabrication, N.O.C., Shop Only .....	454
Sheet Metal Roofing .....	659
Sheet Rock Installation - Within Buildings .....	645
Sheet Rolling, Cold Rolling - By Specialist Contractor .....	406
Sheet Stock Or Coil Stock Distributor .....	857
Sheeting - Rubber Or Rubberized Fabric.....	225
Shell Case Loading .....	4771
Shellac Mfg. ....	563
Shelter For The Homeless .....	986
Sheltered Workshop.....	964
Shelters For Victims Of Domestic Abuse.....	986
Shelving And Store Fixture Installation .....	646
Shelving Mfg. - Metal .....	456
Sheriff And Sheriff's Deputies .....	985
Shingle Mfg. - Wood, Including In Shop Staining .....	305
Shingle Staining, In Shop, No Off-Premises Work .....	305
Shingle Staining, On Structures, Including Shop Work .....	665
Ship Building, Iron Or Steel Including Naval .....	6843F
Ship Chandler.....	926
Ship Cleaning .....	6872F
Ship Repair .....	6872F
Ship Scaling.....	6872F
Shoddy Mfg. ....	130
Shoe Findings Mfg.....	204
Shoe Form Mfg. - Wood .....	441
Shoe Mfg. ....	204
Shoe Ornament Mfg. - Fabric .....	163
Shoe Polish Mfg. ....	563
Shoe Repairing .....	204
Shoe Shining Or Polishing Cloth Mfg. ....	163
Shoe Stock Mfg., No Tanning Or Leather Dressing .....	204
Shoe Store - Wholesale Or Retail .....	916

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 59**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Shook Mfg. ....	305
Shooting Gallery - Indoor .....	968
Shooting Gallery - Outdoor .....	969
Shopping Cart Mfg.....	457
Shotcrete Installation (Guniting).....	654
Shoulder Pad Or Coat Front Mfg. ....	161
Shoulder Strap For Lingerie Mfg. - Fabric .....	161
Showcase Erection And Installation, No Mfg.....	646
Showcase Mfg. - Metal .....	456
Showcase Mfg. - Wood .....	311
Shower Cap Mfg. - Plastic .....	161
Shower Curtain Mfg. - Cloth, Plastic, Vinyl.....	163
Shredding Of Agricultural Products By Contractor.....	007
Shuttle Mfg. ....	305
Siding Installation (Aluminum, Vinyl Or Wood) - Commercial Structures .....	651
Siding Installation (Aluminum, Vinyl Or Wood) - Residential .....	652
Sign Erection, Removal Or Repair, Not Outdoor Advertising Company .....	673
Sign Mfg. - Metal, Shop Only - No Erection .....	454
Sign Or Sign Letter Mfg. - Wood, Shop Only, No Erection .....	309
Sign Painting Or Lettering In Or Upon Buildings Or Structures .....	679
Silica Gel Mfg. ....	551
Silicon Chip Mfg. ....	472
Silk Spinning And Weaving .....	132
Silk Thread Or Yarn Mfg. ....	132
Silk Throwing And Weaving .....	132
Silo Building - Concrete, Shop Only .....	511
Silo Building - Metal, Shop Only .....	454
Silo Erection - Concrete .....	654
Silo Erection - Masonry Or Tile .....	653
Silo Erection - Metal Or Fiberglass .....	----
See Rulings And Interpretations	
Silo Erection - Wood .....	651
Silo Mfg. - Fiberglass, Shop Only.....	227
Silo Mfg. - Wood, Shop Only .....	305
Silver Plating .....	449
Silverware And Plated Ware Mfg. ....	458
Sisal Garnetting .....	130
Skate Mfg. ....	445
Skating Rink - Ice Or Roller - Indoor .....	968
Skating Rink - Outdoor .....	969
Skee-Ball Alley .....	968
Skelp Rolling.....	407
Ski Mfg. - Metal .....	456
Ski Mfg. - Wood .....	309
Slag Digging Or Excavation - Including Crushing .....	055
Slaughterhouse - Wholesale, Including Processing.....	111
Sledgehammer Mfg. ....	433
Sleeping Bag Mfg. ....	163
Slipcover Installation .....	670

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 60**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Slipcover Mfg. ....	163
Slipper Mfg. ....	204
Slot Machine Gambling ....	981
Slot Machine Mfg. ....	483
Slum Clearance Projects - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2.....	----
Slurry Blasting Agents Mfg.....	4777
Small Arms Mfg. ....	445
Small Game Dressing And Packing ....	865
Smelting Of Nonferrous Metals, N.O.C. ....	402
Smokeless Powder Mfg. ....	4771
Smokestack Or Chimney Lining - Industrial ....	655
Snack And/Or Candy Trays - Sold On The Honor System ....	933
Snack Food Dealer - Wholesale ....	924
Snow Fence Mfg., Cutting Lath From Logs ....	301
Snow Fence Mfg., Wire Twisting ....	457
Snow Plowing Or Removal By Contractor - Road Or Off-Road ....	601
Snuff Mfg. ....	115
Soap Dispenser Installation And Servicing ....	952
Soap Or Other Detergent Mfg.....	571
Soapstone Or Soapstone Products Mfg. ....	855
Soccer Player, Coach, Manager Or Referee - Professional Or Semiprofessional ....	991
Social Caterer ....	898
Society For Prevention Of Cruelty To Animals ....	959
Sod Farm ....	0013
Soda Bicarbonate Mfg. ....	551
Soda Dispensers - Installation And Repair ....	663
Soda Fountain Mfg.....	456
Soda Fountain Or Counter Installation - Plumbing Or Electrical Wiring To Be Separately Rated ....	646
Sodium Silicate Mfg. ....	535
Soft Drink Distributing - Wholesale ....	821
Soft Drinks (Carbonated) Mfg. - Bottled Or Canned ....	112
Solar Control Film Installation In Window ....	667
Solar Panel Installation ....	663
Solvents Dealer ....	924
Sonar Equipment Mfg. ....	485
Sorority/Fraternity House ....	896
Sound Insulation Installation ....	647
Sound System Installation ....	660
Soup Kitchen ....	898
Soup Mfg. ....	104
Speaker Mfg. ....	485
Speech Therapy - By Specialist Contractor ....	957
Speedometer Mfg. ....	488
Spice Dealer - Wholesale ....	911
Spice Grinding ....	104
Spice Store - Retail ....	917
Spice, Cutlery Or Wine Racks Mfg. - Wood ....	309
Spike Mfg. ....	445
Spin Casting Foundry - Nonferrous Metals ....	447

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 61**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Spinning Of Fibers.....	132
Spirituos (Distilled) Liquor Bottling By Distiller .....	113
Sponge Rubber And Sponge Rubber Products Mfg. ....	225
Spool Mfg. - Wood .....	306
Sporting Goods - Knapsack Mfg. ....	166
Sporting Goods Dealer - Wholesale.....	924
Sporting Goods Mfg. - Classify By Materials Used .....	----
Sporting Goods Store - Retail .....	928
Sports (e.g., Basketball, Ice Hockey Or Boxing) Training Facility - Not Organized Athletics .....	968
Spray Painting - In Shop Only .....	445
Spring Mfg. - Hot Wound.....	435
Spring Mfg., Cold Wound.....	457
Spring Water Bottling And/Or Distribution .....	924
Sprinkler Installation .....	663
Sprinkler Mfg., Automatic .....	445
Stabilizer Mfg., Hydraulic For Trains .....	445
Stable .....	801
Stage Scenery - Theatrical - Curtain And Drapery Mfg.....	163
Stained Glass Mfg.....	535
Stained Glass Products Including Window Mfg. - From Purchased Stained Glass .....	536
Stainless Steel Mfg. ....	404
Stains - Varnish, Oil And Wax, Mfg. ....	563
Stair Building (Wooden) Erection .....	648
Stair Railing Mfg. - Metal .....	413
Staircase And Stair Mfg. - Wood .....	305
Stamp (Postage) And/Or Coin Dealer - Retail Or Wholesale .....	920
Starch Mfg. - By Wet Corn Milling.....	107
Stationery Dealer - Wholesale .....	924
Stationery Products Mfg. ....	265
Stationery Store - Retail .....	928
Statistical Report Printing By Publisher Or Contractor .....	282
Stave Mfg. - Wood .....	305
Steam Heating Company .....	753
Steam Main Construction - All Work To Completion Except Tunneling .....	617
Steam Packing Mfg. - Classify According To Materials Used.....	----
Steam Pressure Gauge Mfg. ....	488
Steamship Lines Port Employees .....	8726F
Steel Alloy Castings Mfg. ....	421
Steel And Steel Alloy Scrap Dealer (Including Stainless Steel) .....	858
Steel Barrel Or Drum Mfg. ....	454
Steel Curtain Wall Mfg.....	413
Steel Drum Or Barrel Dealer, Secondhand .....	454
Steel Erection, N.O.C. ....	655
Steel Fabrication, Bridge And Structural Shops .....	411
Steel Foundry.....	421
Steel Frame Structure Erection .....	655
Steel Mfg. ....	404
Steel Or Iron Merchant, New Materials Only .....	857
Steel Pipe And Tube Mfg. ....	407

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 62**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Steel Rule Die Mfg. ....	441
Steel Spring Mfg. - Except Wire (Cold Wound) Springs .....	435
Steel Structures Painting .....	655
Steel Tank Erector.....	655
Steel Tower Erection For Cross-Country Electric, Telephone Or Telegraph Lines .....	655
Steel Wire Drawing.....	406
Steel Work In Connection With Boilers .....	677
Steel Works, Structural.....	411
Step Mfg. - Prefabricated Concrete .....	511
Stereo Equipment Mfg. ....	485
Stereophonic Or High Fidelity Equipment Dealer - Wholesale.....	926
Stereophonic Or High Fidelity Equipment Store - Retail .....	925
Stereotyping - By Specialist Contractor .....	281
Stevedoring - Explosives Materials - Assign The Appropriate Stevedoring Class.....	----
Stevedoring Containers.....	7327F
Stevedoring Tallymen .....	8709F
Stevedoring, By Hand Or Hand Truck Exclusively .....	7317F
Stevedoring, N.O.C. ....	7309F
Still Mfg. - Pressure Metal Plate.....	415
Stockyard .....	801
Stoker Installation Or Repair .....	663
Stoker Mfg. ....	461
Stone Crushing By Other Than Producer Or Road Contractor .....	059
Stone Crushing, By Road Contractor As Part Of Road Project - Assign Appropriate Quarry Class.....	----
Stone Cutting Or Polishing - Not By A Mine Or Quarry Operator .....	855
Stone Setting - Non-Structural .....	668
Stone Setting - Structural .....	653
Stonework Erection By Contractor .....	653
Stopper Mfg. - Rubber .....	225
Storage - Cold Or General Merchandise .....	813
Storage - Self-Service .....	971
Storage Battery Mfg. ....	475
Storage Warehouse, Public .....	813
Store - Furniture - Wholesale .....	921
Store Businesses - Retail Or Wholesale - Temporary Staff .....	929
Store, Florist - Fresh Cut Flowers - Retail Or Wholesale .....	919
Store, Furniture - Retail .....	922
Store, Retail, N.O.C. ....	928
Store, Wholesale, N.O.C. ....	924
Storm Drain Construction .....	603
Storm Window Or Door Mfg. - Metal Or Vinyl .....	454
Storm Window Or Storm Door Installation - Wood Or Metal - Residential .....	652
Storm Window Or Storm Door, Installation - Wood Or Metal .....	651
Stove Mfg. - Cast Iron .....	425
Stove Mfg. - Sheet Metal, Commercial Or Household .....	456
Stoves, Household Or Commercial, Electric Or Gas - Service Or Repair.....	662
Strap Mfg. - From Leather, Simulated Leather Or Plastic .....	205
Street Or Road Construction Or Maintenance - Scraping, Paving Or Repaving.....	601
Street Or Road Landscape Planting And Maintenance - By Specialist Contractor .....	012

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 63**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Street Or Road Rock Excavation .....	602
Street Railroad Operation .....	817
Street Sweeping - By Contractor .....	995
Stringing Of Electric, Telephone Or Telegraph Lines .....	656
Structural Clay Products Mfg. ....	512
Structural Glass Block Installation, Interior .....	653
Structural Members, Laminated Wood - Arches, Trusses, Timbers .....	305
Structural Steel Fabrication.....	411
Stucco Wall Coating .....	653
Stucco Work, Building Interiors .....	669
Stuffed Toy Mfg. - Cloth .....	163
Stuffing Printed Circuit Boards, Adding Wiring And Chassis By Contractor Per Customer Design .....	471
Stunt Flying.....	7424
Substitute Teachers - Temporary College Or School Staff .....	895
Sub-Surface Work - Road Or Street Construction .....	602
Subway Construction - Use Appropriate Contracting Classes.....	----
Suede Clothing Mfg. ....	161
Sugar Cane Milling.....	107
Sugar Refining .....	107
Sugar Repacking, Mixing, Blending Only.....	104
Suit, Skirt, And Coat Mfg. ....	161
Sulfate Mfg. ....	551
Sulfonated Oil And Assistant Mfg.....	581
Sulky Mfg., Racing.....	413
Summer Camp .....	978
Sump Pump Installation .....	663
Supercharger Mfg. ....	461
Supermarket .....	917
Supplemental Dust Disease Loading - Class 512 .....	0175
Supplemental Radiation Exposure Loading .....	9985
Surfacing Or Resurfacing Of Road Or Street .....	601
Surgical Instrument Mfg. ....	487
Surveying - By Specialist Contractor .....	955
Surveying Equipment Mfg. ....	487
Suspender Mfg. - No Buckles, Webbing Or Leather Parts Mfg.....	161
Sweeping Of Parking Lots - Shopping Areas And Similar Areas, By Specialty Contractor .....	971
Swim Club - Indoor.....	968
Swim Club - Outdoor .....	969
Swimming Pool Cleaning Or Maintenance - By Specialty Contractor.....	971
Swimming Pool Installation - All Types Except Iron Or Steel - All Work To Completion .....	674
Swimming Pool Installation - Iron Or Steel .....	655
Swimming Pool Liner Installation - Vinyl, By Swimming Pool Installation Contractor .....	674
Swimming Pool Liner Installation - Vinyl, By Swimming Pool Maintenance Contractor .....	971
Swimming Pool Supply Store .....	925
Swimming Pool, Public Or Private - Outdoor .....	969
Swiss Screw Machine Shop .....	459
Switch Mfg. - Household.....	473
Switchgear Or Switchboard Apparatus Mfg. ....	474
Switching Locomotive And Parts Mfg. ....	416

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 64**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Synagogue	963
Synthetic Rubber Intermediates Mfg.	581
Synthetic Rubber Mfg.	581
Syrup Mfg., For Soda Fountains	113
Syrup Or Molasses Refining	107
Table Cloth Mfg.	163
Table Pad Mfg. - From Cardboard And Fabric	163
Tachometer Mfg.	488
Tack Mfg.	459
Tag Printing	281
Tailor Shop - No Dry Cleaning	916
Talc Mill	059
Tallymen - State Coverage Only	709
Tank Building - Wood, Shop Only	305
Tank Cleaning - Including Bulk Storage Type By Contractor	995
Tank Erection - Steel	655
Tank Erection - Wooden	651
Tank Freight Car Mfg.	416
Tank Installation, Gas Stations	675
Tank Mfg. - Pressurized Or Non-Pressurized, Including For Tank Trucks - From Metal Plate	415
Tank Painting	655
Tank, Seat Or Cabinet Mfg. - Toilet - Wood	323
Tanning Extract Mfg.	551
Tanning Salon	977
Tanning, Leather	201
Tape Mfg. - Asbestos	509
Tape Mfg. - Mending - Fabric	163
Tape Recorder Mfg.	485
Taping And Seaming Of Wallboard	645
Tar Refining	551
Tattooing, Livestock, By Contractor	959
Tavern	899
Tavern Supply Dealer (Other Than Beverages, Groceries Or Meat)	924
Tax Preparation Service	962
Taxicab Company	803
Taxidermist	922
Taximeter Installation Or Repair	815
Taximeter Mfg.	488
Tea - Blending And Mixing Including Packing Into Teabags	104
Tea Dealer - No Blending Or Mixing - Wholesale	911
Telecommunications Company	757
Telegraph Operation	757
Telemetering Equipment Mfg.	485
Telephone - Coin-Operated - Installation, Service Or Repair By A Specialist Business Or Contractor	933
Telephone And Telegraph Apparatus Installation, By Contractor	660
Telephone Book Printing By Publisher Or Contractor	282
Telephone Company	757
Telephone Dealer - Wholesale	924
Telephone Or Radio Installation - Automobile	966

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 65**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Telephone Or Telegraph Apparatus Mfg. ....	485
Telephone Or Telegraph Line Construction By Contractor .....	656
Telephone Or Telegraph Operator .....	953
Telephone Service Or Repair By Specialist Crew Of A Contractor Or Other Than By Telecommunications Company .....	952
Telephone Store - Retail .....	928
Telephone Wiring Installation Within Buildings - By Specialist Contractor.....	660
Telescope Mfg. ....	487
Television Broadcasting Station .....	936
Television Tube Mfg. ....	486
Television, Cable - Installation Of New Systems, Except Towers .....	759
Television, Radio, Stereophonic Or High Fidelity Equipment Dealer - Wholesale .....	926
Television, Video And/Or Audio Equipment Service Or Repair, Including Installation Of Antenna.....	966
Television, Video And/Or Audio Equipment Store - Retail .....	925
Temporary Apparel Mfg. Staff.....	191
Temporary Automobile, Truck Or Trailer Body Mfg. Staff .....	495
Temporary Battery Mfg. Staff.....	499
Temporary Candy, Chocolate Or Chewing Gum Mfg. Staff .....	187
Temporary Carpentry, N.O.C. Staff.....	693
Temporary Clerical Staff .....	889
Temporary College Or School Staff.....	895
Temporary Department Store Staff .....	877
Temporary Electrical Wiring (Within Buildings) Staff .....	695
Temporary Electronic Component Mfg. Staff .....	497
Temporary Excavation Staff .....	691
Temporary Food Sundries Mfg., N.O.C. Staff .....	185
Temporary Hardware Store - Wholesale - Staff .....	881
Temporary Marketing Staff .....	949
Temporary Medical Staffing .....	946
Temporary Packaging - Contract - Non-Crating Staff .....	879
Temporary Paint Or Colors Mfg. Staff .....	587
Temporary Plastic Articles Mfg. - Injection Molding Staff .....	275
Temporary Plastic Articles Mfg., N.O.C. Staff .....	276
Temporary Printing Staff .....	297
Temporary Retail Store, N.O.C. Staff .....	883
Temporary Rolling, Drawing Or Extruding Nonferrous Metals Staff.....	491
Temporary Staff - Construction Or Erection Operations.....	682
Temporary Staff - Heavy Service - See The Employment Contractor Temporary Staff Ruling And Interpretation .....	937
Temporary Staff - Maintenance Or Service - See The Employment Contractor Temporary Staff Ruling & Interpretation .....	947
Temporary Staff - Manufacturing Or Light Industrial Operations .....	544
Temporary Staff - Retail Or Wholesale Store Businesses .....	929
Temporary Warehousing Staff .....	867
Tender Mfg., Locomotive.....	416
Tennis Club - Indoor .....	968
Tennis Club - Outdoor .....	969
Tennis Court, Public - Outdoor .....	969
Tennis Racquet Mfg. - Metal .....	456
Tent Installation .....	681
Tent Mfg. ....	166
Termite Control - By Contractor .....	971

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 66**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Terra-Cotta Mfg. ....	512
Terrazzo Floor Laying .....	668
Testing - Non-Destructive - All Kinds - By Specialist Contractor .....	955
Textile Bag Mfg. - Canvas Or Burlap .....	166
Textile Bleaching And Dyeing.....	139
Textile Machinery Installation .....	675
Textile Machinery Mfg. ....	464
Textile Mending, Invisible Weaving Of Wearing Apparel .....	161
Textile Mfg. - Asbestos.....	509
Textile Piece Goods Dealer .....	916
Textile Printing .....	139
Textile Weaving .....	132
Theater (Including Drive-In).....	967
Theatrical Productions .....	967
Theatrical Scenery - Curtain And Drapery Mfg. ....	163
Thermocouple Mfg. ....	488
Thermometer Mfg. ....	488
Thermostat Mfg. ....	488
Thread Mill .....	132
Threshing By Contractor.....	007
Thrift Store (Used Clothing, Furniture, Household Items) - Retail .....	928
Tie Mfg. - Neckwear .....	161
Tiffany Lamp Shade Mfg. - From Purchased Stained Glass .....	536
Tile Floor Laying - Ceramic Or Mosaic .....	668
Tile Floor Laying, Not Ceramic Or Mosaic .....	670
Tile Mfg., Decorative .....	513
Tile Mfg., Roofing, Structural Or Terra-Cotta .....	512
Tile Wainscoting Installation .....	668
Timber Cruiser (Exclusive Duties).....	951
Time Clocks, Recording Employee Time - Service Or Repair .....	952
Tin Foil Mfg.....	403
Tin Plating .....	449
Tin Smelting And Refining .....	402
Tinsel Mfg. ....	259
Tire And Inner Tube Mfg. ....	225
Tire Cord And Fabric Mfg. ....	132
Tire Dealer - Used.....	862
Tire Dealer - Wholesale - No Installation, Service Or Repair .....	934
Tire Dealer, Retail .....	815
Tire Recapping Or Retreading.....	225
Tissue Paper Products Mfg. - Facial Or Toilet .....	259
Tobacco (Chewing And Smoking) And Snuff Mfg. ....	115
Tobacco Auction Sales Warehouses .....	924
Tobacco Farm.....	0006
Tobacco Product Dealer - Wholesale .....	924
Tobacco Rehandling.....	115
Tobacco Stemming And Redrying .....	115
Tomato Dealer (Fresh) - Wholesale.....	907
Tomato Paste Mfg. ....	113

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 67**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Tomato Products Dealer - Wholesale	911
Toner (Dry) Mfg.	563
Tool Mfg. - Forged	433
Tool Mfg., N.O.C.	441
Tool Sharpening, Industrial Tools	441
Toothpick Mfg.	309
Topsoil Or Humus Dealer - No Excavation	855
Torsion Bar Spring Mfg.	435
Tour Guide	951
Towel Mfg. - Paper	259
Towel Mfg., Disposable	259
Towel Mfg., Textile Fabrics (Except For Disposable Towel Mfg.)	163
Towel Or Toilet Supply Dealer - Not Connected With Laundry	916
Towel Supply Service Including Laundering	141
Tower, Transmission, Fabrication	411
Town Employees, N.O.C.	980
Township Employees, N.O.C.	980
Toy Mfg. - Rubber	225
Toy Mfg. - Stuffed Animals Or Other Cloth Stuffed Toys	163
Toy Mfg. - Wood	311
Trackless Trolley Operation	817
Tractor Dealer, Including Servicing And Repair	814
Tractor Mfg.	463
Trade Journal Printing By Publisher Or Contractor	282
Trade School	965
Traffic Light Installation - By Contractor	661
Trailer Mfg.	451
Trains, Electric - Toy Or Model Mfg.	473
Transducer Mfg.	472
Transformer Mfg. - Less Than 1 H.P. Used In Electronic Devices	472
Transformer Mfg. (1 H.P. Or More)	474
Transistor Mfg.	472
Transmitting, Industrial And Special Purpose Electron Tube Mfg.	486
Transponder Mfg.	485
Transportation Services For The Elderly	817
Transportation Services For The Handicapped	817
Trash Compactor Mfg.	456
Trash Removal Including Containerized	995
Traveling Amusement Device Operator	939
Traveling Carnival	939
Traveling Circus	939
Traveling Insurance Auditor - Independent Contractor	951
Traveling Insurance Company Auditor	984
Traveling Orchestra	967
Tree Fumigating, Pruning, Repairing, Spraying Or Trimming By Contractor	005
Trellis Mfg. - Wood	305
Trimming Windows - By Independent Contractor	951
Trimmings Mfg., Fancy Trimmings Or Piping, Not Manufacturing Binding, Tape Or Ribbon	136
Trophy Store (Including Assembly And Nameplate Inscribing)	928

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 68**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Truck Body Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis .....	451
Truck Cab Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis.....	451
Truck Dealer - New And/Or Used Trucks .....	818
Truck Mfg. ....	463
Truck Rental - Without Drivers (Rental Clerks To Be Assigned To Code 819).....	818
Truck Stop .....	----
See Rulings And Interpretations	
Truck Washing Service, Mobile .....	815
Trucking, N.O.C. ....	811
Trunk Mfg. - Wood .....	323
Truss Mfg. - Wood .....	305
Truss Plate Mfg. - Metal .....	415
Tube Mfg. - Iron Or Steel .....	407
Tube Mfg. - Metal, Collapsible .....	445
Tube Mfg. - Nonferrous .....	403
Tubes Or Cores Mfg. - Paper .....	259
Tubing - Rubber .....	225
Tuck Pointing.....	653
Tugboat Repair - State Coverage Only .....	718
Tunneling .....	615
Turkeys - Slaughtering, Dressing And Packing For The Trade.....	865
Tutoring Service By Independent Provider .....	965
Twine Mfg., Including Fiber Preparation .....	132
Type Foundry .....	447
Typesetting Machinery Mfg. ....	464
Typewriter Mfg. ....	483
Typewriter Repair - Shop Or Field.....	952
Typewriter Ribbon Mfg. ....	139
Ultrasound Imager Mfg. ....	488
Umbrella Handle Mfg. - Wood .....	306
Umbrella Mfg.....	163
Underpads Mfg. - Bed - Disposable.....	259
Undertaker .....	997
Uniform Mfg. ....	161
Uniform Supply Service Including Laundering.....	141
Union Trade School.....	965
University .....	965
Upholstering - Away From Shop .....	670
Upholstering Car Seats .....	327
Upholstering Shop Only, No Furniture Assembling .....	327
Upholstery Cleaning On Customers' Premises .....	971
Upset Forging.....	431
Used Clothing Dealer - Wholesale .....	924
Used Clothing Store - Retail.....	928
Used Motor Oil Collection - By Specialist Contractor .....	809
Used Tire Dealer .....	862
Vacuum Cleaner - Service Or Repair .....	473
Vacuum Cleaner Dealer - Wholesale.....	926
Vacuum Cleaner Mfg. ....	473

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 69**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Vacuum Cleaner Store (Household) - Retail .....	925
Vacuum Furnace, Kiln Or Drying Oven Mfg. ....	474
Vacuum Tank Mfg. - Metal Plate .....	415
Vacuum Tube Mfg. ....	486
Valve Actuator Mfg. ....	488
Valve And Pipe Fitting Mfg., Except Cast Plumbers' Brass Goods .....	445
Valve Mfg. ....	445
Valve Mfg. - Miniature .....	459
Van Conversion Or Customizing .....	815
Vanities Assembly - Marble .....	855
Vanities Mfg. - Wood (Architectural Or Bathroom).....	311
Vanity Mfg. - Resin Poured Or Cast Type/Artificial Marble Product .....	222
Varnish Mfg. ....	563
Vat Mfg. - Metal Plate .....	415
Veal Calf Raising.....	0034
Veal Patty Mfg. - Plain Or Breaded .....	119
Vegetable And Fruit Juice - Canned, Bottled Or Bulk .....	113
Vegetable Canning .....	113
Vegetable Dealer - Wholesale.....	907
Vegetable Farm .....	0006
Vegetable Growing, Hot House .....	0011
Vegetable Oil Mill.....	551
Vegetable Packing - Not Cannery .....	907
Vegetable Processing, N.O.C.....	104
Vegetable Sauce Mfg. ....	104
Vegetables - TV Dinner Type, Cooking, Packing And Freezing.....	104
Velvet Mfg. ....	132
Vending Machine Dealer - Wholesale .....	924
Vending Machine Installation.....	933
Vending Machine Mfg. ....	483
Vending Or Coin-Operated Amusement Machine - Installation, Service Or Repair .....	933
Veneer Container Mfg. ....	305
Veneer Mfg. ....	305
Veneer Products Mfg., N.O.C. - No Veneer Mfg. ....	309
Venetian Blind Installation, No Mfg. ....	670
Venetian Blind Mfg. - Aluminum .....	456
Venetian Blind Mfg. - Wood .....	323
Ventilating System Installation .....	664
Ventilating Systems Repair Or Service - Cleaning, Oiling Or Adjusting .....	664
Ventilation Equipment Mfg. ....	456
Ventilator Mfg. - Sheet Metal .....	454
Vermiculite Crushing And/Or Processing By Other Than Producer .....	059
Vestment Mfg.....	161
Veterinarian .....	959
Veterinary Hospital .....	959
Video Cassette Recorder And Video Camera Repair .....	966
Video Cassette Recorder Mfg.....	485
Video Duplicating, Editing And/Or Production Service .....	936
Video Game Arcade .....	968

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 70**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Video Games - Service Or Repair By Vending Machine Operator .....	933
Video Tape Or DVD Store - Rental Or Sale .....	928
Video/Audio Equipment Dealer - Wholesale .....	926
Video/Audio Equipment Service Or Repair .....	966
Video/Audio Equipment Store - Retail .....	925
Videographer .....	936
Villages Operation.....	980
Vinegar Mfg. - By Fermentation .....	113
Vinegar Mfg. - From Purchased Concentrates Only .....	104
Vineyard Or Orchard .....	0016
Vinyl Asbestos Floor Tile Mfg. ....	509
Vinyl Fence Installation .....	651
Vinyl Sign Letters Mfg. - Electronically Scored - Shop Only .....	281
Vinyl Tile Installation.....	670
Visiting Nurse .....	942
Vital Signs Monitoring Equipment Mfg. ....	488
Vitamin Store - Retail .....	928
Vitreous China Plumbing Fixture Mfg. ....	513
Vitreous China Table And Kitchen Articles Mfg. ....	513
Vitreous Tile Mfg.....	513
Vitriol Mfg. ....	551
Vocational Educational Institution .....	965
Volleyball Mfg. ....	205
Volt Meter Mfg. ....	488
Voting Machine - Service Or Repair .....	952
Voting Machine Mfg. ....	483
Vulcanized Rubber Products Mfg. ....	225
Wafer (Semiconductor) Dicing Machine Mfg. ....	488
Wafer Cleaning Equipment .....	488
Wagon Body Mfg. ....	305
Wagon Repairing .....	815
Wall Or Panel Installation - Precast Concrete .....	654
Wallboard Installation .....	645
Wallet Mfg. ....	205
Wallpaper Dealer - Wholesale.....	924
Wallpaper Hanging .....	667
Wallpaper Mfg. - (Paper Mfg. To Be Separately Rated) .....	259
Wallpaper Store - Retail .....	928
Warehouse - Public, Furniture .....	806
Warehouse - Storage - Self-Service .....	971
Warehouse - Storage, Public .....	813
Warehousing - Other Than Furniture Moving And/Or Storage .....	813
Warehousing - Temporary Staff .....	867
Warm Air Heating System Installation .....	664
Warming Apron Paving, Airport .....	601
Washing Compound Mfg. ....	571
Washing Machine Mfg., Commercial Or Household .....	456
Washing Machines, Household Or Commercial, Electrical - Service Or Repair.....	662
Waste Paper Dealer.....	862

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 71**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Waste Removal - Industrial And/Or Domestic .....	995
Waste Treatment Plant - Liquid .....	753
Watch Mfg. ....	458
Watch, Clock, And Parts Mfg.....	458
Watchman .....	----
Governing Class	
Water Bottling And/Or Bottled Water Distribution - By A Dealer .....	924
Water Cooler - Installation, Service Or Repair .....	662
Water Hauling - Tank Truck - By Contractor .....	805
Water Ice Mfg. ....	110
Water Ice Store .....	928
Water Main Cleaning (Interiors Of) By Hydraulic Method .....	995
Water Main Construction, All Work To Completion Except Tunneling .....	617
Water Meter Installation - By Contractor .....	663
Water Meter Mfg. ....	488
Water Meter Reader.....	951
Water Paint Mfg. ....	563
Water Softener Installation And Service, Domestic .....	663
Water Supply System - Operated By A Municipality.....	980
Water Supply System, Private.....	753
Water Tank Painting .....	655
Water Well Cleaning .....	663
Water Well Drilling .....	607
Waterproofing Of Buildings .....	653
Waterworks .....	753
Wax Or Wax Products Mfg. ....	571
Wax Remover Mfg. ....	571
Waxed Paper - Coating Paper With Wax - No Paper Mfg. ....	263
Waxing Of Cloth .....	227
Weather Stripping Installation .....	647
Weather Stripping Mfg. - Felt .....	130
Weatherization Program .....	647
Weaving Of Textile Fibers .....	132
Webbing Mfg. ....	132
Weed Or Brush Spraying - By Contractor - Except Aerial Spraying.....	012
Weighers, Samplers Or Inspectors Of Merchandise On Vessels Or Docks.....	8709F
Welding - Structural Steel .....	655
Welding Equipment Or Supply Dealer .....	926
Welding Or Cutting Torch Tip Mfg.....	441
Welding Rod Mfg. ....	457
Welding Torch Mfg.....	445
Well Drilling.....	607
Well Driving .....	607
Well Operation - Oil Or Gas .....	028
Wet Corn Milling .....	107
Wet Suit Mfg. - Rubber .....	225
Wet Wafer Processing Equipment .....	488
Wharf Building, Timber - State Coverage Only .....	611
Wheel Alignment On Automobiles .....	----

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 72**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Governing Class	
Wheel Mfg. - Cloth - Buffing And Polishing - No Metal Parts	163
Wheelbarrow Mfg. - Metal	454
Whiskey Mfg.	113
White Lead Mfg.	402
Whitewashing, By Contractor	665
Whiting Mfg.	563
Wholesale Store, N.O.C.	924
Wig Mfg. - Synthetic Materials	163
Willow Ware Mfg.	323
Windmill Erection - Metal	655
Window (Sheet) Glass Mfg.	535
Window Caulking	653
Window Caulking - As A Part Of A Weatherization Program	647
Window Cleaning	971
Window Or Door Distributor	855
Window Sash Mfg. - Aluminum Or Vinyl	454
Window Screen Or Screen Door Installation - Metal Or Wood	651
Window Screen Or Screen Door Installation - Metal Or Wood - Residential	652
Window Shade Installation	670
Window Shade Mfg. - No Roller Mfg.	163
Window Shade Roller Mfg. - Wood	306
Window Trimming, By Contractor	951
Wine Or Liquor Store - Retail	928
Wine/Liquor Dealer	924
Winery	113
Wire Brush Mfg.	457
Wire Cloth Weaving (Wire Drawing To Be Separately Rated By Code 406, Rolling Mill, N.O.C.)	132
Wire Drawing - Ferrous Metals	406
Wire Drawing - Nonferrous Metals	403
Wire Fence Mfg.	457
Wire Glass Installation	666
Wire Glass Mfg.	535
Wire Goods Mfg.	457
Wire Insulating - Includes Incidental Wire Stranding - Wire Drawing To Be Separately Rated	222
Wire Insulating - Rubber	225
Wire Mfg.	406
Wire Mfg. - Nonferrous	403
Wire Rope Or Cable Dealer, Including Splicing	857
Wire Rope Or Cable Mfg.	457
Wirebound Box And Crate Mfg.	305
Women's Clothing & Accessories Store	916
Women's Handbag Or Purse Mfg.	205
Women's Handbag Store	928
Women's, Misses', And Juniors' Outerwear Mfg., N.O.C.	161
Women's, Misses', Children's, And Infants' Underwear And Nightwear Mfg.	161
Wood Alcohol Mfg. - Natural	551
Wood Carving - By Hand Or Machine	441
Wood Chipping - By The Logging Business At The Logging Site - Assign Applicable Logging Class	----

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 73**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Wood Chips Mfg. ....	301
Wood Dealer, Kindling And Firewood .....	855
Wood Distillation .....	551
Wood Filler And Sealer Mfg. ....	563
Wood Floor Mfg. ....	305
Wood Flour Or Pellet Mfg. ....	101
Wood Household Or Office Furniture Mfg. ....	323
Wood Preserving .....	855
Wood Stain Mfg. ....	563
Wood Tack Strip Mfg. ....	306
Wood Turned Products Mfg. ....	306
Wooden Barrel Mfg.....	305
Wooden Box Mfg., Except Cigar Boxes .....	305
Wooden Coffin Mfg.....	323
Wooden Frames Or Seats Mfg. - For Furniture.....	306
Wooden Musical Instruments Mfg. ....	323
Wooden Tobacco Pipe Mfg. ....	309
Woodenware Mfg., N.O.C.....	309
Woodworking Machinery Mfg. ....	464
Wool Combing Or Scouring .....	132
Wool Merchant.....	924
Wool Pulling .....	201
Wool Reworking .....	130
Wool Spinning And Weaving .....	132
Word Processor - Service Or Repair - Shop Or Field .....	952
Work Clothing Mfg.....	161
Worm Raising .....	959
Woven Carpet And Rug Mfg. ....	132
Wreath Assembly - Artificial - Plastic And Fabrics .....	319
Wrecking Of Buildings Or Structures - See Wrecking Or Demolition Or Building Moving Project - Section 2 .....	----
X-Ray Equipment Mfg. ....	473
X-Ray Equipment Repair Or Service.....	952
X-Ray Service - Non-Hospital.....	957
X-Ray Tube Mfg. ....	486
Y.M.C.A., Y.M.H.A., Y.W.C.A., Y.W.H.A., Etc. ....	976
Yacht Basin - State Coverage Only.....	716
Yacht Club .....	944
Yarn Dyeing Or Finishing .....	139
Yarn Mfg. - Wool .....	132
Yarn Mill, Wool, Including Carpet And Rug Yarn .....	132
Yarn Or Thread Mfg. - Cotton.....	132
Yarn Shop .....	916
Yarn Spinning Mill, Cotton, Man-Made Fibers And Silk .....	132
Yarn Throwing, Twisting, And Winding Mill, Cotton, Man-Made Fibers And Silk .....	132
Yarn, Plastic Coated - Made From Purchased Yarn .....	227
Yeast Mfg. ....	104
Yogurt Mfg. ....	109
Zinc Castings Mfg.....	447
Zinc Die Castings Mfg. ....	429

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 74**

**UNDERWRITING GUIDE - ALPHABETIC**

---

Zinc Smelting And Refining, Primary .....	402
Zinc, Recovery Of - By Chemical Means .....	551
Zipper Mfg. ....	459
Zoo .....	969

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 1**

---

Clearing Of Right-Of-Way, For Telephone, Telegraph Or Electric Lines.....	005
Orchard Work, Fumigating Or Pruning By Contractor .....	005
Tree Fumigating, Pruning, Repairing, Spraying Or Trimming By Contractor .....	005
Farm, Grain .....	0006
Farm, N.O.C.....	0006
Farm, Tobacco .....	0006
Farm, Vegetable .....	0006
Grain Farm .....	0006
Tobacco Farm.....	0006
Vegetable Farm .....	0006
Compost Filling Of Mushroom Beds - By Contractor.....	007
Ensilage Cutting By Contractor .....	007
Farm Machinery Operation By Contractor.....	007
Fertilizer Application To Soil By Contractor .....	007
Grain Harvesting By Contractor .....	007
Grain Mill, Portable, Operated By Contractor .....	007
Harvesting By Contractor .....	007
Hay Baling, By Contractor .....	007
Lime Spreading By Contractor.....	007
Milling Of Grain, With Portable Mills .....	007
Mushroom Bed Filling With Compost - By Contractor .....	007
Shredding Of Agricultural Products By Contractor.....	007
Threshing By Contractor.....	007
Farm, Mushroom .....	0008
Mushroom Raising .....	0008
Mushroom Spawn Production .....	0008
Logging - By Chain Saws.....	009
Lumbering - By Chain Saws .....	009
Flower Growing .....	0011
Greenhouse, Flower Or Vegetable Growing .....	0011
Hot House, Vegetable Growing .....	0011
Hydroponic Vegetable Production .....	0011
Vegetable Growing, Hot House .....	0011
Artificial Turf Installation - By Contractor .....	012
Brush Or Weed Spraying - By Contractor - Except Aerial Spraying.....	012
Gardener.....	012
Grass Cutting Along Highways By Specialist Contractor.....	012
Grass Cutting, Lawns, By Contractor .....	012
Landscape Contractor .....	012
Lawn Care Service Company - Including Lawn Cutting, Maintenance Or Spraying .....	012
Street Or Road Landscape Planting And Maintenance - By Specialist Contractor .....	012
Weed Or Brush Spraying - By Contractor - Except Aerial Spraying.....	012
Christmas Tree Raising.....	0013
Farm, Tree .....	0013
Sod Farm .....	0013
Logging - By Means Of Mechanized Equipment .....	015
Lumbering - By Means Of Mechanized Equipment .....	015
Berry Or Fruit Farm .....	0016
Cranberry Grower .....	0016

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 2**

**UNDERWRITING GUIDE NUMERIC**

---

Farm, Berry .....	0016
Farm, Fruit .....	0016
Farm, Vineyard .....	0016
Fruit Farm .....	0016
Fruit Packing, By Grower .....	0016
Fruit Picking .....	0016
Orchard Or Fruit Farm .....	0016
Orchard Or Vineyard .....	0016
Vineyard Or Orchard .....	0016
Gas Production .....	028
Gas Well Operation.....	028
Natural Gas Production .....	028
Oil Lease Operation .....	028
Oil Production .....	028
Oil Well Operation.....	028
Well Operation - Oil Or Gas .....	028
Animal Raising - Egg Production, Fish Hatcheries, Hogs, Poultry Or Veal .....	0034
Calf Raising For Veal .....	0034
Chinchilla Farm .....	0034
Farm, Chicken .....	0034
Farm, Egg Producer .....	0034
Farm, Fish .....	0034
Farm, Poultry .....	0034
Fish Grower .....	0034
Fish Hatchery .....	0034
Fur Bearing Animal Raising .....	0034
Hog Farm .....	0034
Mink Farm .....	0034
Ostrich Farm.....	0034
Piggery.....	0034
Poultry Or Egg Producer .....	0034
Veal Calf Raising.....	0034
Dairy Farm .....	0036
Farm, Dairy .....	0036
Milk Producer - Fluid Only .....	0036
Clay Digging In Open Pits .....	055
Dredging Of Materials On Non-Navigable Waters With Incidental Shore Operations.....	055
Fire Clay Digging .....	055
Gravel Or Sand Digging Or Excavation - Including Crushing .....	055
Kaolin Excavation Or Surface Mining - Including Milling Or Washing .....	055
Metal Salvaging, From Slag Dumps .....	055
Quarry, Gravel Or Slag Excavation - Including Crushing .....	055
Sand Or Gravel Digging Or Excavation - Including Crushing .....	055
Shale Digging Or Excavation In Open Pits .....	055
Slag Digging Or Excavation - Including Crushing .....	055
Emery Works - Crushing Or Grinding .....	059
Flint Or Feldspar Grinding, Not Done By Quarry .....	059
Gravel Crushing By Dealer .....	059
Kaolin Milling Or Washing By Other Than Producer.....	059

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 3**

---

Metal Powder Mfg. - Crushing Or Grinding - By Independent Contractor.....	059
Mineral Milling .....	059
Ore Milling .....	059
Powder Mfg. - Metal - Crushing Or Grinding - By Independent Contractor .....	059
Stone Crushing By Other Than Producer Or Road Contractor .....	059
Talc Mill .....	059
Vermiculite Crushing And/Or Processing By Other Than Producer .....	059
Breeding Farm - Cattle, Sheep Or Goats .....	0083
Cattle Farm .....	0083
Farm, Livestock .....	0083
Goat Farm .....	0083
Livestock (Excluding Dairy Or Horses) Farm - Animal Raising In Fields/Pastures .....	0083
Sheepmen .....	0083
Breakfast Cereal Mfg. ....	101
Feed Mfg. - Preparation Of Cereal Or Compound Feeds For Livestock Or Poultry .....	101
Flour Mfg. - Wood .....	101
Flour Milling.....	101
Grain Mill - Permanently Located .....	101
Grist Mill - Permanently Located .....	101
Milling Of Grain - Permanently Located.....	101
Pellet Mfg. - Wood.....	101
Potato Flour Mfg. ....	101
Wood Flour Or Pellet Mfg. ....	101
Baking Powder Mfg.....	104
Cake Mix Mfg. - Dry Blending.....	104
Cat Food Mfg. - Dry/Bagged - No Cereal Milling .....	104
Chinese Food Mfg. ....	104
Coconut Shredding Or Drying .....	104
Coffee Grinding And Roasting.....	104
Corn Chip Mfg. ....	104
Dog Food Mfg. - Dry/Bagged - No Cereal Milling .....	104
Flavoring Extract Mfg. ....	104
Flavoring Syrups Blending .....	104
Flour Mixing And Blending, No Milling .....	104
Food Sundries Mfg., N.O.C. - No Cereal Milling .....	104
Fruit Juice Mfg. - From Purchased Concentrates Only .....	104
Herbs - Blending, Grinding And Packing.....	104
Ice Mfg. - Not Dry Ice .....	104
Licorice Extract Mfg. ....	104
Malted Milk Mfg. - From Powdered Milk, Sugar, Malt And Cocoa .....	104
Mayonnaise Mfg. ....	104
Medicinal Extract Mfg. ....	104
Mustard (Prepared) Mfg.....	104
Nuts - Cleaning And Shelling.....	104
Olive Handling .....	104
Peanut Butter Mfg.....	104
Peanut Handling .....	104
Pizza Assembly - No Baking Operation .....	104
Potato Chip Mfg. ....	104

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 4**

**UNDERWRITING GUIDE NUMERIC**

---

Relish Mfg. - Fruit Or Vegetable .....	104
Salad Dressing Mfg. ....	104
Salad Preparation - Cole Slaw, Egg, Potato, Etc.....	104
Sandwich Spread Mfg. - Salad Dressing Base .....	104
Sauces Mfg. ....	104
Seasoning - Prepared Sauces - Vegetable .....	104
Soup Mfg. ....	104
Spice Grinding .....	104
Sugar Repacking, Mixing, Blending Only.....	104
Tea - Blending And Mixing Including Packing Into Teabags .....	104
Vegetable Processing, N.O.C.....	104
Vegetable Sauce Mfg. ....	104
Vegetables - TV Dinner Type, Cooking, Packing And Freezing.....	104
Vinegar Mfg. - From Purchased Concentrates Only .....	104
Yeast Mfg. ....	104
Bakery - Wholesale.....	105
Cracker Mfg. ....	105
Doughnut Mfg. - By Wholesale Bakery .....	105
Ice Cream Cone Mfg. ....	105
Macaroni, Spaghetti, Vermicelli Or Noodles Mfg. ....	105
Pretzel Mfg. ....	105
Bacon (Side And/Or Sliced) Mfg. ....	106
Cured Meats - Brined, Dried And Salted.....	106
Dehydration Of Meat .....	106
Ham - Boiled, Boneless Or Cured Mfg. ....	106
Luncheon Meats Mfg. ....	106
Pork Products Mfg. - Pickled, Cured, Salted And Smoked .....	106
Processed Meat Products Mfg.....	106
Sausage Or Other Prepared Meat Products Mfg. ....	106
Scrapple Mfg.....	106
Beet Sugar Mfg. ....	107
Candy Mfg. ....	107
Cane Sugar Refining .....	107
Chewing Gum Mfg. ....	107
Chocolate Mfg. ....	107
Cocoa Mfg. ....	107
Confectionery Mfg.....	107
Corn Starch Mfg. ....	107
Glucose Mfg. ....	107
Milling - Wet Corn.....	107
Molasses Mfg.....	107
Popcorn Mfg. ....	107
Starch Mfg. - By Wet Corn Milling.....	107
Sugar Cane Milling.....	107
Sugar Refining .....	107
Syrup Or Molasses Refining .....	107
Wet Corn Milling .....	107
Brewery, Including Distributing Stations .....	108
Malt Liquors Mfg. And Distribution .....	108

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 5**

---

Butter Or Cheese Mfg. ....	109
Cheese Mfg. ....	109
Condensed Milk Mfg. ....	109
Creamery.....	109
Dairy Products Mfg. (Except Ice Cream Mfg.).....	109
Dehydration Of Milk .....	109
Malted Milk Powder Mfg., Including Dehydration Of Milk .....	109
Milk Processor - Fluid .....	109
Milk Products Mfg., N.O.C. (Excluding Ice Cream Mfg.).....	109
Yogurt Mfg. ....	109
Ice Cream Mfg. ....	110
Water Ice Mfg. ....	110
Butchering - Wholesale, Not Stockyards.....	111
Meat Packing Plant - Wholesale, Including Slaughtering .....	111
Packing House - Wholesale, Including Slaughtering .....	111
Slaughterhouse - Wholesale, Including Processing.....	111
Alcoholic Beverage Bottling - Carbonated .....	112
Beverage Mfg., Carbonated - Bottled Or Canned .....	112
Bottling Or Canning Of Carbonated Beverages.....	112
Canning Or Bottling Of Carbonated Beverages.....	112
Carbonated Beverage Mfg. - Bottled Or Canned .....	112
Mineral Water, Carbonated - Bottled Or Canned .....	112
Soft Drinks (Carbonated) Mfg. - Bottled Or Canned .....	112
Alcoholic Beverage Distilling .....	113
Apple Cider Or Juice Mfg. ....	113
Applesauce Mfg. ....	113
Canning Or Preserving Of Food .....	113
Cat Or Dog Food Mfg. - Canned .....	113
Catsup Mfg. ....	113
Dehydration Of Food - Except Dehydration Of Meat Or Milk .....	113
Distilling Of Alcoholic Liquors .....	113
Dog Or Cat Food Mfg. - Canned .....	113
Eggs, Dehydrated .....	113
Eggs, Powdered .....	113
Frozen Fruit, Fruit Juice, Processing .....	113
Fruit And Vegetable Juice, Canned, Bottled Or Bulk .....	113
Fruit Evaporating .....	113
Fruit Juice Mfg. ....	113
Fruit Preserving .....	113
Gelatin Mfg. ....	113
Jam Mfg. ....	113
Jelly Mfg. ....	113
Juice Mfg. - Fruit.....	113
Ketchup Mfg. ....	113
Pet Food Mfg. - Canned - Non Farm Domestic .....	113
Pickle Mfg. ....	113
Preserving Or Canning Of Food .....	113
Sauerkraut Mfg. ....	113
Spirituos (Distilled) Liquor Bottling By Distiller .....	113

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 6**

**UNDERWRITING GUIDE NUMERIC**

---

Syrup Mfg., For Soda Fountains	113
Tomato Paste Mfg.	113
Vegetable And Fruit Juice - Canned, Bottled Or Bulk	113
Vegetable Canning	113
Vinegar Mfg. - By Fermentation	113
Whiskey Mfg.	113
Winery	113
Animal And Marine Fat And Oil Mfg.	114
Animal Oil Mfg.	114
Animal Rendering Works, N.O.C.	114
Cod Liver Oil Mfg.	114
Fish Oil Mfg.	114
Grease And Tallow Mfg.	114
Grease Mfg., Animal	114
Oil Mfg., Animal	114
Cigar Mfg.	115
Cigarette Mfg.	115
Snuff Mfg.	115
Tobacco (Chewing And Smoking) And Snuff Mfg.	115
Tobacco Rehandling	115
Tobacco Stemming And Redrying	115
Hamburger Or Hamburger Patty Mfg.	119
Meat Products Mfg., N.O.C.	119
Sandwich Steak Mfg.	119
Veal Patty Mfg. - Plain Or Breaded	119
Cotton Batting Mfg.	130
Cotton Waste Mfg.	130
Felt Mfg. - Unwoven	130
Hatters' Fur Processing	130
Padding And Upholstery Filling Mfg.	130
Processed Waste And Recovered Fibers And Flock Mfg.	130
Shoddy Mfg.	130
Sisal Garnetting	130
Weather Stripping Mfg. - Felt	130
Wool Reworking	130
Artificial Silk Spinning And Weaving	132
Carbonizing Of Hair Or Wool	132
Carding Of Fibers	132
Carpet Mfg.	132
Chenille Products Weaving	132
Combing Of Fibers	132
Cordage Mfg., Including Fiber Preparation	132
Cotton Gin Operation	132
Cotton Spinning And Weaving	132
Curled Hair Mfg.	132
Felt Mfg. - Woven	132
Fiber Preparation For Spinning Or Weaving	132
Flax Spinning And Weaving	132
Fur Mfg. - Synthetic	132

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 7**

---

Gilling Of Fibers .....	132
Hackling Of Fibers.....	132
Hair Processing (Excluding Dehairing Or Wig-Making) .....	132
Hemp Spinning And Weaving .....	132
Jute Spinning And Weaving .....	132
Label Mfg., Woven Labels .....	132
Linen Cloth Weaving .....	132
Linen Thread Mfg. ....	132
Mop Head Mfg., From Cotton Waste, No Other Operations.....	132
Moss Ginning .....	132
Narrow Fabric Mill - Cotton, Wool, Silk Or Man-Made Fibers.....	132
Nylon Spinning And Weaving .....	132
Opening Of Fibers .....	132
Paper Twine Mfg. ....	132
Picking Of Fibers .....	132
Pipe Cleaner Mfg. ....	132
Plush Or Velvet Mfg. ....	132
Rayon Spinning And Weaving .....	132
Ribbon Mfg., Textile Fabrics.....	132
Rope Mfg., Including Fiber Preparation.....	132
Rug Mfg.....	132
Scouring Of Natural Or Synthetic Fibers .....	132
Separating Of Natural Or Synthetic Fibers .....	132
Silk Spinning And Weaving .....	132
Silk Thread Or Yarn Mfg. ....	132
Silk Throwing And Weaving .....	132
Spinning Of Fibers.....	132
Textile Weaving .....	132
Thread Mill .....	132
Tire Cord And Fabric Mfg. ....	132
Twine Mfg., Including Fiber Preparation .....	132
Velvet Mfg. ....	132
Weaving Of Textile Fibers .....	132
Webbing Mfg. ....	132
Wire Cloth Weaving (Wire Drawing To Be Separately Rated By Code 406, Rolling Mill, N.O.C.) .....	132
Wool Combing Or Scouring .....	132
Wool Spinning And Weaving .....	132
Woven Carpet And Rug Mfg. ....	132
Yarn Mfg. - Wool .....	132
Yarn Mill, Wool, Including Carpet And Rug Yarn .....	132
Yarn Or Thread Mfg. - Cotton.....	132
Yarn Spinning Mill, Cotton, Man-Made Fibers And Silk .....	132
Yarn Throwing, Twisting, And Winding Mill, Cotton, Man-Made Fibers And Silk .....	132
Braid And Fringe Mfg. ....	134
Glove Mfg. - Knit .....	134
Knit Glove Mfg. ....	134
Knit Goods Mfg., N.O.C.....	134
Lace Mfg. ....	134
Necktie Mfg., Knitted .....	134

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 8**

---

Hosiery Dyeing .....	135
Hosiery Finishing .....	135
Hosiery Mfg. ....	135
Knitting Mill, Hosiery .....	135
Emblem Mfg. ....	136
Embroidery Mfg. ....	136
Pleating, Stitching Or Tucking - Dress Fabrics Or Trimmings - Not Clothing Mfg. ....	136
Quilted Cloth Manufacturing Contractor - For Garments Or Household Furnishings.....	136
Trimmings Mfg., Fancy Trimmings Or Piping, Not Manufacturing Binding, Tape Or Ribbon .....	136
Bleaching, Fabrics.....	139
Cloth Printing .....	139
Coating New Fabrics, Except Rubberized Fabrics Or Oilcloth.....	139
Dyeing .....	139
Fabric Coating, N.O.C. ....	139
Feather Dyeing .....	139
Finisher Of Broad Woven Fabrics .....	139
Finishing New Textile Goods .....	139
Impregnated Fabrics Mfg. ....	139
Machine-Painting Shade Cloth.....	139
Mercerizing Of New Goods .....	139
Printing Of Fabrics .....	139
Textile Bleaching And Dyeing.....	139
Textile Printing .....	139
Typewriter Ribbon Mfg. ....	139
Yarn Dyeing Or Finishing .....	139
Diaper Service - Laundry .....	141
Furniture Cleaning Or Polishing On Customers' Premises .....	141
Industrial Launderer .....	141
Infant Wear Service Laundry .....	141
Launderer, Industrial .....	141
Laundry Collection By Launderer .....	141
Laundry, Hand.....	141
Laundry, N.O.C. ....	141
Linen Supply Service Including Laundering .....	141
Towel Supply Service Including Laundering .....	141
Uniform Supply Service Including Laundering.....	141
Cleaning And Dyeing, Except Rug Cleaning By Dry Cleaner .....	142
Cloth Sponging (Shrinking), Inspection Or Mending - By Specialist Contractor .....	142
Drapery Dry Cleaning Plant .....	142
Dry Cleaning Plant, Except Rug Cleaning .....	142
Dyeing And Cleaning, Except Rug Cleaning By Dry Cleaner .....	142
Feather Washing, Steaming, Cleaning And Renovating .....	142
Fur Clothing - Cleaning, Tumbling, Glazing, Combing And Ironing.....	142
Laundry Collection By Dry Cleaner.....	142
Academic Costumes Mfg. - Caps Or Gowns.....	161
Apparel Mfg. ....	161
Bathing Suit Mfg. - Knitting To Be Separately Rated .....	161
Belt Mfg. - Cloth - Wearing Apparel Only - No Buckles, Webbing Or Leather Parts Mfg. ....	161
Beret Mfg. ....	161

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 9**

**UNDERWRITING GUIDE NUMERIC**

---

Burial Garment Mfg. ....	161
Cap Mfg. - Graduation Caps And Gowns .....	161
Cap Mfg. - Headwear .....	161
Cloth Cutting By Contractor - Garment Fabrics .....	161
Clothing Mfg.....	161
Coat - Front Or Interlining Mfg. ....	161
Collar Mfg. ....	161
Costume Mfg. - Masquerade Or Theatrical .....	161
Diaper Mfg. - Cloth .....	161
Dress Mfg. ....	161
Front Or Interlining Mfg. - Coat .....	161
Fur Clothing Mfg. (Preparation Of Skins To Be Separately Rated).....	161
Fur Plate Mfg. ....	161
Fur Pointing .....	161
Garment Sewing Contractor .....	161
Glove Lining Mfg. ....	161
Glove Mfg., Except Fire Resistant, Industrial Use, Knit Or Rubber .....	161
Handkerchief Mfg. ....	161
Hat Frame Mfg., Ladies .....	161
Hat Lining Mfg. ....	161
Hat Mfg., Felt .....	161
Hat Mfg., N.O.C. ....	161
Insulated Clothing Mfg. - Thermal Type.....	161
Leather Clothing Mfg. ....	161
Lingerie Mfg.....	161
Lining Mfg. - Hat .....	161
Linings, Sewing Into Coats By Hand .....	161
Mask Mfg. - Costume - Cloth .....	161
Millinery And Straw Hat Mfg.....	161
Millinery Mfg., Felt .....	161
Nailhead Ornamentation Attaching Nailheads Or Similar Articles To Textile Fabrics By Means Of Foot Presses .....	161
Necktie Mfg., From Fabric .....	161
Raincoat And Other Waterproof Outer Garments Mfg. ....	161
Robe And Dressing Gown Mfg. ....	161
Rubber Garment Mfg., No Rubber Mill .....	161
Sewing Contractor - Garment .....	161
Sewing, Hand .....	161
Shoulder Pad Or Coat Front Mfg. ....	161
Shoulder Strap For Lingerie Mfg. - Fabric .....	161
Shower Cap Mfg. - Plastic .....	161
Suede Clothing Mfg. ....	161
Suit, Skirt, And Coat Mfg. ....	161
Suspender Mfg. - No Buckles, Webbing Or Leather Parts Mfg.....	161
Textile Mending, Invisible Weaving Of Wearing Apparel .....	161
Tie Mfg. - Neckwear .....	161
Uniform Mfg. ....	161
Vestment Mfg.....	161
Women's, Misses', And Juniors' Outerwear Mfg., N.O.C.....	161
Women's, Misses', Children's, And Infants' Underwear And Nightwear Mfg. ....	161

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 10**

**UNDERWRITING GUIDE NUMERIC**

---

Work Clothing Mfg.....	161
Accordion Door Mfg. - Fabric Or Plastic - No Woodworking .....	163
Air Conditioner Cover Mfg. ....	163
Baby Blanket, Crib Linen Mfg. ....	163
Ball Mfg. - Sporting Goods - Inflatable Plastic Beach Type.....	163
Banner Mfg. ....	163
Bedding Mfg. - Blanket, Sheet, Pillowcase .....	163
Bedsread Mfg. ....	163
Belt Mfg. - Industrial Use - From Premanufactured Textile Fabric .....	163
Bias Bindings Mfg.....	163
Bindings Mfg. - Bias And Straight.....	163
Blanket Mfg. ....	163
Blanket, Sheet, Pillowcase - Bedding Mfg. ....	163
Buffing And Polishing Wheel Mfg. - Made From Cloth - No Metal Parts .....	163
Bunting Mfg., Shop Only.....	163
Casket Or Coffin Lining Mfg. - No Casket Mfg. Or Upholstery Work .....	163
Chenille Products Mfg. From Chenille Cloth .....	163
Coffin Or Casket Lining Mfg. - No Casket Mfg. Or Upholstery Work .....	163
Comforter Or Quilt Mfg.....	163
Cover Mfg. - Air Conditioner.....	163
Curtain Mfg. ....	163
Door Mfg., Accordion - Plastic Or Fabric - No Woodworking .....	163
Drapery Or Curtain Mfg.....	163
Feather Assembly - Sewn, On Wire Frames Decorated For Costumes/Band Plumes .....	163
Feather Pillow Mfg. ....	163
Flag Mfg., Shop Only .....	163
Furnishing Goods Mfg. - Not Canvas Or Burlap .....	163
Hammock Mfg. ....	163
Heating Pad Mfg. - Fabric Covering Only .....	163
House Furnishings Mfg. - From Textile Fabrics .....	163
Household Linens, Bedsreads, Towels, Drapes Mfg. ....	163
Kite Mfg. ....	163
Lamp Shade Mfg. (Excluding Frame Manufacturing) .....	163
Linen Mfg. - House Furnishings .....	163
Lining For Casket Interiors Mfg. - No Casket Mfg. Or Upholstery Work.....	163
Measuring Tape Mfg. - Cloth - Sewing Type .....	163
Mosquito Netting - No Mfg. Of Net.....	163
Napkin Mfg. - Cloth .....	163
Netting - Mosquito - No Mfg. Of Net .....	163
Pennant Mfg. ....	163
Pillow Cover Mfg. ....	163
Pillow Mfg. ....	163
Polishing Cloth Mfg. ....	163
Polishing Wheel Mfg. - Cloth Or Felt - No Metal Parts.....	163
Pool Mfg. - Swimming - Inflatable Kiddie-Type Pools .....	163
Quilt Or Comforter Mfg.....	163
Roller Mfg. - Covered Sleeves Only .....	163
Safety Belt Mfg. - Automobile - No Hardware Mfg.....	163
Scenery - Theatrical - Curtain And Drapery Mfg. ....	163

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 11**

---

Shoe Ornament Mfg. - Fabric .....	163
Shoe Shining Or Polishing Cloth Mfg. ....	163
Shower Curtain Mfg. - Cloth, Plastic, Vinyl.....	163
Sleeping Bag Mfg. ....	163
Slipcover Mfg. ....	163
Stage Scenery - Theatrical - Curtain And Drapery Mfg.....	163
Stuffed Toy Mfg. - Cloth .....	163
Table Cloth Mfg. ....	163
Table Pad Mfg. - From Cardboard And Fabric .....	163
Tape Mfg. - Mending - Fabric.....	163
Theatrical Scenery - Curtain And Drapery Mfg. ....	163
Towel Mfg., Textile Fabrics (Except For Disposable Towel Mfg.) .....	163
Toy Mfg. - Stuffed Animals Or Other Cloth Stuffed Toys .....	163
Umbrella Mfg.....	163
Wheel Mfg. - Cloth - Buffing And Polishing - No Metal Parts .....	163
Wig Mfg. - Synthetic Materials .....	163
Window Shade Mfg. - No Roller Mfg. ....	163
Mattress Mfg.....	165
Automobile Convertible Top Mfg. - Fabric Or Vinyl, No Installation .....	166
Automobile Seat Cover Mfg. - No Installation .....	166
Awning Mfg. - Cloth .....	166
Awning Or Tent Mfg. ....	166
Bag Mfg. - Fabric Or Bulk Materials .....	166
Bag Renovating, Textile Fabrics .....	166
Burlap Goods Mfg. ....	166
Canvas Products Mfg. ....	166
Cloth Bag Mfg. ....	166
Cloth Bag Repairing .....	166
Furnishing Goods Mfg. - Canvas Or Burlap .....	166
Knapsack Mfg.....	166
Life Jacket Or Preserver Mfg. ....	166
Parachute Mfg. (Hardware Mfg. To Be Separately Rated).....	166
Sail Making .....	166
Sporting Goods - Knapsack Mfg. ....	166
Tent Mfg. ....	166
Textile Bag Mfg. - Canvas Or Burlap .....	166
Supplemental Dust Disease Loading - Class 512 .....	0175
Pottery Mfg., N.O.C. - Supplemental Dust Disease Loading .....	0176
Employment Contractor - Temporary Food Sundries Mfg., N.O.C. Staff .....	185
Food Sundries Mfg., N.O.C. - Temporary Staff .....	185
Temporary Food Sundries Mfg., N.O.C. Staff .....	185
Candy, Chocolate Or Chewing Gum Mfg. - Temporary Staff .....	187
Employment Contractor - Temporary Candy, Chocolate Or Chewing Gum Mfg. Staff .....	187
Temporary Candy, Chocolate Or Chewing Gum Mfg. Staff .....	187
Apparel Mfg. - Temporary Staff .....	191
Employment Contractor - Temporary Apparel Mfg. Staff .....	191
Temporary Apparel Mfg. Staff.....	191
Degreasing Skins .....	201
Fur Dressing Or Dyeing .....	201

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 12**

**UNDERWRITING GUIDE NUMERIC**

---

Leather Dealer .....	201
Leather Dressing .....	201
Leather Finishing .....	201
Leather Tanning .....	201
Sheepskin Pickling.....	201
Tanning, Leather .....	201
Wool Pulling .....	201
Boot And Shoe Mfg.....	204
Counter, Heel Or Sole Mfg. - Leather .....	204
Footwear Mfg. - Not Rubber .....	204
House Slippers Mfg. ....	204
Shoe Findings Mfg.....	204
Shoe Mfg. ....	204
Shoe Repairing .....	204
Shoe Stock Mfg., No Tanning Or Leather Dressing .....	204
Slipper Mfg. ....	204
Bag Mfg., Traveling .....	205
Baseball Mfg.....	205
Basketball Mfg. ....	205
Dog Collar Mfg. ....	205
Football Mfg.....	205
Glove Mfg., Including Baseball, Boxing, Handball Or Punching Bag Glove (Except Rubber Gloves).....	205
Handbag, Mfg. - From All Materials .....	205
Harness Or Saddle Mfg. ....	205
Leash Mfg. ....	205
Leather Belting Mfg. ....	205
Leather Embossing .....	205
Leather Goods Mfg., N.O.C. (See Also Gloves, Hats, Shoes) .....	205
Leather Skiving .....	205
Luggage Mfg., Excluding Trunks .....	205
Medicine Ball Mfg.....	205
Personal Leather Goods Mfg. ....	205
Pocketbook Mfg. - From All Materials .....	205
Purse Mfg. - From All Materials .....	205
Saddle Mfg. ....	205
Strap Mfg. - From Leather, Simulated Leather Or Plastic .....	205
Volleyball Mfg. ....	205
Wallet Mfg. ....	205
Women's Handbag Or Purse Mfg. ....	205
Injection Molding Of Plastics .....	221
Plastic Articles Mfg., Injection Molding .....	221
Artificial Marble Products Mfg. ....	222
Bag Mfg. - Plastic.....	222
Cable Mfg. - Insulated Electrical - Wire Drawing To Be Separately Rated .....	222
Hose Mfg. - Plastic .....	222
Marble Products Mfg. - Artificial.....	222
Pipe Mfg. - Plastic .....	222
Plastic Articles Mfg., N.O.C. - All Plastic Molding Techniques Except Injection Molding .....	222
Plastic Bag Mfg. ....	222

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 13**

**UNDERWRITING GUIDE NUMERIC**

---

Plastic Mfg., Sheets And Rods .....	222
Plastic, Molded Products Mfg. N.O.C. ....	222
Polyurethane Foam Products Mfg. ....	222
Vanity Mfg. - Resin Poured Or Cast Type/Artificial Marble Product .....	222
Wire Insulating - Includes Incidental Wire Stranding - Wire Drawing To Be Separately Rated .....	222
Balloon Mfg. - Rubber - Advertising And Toy.....	225
Bathing Cap Mfg. - Rubber .....	225
Boot And Shoe Mfg. - Rubber .....	225
Bottle Mfg. - Rubber .....	225
Elastic Mfg. ....	225
Eraser Mfg. ....	225
Fabrics, Rubberized .....	225
Foam Rubber Mfg. ....	225
Footwear Mfg. - Rubber .....	225
Gasket Mfg. - Rubber .....	225
Glove Mfg. - Rubber .....	225
Heel Mfg. - Rubber.....	225
Hose Mfg. - Rubber.....	225
Latex, Foamed Mfg.....	225
Life Jacket Mfg. - Inflatable Rubberized Fabric .....	225
Life Raft Mfg. - Rubber.....	225
Printers' Roller Mfg. ....	225
Reclaiming Rubber .....	225
Rubber Band Mfg. ....	225
Rubber Products Mfg., N.O.C.....	225
Rubber Reclaiming .....	225
Rubber Tire Mfg. ....	225
Rubber Tire Retreading .....	225
Rubberized Fabrics Mfg.....	225
Sheeting - Rubber Or Rubberized Fabric.....	225
Sponge Rubber And Sponge Rubber Products Mfg. ....	225
Stopper Mfg. - Rubber .....	225
Tire And Inner Tube Mfg. ....	225
Tire Recapping Or Retreading.....	225
Toy Mfg. - Rubber .....	225
Tubing - Rubber .....	225
Vulcanized Rubber Products Mfg. ....	225
Wet Suit Mfg. - Rubber .....	225
Wire Insulating - Rubber .....	225
Artificial Leather Mfg.....	227
Coating New Fabrics, Rubberized Or Oilcloth.....	227
Cork Carpet Mfg. ....	227
Fiberglass (A Fibrous Glass And Resin Composite) Mfg.....	227
Leather (Imitation) Mfg. ....	227
Linoleum Mfg.....	227
Metallizing Of Fabrics .....	227
Oilcloth Mfg.....	227
Plastic Composite Products Molding .....	227
Resin Coated Fabric Mfg. ....	227

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 14**

**UNDERWRITING GUIDE NUMERIC**

---

Rubber Coating .....	227
Silo Mfg. - Fiberglass, Shop Only.....	227
Waxing Of Cloth .....	227
Yarn, Plastic Coated - Made From Purchased Yarn .....	227
Abrasive Paper Or Cloth Preparation .....	255
Bark Peeling, In Paper Mill .....	255
Building And Roofing Paper Mfg. ....	255
Building Paper Mfg. ....	255
Cardboard Mfg. ....	255
Emery Cloth Mfg. ....	255
Fiber (Paper) Products Mfg. ....	255
Fiber Mfg. ....	255
Fiber Tube Mfg. ....	255
Fiberboard Mfg. ....	255
Paper Coating And Glazing - By Paper Mill .....	255
Paper Finishing - By Paper Mill .....	255
Paper Mfg. ....	255
Paper Mill .....	255
Particle Board Mfg. ....	255
Photographic Film And Dry Plate Mfg. ....	255
Pipe Mfg., Fiber .....	255
Pulp (Paper) Mfg. ....	255
Roofing Paper Or Roofing Felt Mfg. ....	255
Sandpaper Mfg. ....	255
Box Mfg. - Paper (Non-Corrugated).....	257
Folding Cardboard Or Paperboard Box Mfg. ....	257
Paper Box Mfg. ....	257
Set-Up Box Mfg. ....	257
Air Filter Mfg. - All Types .....	259
Bag Mfg. - Paper .....	259
Bed Underpads - Disposable .....	259
Box Or Container Cardboard Partitions Mfg. ....	259
Can Mfg. - Paper .....	259
Cardboard Or Paper Mailing Tube Mfg. ....	259
Coffee Pot Filter Mfg. - Paper .....	259
Coin Wrapper Mfg. ....	259
Cup Mfg. - Paper .....	259
Diaper Mfg. - Disposable .....	259
Die Cutting - Paper, Paperboard Or Cardboard - By Specialist Contractor .....	259
Disposable Diaper Mfg. ....	259
Disposable Towel Mfg. ....	259
Drinking Straw Mfg. - Paper .....	259
Filter Mfg. - Air - All Types .....	259
Garland Mfg. ....	259
Holiday Decorations Mfg. - Paper Or Plastic.....	259
Mailing Tube Mfg. ....	259
Match Mfg. - Paper.....	259
Napkin Mfg. - Paper .....	259
Paper Bag Mfg. ....	259

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 15**

**UNDERWRITING GUIDE NUMERIC**

---

Paper Cup, Dish Or Plate Mfg. ....	259
Paper Hat Mfg. - All Types .....	259
Paper Or Cardboard Mailing Tube Mfg. ....	259
Paper Or Foil Goods Mfg. ....	259
Paper Products Mfg., N.O.C. ....	259
Paper Sheeting, Slitting Or Winding .....	259
Paper Towel Mfg. ....	259
Papier-Mache Goods Mfg. ....	259
Partitions (Cardboard) Mfg. - For Boxes Or Containers.....	259
Party Decorations Or Favors Mfg. ....	259
Sanitary Food Container Mfg. - Paper .....	259
Sanitary Napkin Mfg. ....	259
Tinsel Mfg. ....	259
Tissue Paper Products Mfg. - Facial Or Toilet .....	259
Towel Mfg. - Paper.....	259
Towel Mfg., Disposable .....	259
Tubes Or Cores Mfg. - Paper .....	259
Underpads Mfg. - Bed - Disposable.....	259
Wallpaper Mfg. - (Paper Mfg. To Be Separately Rated) .....	259
Box Mfg. - Corrugated .....	261
Corrugated Paper And/Or Corrugated Products Mfg.....	261
Fiberboard Products Mfg. ....	261
Honeycomb Products Mfg.....	261
Carbon Paper Mfg. ....	263
Coating And/Or Glazing Of Paper Or Plastic - By Specialist Contractor .....	263
Die Cutting - Paper, Paperboard Or Cardboard - By Contractor .....	263
Laminating - Paper.....	263
Paper Finishing - By Specialist Contractor .....	263
Paper Laminating .....	263
Pressure-Sensitive Labels Or Paper Mfg. ....	263
Waxed Paper - Coating Paper With Wax - No Paper Mfg. ....	263
Binder Mfg., Ringed .....	265
Computer Paper Mfg. (No Paper Mfg.) .....	265
Desk Calendar Mfg.....	265
Envelope Mfg.....	265
File Folder Mfg. ....	265
File Jacket Mfg. ....	265
Index Card Mfg. ....	265
Loose-Leaf Binder Or Ledger Mfg. ....	265
Notebook Mfg. (No Paper Mfg.) - All Types .....	265
Notepad Mfg. ....	265
Ringed Binder Mfg.....	265
Stationery Products Mfg. ....	265
Employment Contractor - Temporary Plastic Articles Mfg. - Injection Molding Staff .....	275
Plastic Articles Mfg. - Injection Molding - Temporary Staff .....	275
Temporary Plastic Articles Mfg. - Injection Molding Staff .....	275
Employment Contractor - Temporary Plastic Articles Mfg., N.O.C. Staff .....	276
Plastic Articles Mfg., N.O.C. - Temporary Staff .....	276
Temporary Plastic Articles Mfg., N.O.C. Staff .....	276

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 16**

---

Book Printing By Web Press - By Publisher Or Contractor .....	281
Bookbinding Or Rebinding - By Specialist Contractor .....	281
Bottle Cap Printing .....	281
Business Forms Printing - By Web Press.....	281
Chemical Etching - By Specialist Contractor.....	281
China Decorating - By Specialist Contractor With No China Mfg. ....	281
Cigar Band, Printing .....	281
Coin Wrapper, Printing - By Specialist Contractor .....	281
Dress Pattern Printing .....	281
Electrotyping - By Specialist Contractor .....	281
Engraving - By Specialist Contractor .....	281
Etching (By Chemical Method) By Specialist Contractor.....	281
Glass Products Decorating Or Engraving By Specialist Contractor.....	281
Greeting Card Printing By Web Press - By Publisher Or Contractor .....	281
Label (Pressure-Sensitive) Printing By Web Press - By Specialist Contractor .....	281
Paper Dress Pattern Printing.....	281
Pattern (Dress) Printing - Paper .....	281
Photoengraving - By Specialist Contractor .....	281
Plastic Sign Letters Mfg. - Shop Only .....	281
Playing Cards Mfg.....	281
Pressure-Sensitive Label Printing By Web Press - By Specialist Contractor.....	281
Printers' Finisher - By Specialist Contractor .....	281
Printing - Books Or Greeting Cards By Web Press - By Publisher Or Contractor .....	281
Printing Plate Mfg. - By Specialist Contractor .....	281
Printing, N.O.C. ....	281
Rubber Stamp Mfg. ....	281
Screen Printing (Including Finished Textile Articles) - By Specialist Contractor .....	281
Stereotyping - By Specialist Contractor .....	281
Tag Printing .....	281
Vinyl Sign Letters Mfg. - Electronically Scored - Shop Only .....	281
Catalogue Printing By Publisher Or Contract Printer .....	282
Comic Book Printing By Publisher Or Contractor .....	282
Magazine Printing By Publisher Or Contractor .....	282
Newspaper Inserts (e.g., Advertising, Sunday Comics, Sunday Magazines) Printing By Publisher Or Contractor .....	282
Newspaper Printing By Publisher Or Contractor .....	282
Periodical Printing By Publisher Or Contractor .....	282
Statistical Report Printing By Publisher Or Contractor .....	282
Telephone Book Printing By Publisher Or Contractor .....	282
Trade Journal Printing By Publisher Or Contractor .....	282
Printing - Principally Sheet-Fed Press Production (Of Any Printed Product) .....	285
Publisher - Outsources Printing, Performs Product Distribution .....	287
Employment Contractor - Temporary Printing Staff.....	297
Printing - Temporary Staff .....	297
Temporary Printing Staff .....	297
Barking Mill .....	301
Kiln Drying Of Lumber - By Sawmill .....	301
Sawmill .....	301
Snow Fence Mfg., Cutting Lath From Logs .....	301
Wood Chips Mfg. ....	301

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 17**

**UNDERWRITING GUIDE NUMERIC**

---

Assembled Millwork Mfg.....	305
Bark Peeling In Veneer Mill .....	305
Barrel Dealer, Including Repairing - Wood .....	305
Barrel Stock Mfg., No Sawmill Work .....	305
Basket Mfg. - Veneer .....	305
Box Or Box Shook Mfg. ....	305
Building Mfg., Portable - Wood .....	305
Carpentry Shop .....	305
Carriage Mfg.....	305
Contract Packaging - Crating - In Shop.....	305
Cooper .....	305
Crate Mfg. - Wood .....	305
Door Frame Or Sash Mfg. - Wood .....	305
Door Mfg. - Wood .....	305
Fence Mfg. - Wood, Shop Only.....	305
Flooring Mfg. - Wood .....	305
Furniture Stock Mfg. - Non-Turned - By Specialist Contractor .....	305
Hardwood Dimension And Flooring Mill, No Sawmill Operation.....	305
Keg Mfg. - Wood .....	305
Ladder Mfg. - Wood.....	305
Laminated Wood Building Beam And Column Mfg. ....	305
Last Block Mfg. ....	305
Millwork Plant .....	305
Modular Home Mfg. ....	305
Packaging, Contract - Crating - In Shop .....	305
Packing Case Mfg. ....	305
Pallet Mfg. ....	305
Panel Mfg. - Soft Wood Or Plywood.....	305
Planing Mill .....	305
Plywood Container Mfg. ....	305
Plywood Mfg., Including Veneer Mfg. ....	305
Porch Enclosure Mfg. ....	305
Prefabricated Building Mfg. - Wood, Shop Work .....	305
Railing Or Stair Mfg. - Wood.....	305
Sash Mfg. - Wood .....	305
Sash, Door Or Assembled Millwork Mfg. ....	305
Screen Mfg., Window - Wood .....	305
Shingle Mfg. - Wood, Including In Shop Staining .....	305
Shingle Staining, In Shop, No Off-Premises Work .....	305
Shook Mfg. ....	305
Shuttle Mfg. ....	305
Silo Mfg. - Wood, Shop Only .....	305
Staircase And Stair Mfg. - Wood .....	305
Stave Mfg. - Wood .....	305
Structural Members, Laminated Wood - Arches, Trusses, Timbers .....	305
Tank Building - Wood, Shop Only .....	305
Trellis Mfg. - Wood .....	305
Truss Mfg. - Wood .....	305
Veneer Container Mfg. ....	305

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 18**

**UNDERWRITING GUIDE NUMERIC**

---

Veneer Mfg. ....	305
Wagon Body Mfg. ....	305
Wirebound Box And Crate Mfg.....	305
Wood Floor Mfg. ....	305
Wooden Barrel Mfg.....	305
Wooden Box Mfg., Except Cigar Boxes .....	305
Axe Handle Mfg. ....	306
Dowel Mfg. - Wood .....	306
Furniture Turned Stock Mfg. - By Specialist Contractor .....	306
Gunstock Mfg., Unfinished Shapes .....	306
Handle Mfg. - Wood.....	306
Lath Mfg. - Wood .....	306
Peg Or Skewer Mfg. - Wood .....	306
Pencil Stock Mfg. - Wood .....	306
Pulley Block Mfg. - Wood .....	306
Shade Roller Mfg. - Wood .....	306
Spool Mfg. - Wood .....	306
Umbrella Handle Mfg. - Wood .....	306
Window Shade Roller Mfg. - Wood .....	306
Wood Tack Strip Mfg. ....	306
Wood Turned Products Mfg. ....	306
Wooden Frames Or Seats Mfg. - For Furniture.....	306
Bird House Or Feeder Mfg. - Wood .....	309
Bowling Pin Mfg. - Wood.....	309
Brush Mfg. ....	309
Cane Mfg. ....	309
Coat Hanger Mfg. - Wood.....	309
Cork Products Mfg.....	309
Crutches Mfg. - Wood .....	309
Golf Club Heads Or Shafts Mfg. - Wood .....	309
Gunstock Mfg., Finished.....	309
Hat Block Mfg. - Wood .....	309
Lead Pencil Mfg. ....	309
Mop Mfg.....	309
Pencil, Penholder Or Crayon Pencil Mfg. - Wood .....	309
Pipe Mfg., Tobacco - Wooden .....	309
Sign Or Sign Letter Mfg. - Wood, Shop Only, No Erection .....	309
Ski Mfg. - Wood .....	309
Spice, Cutlery Or Wine Racks Mfg. - Wood .....	309
Toothpick Mfg. ....	309
Veneer Products Mfg., N.O.C. - No Veneer Mfg. ....	309
Wooden Tobacco Pipe Mfg. ....	309
Woodenware Mfg., N.O.C.....	309
Bookcase Mfg. - Wood .....	311
Cabinet Works - Wood - With Power-Driven Machinery .....	311
Counter Top Mfg. - Wood.....	311
Exhibit Booth Mfg.....	311
Kiosk Mfg. ....	311
Parquet Flooring Mfg. - Hardwood .....	311

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 19**

---

Picture Frame Mfg. - Wood	311
Refrigerated Showcase Mfg. - Wood	311
Room Divider Mfg.	311
Showcase Mfg. - Wood	311
Toy Mfg. - Wood	311
Vanities Mfg. - Wood (Architectural Or Bathroom)	311
Broom Mfg. - Assembling Only - No Woodworking	319
Coffin Assembly - No Wood Or Metal Working	319
Furniture Assembly - From Prefabricated Parts Or Pieces Only - No Woodworking	319
Furniture Stripping - Incidental To Assembling Or Refinishing Operations Only	319
Furniture Stripping, No Woodworking - By Specialist Contractor	319
Lamp (Floor Or Table) Assembly Only - No Metal Or Wood Fabricating	319
Wreath Assembly - Artificial - Plastic And Fabrics	319
Billiard Table Mfg.	323
Cedar Chest Mfg.	323
Chair Or Chair Frame Mfg. - Wood	323
Coffin Mfg. - Wood	323
Fiber Furniture Mfg.	323
Furniture Assembling - Wood, By A Furniture Manufacturer, Including Woodworking	323
Furniture Frame Mfg. - Wood	323
Furniture Mfg. - Wood	323
Headboard Mfg. - Wood (Upholstery Work If Conducted By A Sep. Crew In A Sep. Dept. Shall Be Separately Rated)	323
Musical Instrument Mfg. - Wood	323
Organ Building - Including Installation	323
Piano Or Player Piano Mfg.	323
Rattan Or Fiber Furniture Mfg.	323
Tank, Seat Or Cabinet Mfg. - Toilet - Wood	323
Trunk Mfg. - Wood	323
Venetian Blind Mfg. - Wood	323
Willow Ware Mfg.	323
Wood Household Or Office Furniture Mfg.	323
Wooden Coffin Mfg.	323
Wooden Musical Instruments Mfg.	323
Automobile Seat Cover Installation And/Or Seat Upholstering	327
Automobile Top Installation, Fabric Or Vinyl	327
Coffin Or Casket Upholstery Work	327
Furniture Upholstering	327
Reupholstering	327
Upholstering Car Seats	327
Upholstering Shop Only, No Furniture Assembling	327
Aluminum Ingots And Primary Production Shapes From Bauxite/Alumina	402
Copper Smelting And Refining, Primary	402
Galvanizing Works - Hot Dip	402
Lead Mfg., Red Or White	402
Lead Sheet, Pipe And Shot Mfg.	402
Lead Smelting	402
Lead Smelting And Refining, Primary	402
Melting Of Nonferrous Scrap Metals	402
Precious Metal Refining, Primary	402

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 20**

**UNDERWRITING GUIDE NUMERIC**

---

Primary Smelting And Refining Of Nonferrous Metals, N.O.C.....	402
Red Lead Mfg.....	402
Retinning Of Metal Not Done In Rolling Mill.....	402
Rust Proofing (Hot Dipping) Of Metals .....	402
Secondary Smelting, Refining, And Alloying Of Nonferrous Metal And Alloys.....	402
Smelting Of Nonferrous Metals, N.O.C. ....	402
Tin Smelting And Refining .....	402
White Lead Mfg. ....	402
Zinc Smelting And Refining, Primary .....	402
Aluminum Extruded Products Mfg. ....	403
Atomizing Molten Nonferrous Metal.....	403
Can Mfg., Seamless.....	403
Cold Rolling Or Drawing, Nonferrous Metals .....	403
Copper Pipe Or Tube Mfg. By Extruding And Drawing .....	403
Drawing - Nonferrous Metals .....	403
Extruded Products Mfg. - Nonferrous Metals .....	403
Forging - Nonferrous Metals Only .....	403
Metal Can Mfg., Seamless .....	403
Miniature Tube Mfg. - From Nonferrous Metals .....	403
Nonferrous Metals Cold Rolling, Drawing, Extruding, Or Forging .....	403
Pipe Mfg. - Brass, Copper Or Aluminum .....	403
Platinum Group Metals - Rolling, Drawing And/Or Extruding .....	403
Powder Mfg. - Atomizing Molten Nonferrous Metal .....	403
Tin Foil Mfg.....	403
Tube Mfg. - Nonferrous .....	403
Wire Drawing - Nonferrous Metals .....	403
Wire Mfg. - Nonferrous .....	403
Blast Furnace Operation.....	404
Stainless Steel Mfg. ....	404
Steel Mfg. ....	404
Cold Rolling Or Drawing - Ferrous Metals .....	406
Cold-Rolled Sheet Mfg. - By Specialist Contractor .....	406
Corrugating Iron And Steel - Cold-Rolled - By Specialist Contractor .....	406
Doubling Process, Sheet Rolling - By Specialist Contractor.....	406
Ferrous Metals Cold Rolling Or Drawing.....	406
Plate Steel Mfg. - By Specialist Contractor.....	406
Rolling Mill - Ferrous Metals - By Specialist Contractor .....	406
Sheet Rolling, Cold Rolling - By Specialist Contractor .....	406
Steel Wire Drawing.....	406
Wire Drawing - Ferrous Metals .....	406
Wire Mfg. ....	406
Miniature Tube Mfg. - From Ferrous Metals .....	407
Pipe Or Tube Mfg. - Iron Or Steel.....	407
Skelp Rolling.....	407
Steel Pipe And Tube Mfg. ....	407
Tube Mfg. - Iron Or Steel .....	407
Bridge Shop .....	411
Radio And Television Tower, Fabrication .....	411
Steel Fabrication, Bridge And Structural Shops .....	411

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 21**

**UNDERWRITING GUIDE NUMERIC**

---

Steel Works, Structural.....	411
Structural Steel Fabrication.....	411
Tower, Transmission, Fabrication .....	411
Aluminum Railings Mfg. ....	413
Architectural Or Ornamental Iron Work Mfg. ....	413
Balcony Mfg. ....	413
Banister Mfg. - Metal .....	413
Fence Or Fence Post Mfg. - Ornamental Iron Or Steel .....	413
Fire Door Mfg. ....	413
Fire Escape Mfg. ....	413
Flagpole Mfg. - Metal .....	413
Flooring Mfg. - Open Steel Grating .....	413
Furniture Mfg. - Wrought Iron .....	413
Gate Mfg. - Ornamental Metal.....	413
Grandstand Or Bleacher Mfg. - Metal .....	413
Grating Mfg. - Open Steel Flooring .....	413
Iron Shutter Mfg. ....	413
Iron, Ornamental, Fabrication Shop .....	413
Lamp Post Mfg. - Metal .....	413
Metal Arches Mfg., For Buildings .....	413
Metal Lath Mfg. ....	413
Ornamental Brass Goods Mfg. ....	413
Ornamental Or Architectural Metal Work Mfg.....	413
Partition Mfg. - Ornamental Iron .....	413
Pipe Bending - Fabrication Shop .....	413
Power Pipe Fabrication .....	413
Racing Sulky Mfg. ....	413
Railing Mfg. ....	413
Stair Railing Mfg. - Metal .....	413
Steel Curtain Wall Mfg.....	413
Sulky Mfg., Racing.....	413
Autoclave Mfg., Industrial .....	415
Boiler Mfg., Shop Only .....	415
Buoy Mfg. - Metal .....	415
Casing Mfg., Boiler Metal Plate .....	415
Condenser Mfg., Steam .....	415
Culvert Mfg. - Metal Plate .....	415
Cylinder Mfg. - Pressure Metal Plate .....	415
Dumpster Or Refuse Container Mfg. - From Metal Plate .....	415
Gas Tank Mfg. - Metal Plate .....	415
Industrial Boiler Mfg. ....	415
Liquid Oxygen Tank Mfg. - Metal Plate .....	415
Military Tank Hull Mfg.....	415
Oil Storage Tank Mfg. - Metal Plate .....	415
Plate Work, Fabricated .....	415
Pressure Vessel Mfg. - Industrial Metal Plate .....	415
Refuse Container Or Dumpster Mfg. - From Metal Plate .....	415
Still Mfg. - Pressure Metal Plate.....	415
Tank Mfg. - Pressurized Or Non-Pressurized, Including For Tank Trucks - From Metal Plate.....	415

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 22**

**UNDERWRITING GUIDE NUMERIC**

---

Truss Plate Mfg. - Metal .....	415
Vacuum Tank Mfg. - Metal Plate .....	415
Vat Mfg. - Metal Plate .....	415
Car Mfg., Rebuilding Or Repair, Railroad - All Kinds .....	416
Freight Car Mfg. ....	416
Industrial Locomotive And Parts Mfg. ....	416
Locomotive And Parts Mfg. ....	416
Mine Car Mfg.....	416
Railroad Car Mfg. ....	416
Railway Maintenance Car Mfg.....	416
Refrigerator Car Mfg. ....	416
Switching Locomotive And Parts Mfg. ....	416
Tank Freight Car Mfg. ....	416
Tender Mfg., Locomotive.....	416
Casting Foundry, Steel .....	421
Electric Steel Foundry .....	421
Foundry, Steel .....	421
Steel Alloy Castings Mfg. ....	421
Steel Foundry.....	421
Cast Iron Pipe Mfg. ....	425
Casting Foundry, Ductile Or Grey Iron .....	425
Ductile Iron Foundry .....	425
Enameled Cast Iron Ware Mfg.....	425
Foundry, Iron, N.O.C. ....	425
Grey Iron Foundry .....	425
Heater Or Radiator Mfg. - Cast Iron .....	425
Hydrant Mfg. Water - Cast Iron .....	425
Iron Foundry, N.O.C. (See Also Classes 427 And 445) .....	425
Manhole Cover Mfg. - Cast Iron .....	425
Pipe Mfg. - Cast Iron, N.O.C. ....	425
Radiator Or Heater Mfg. - Cast Iron .....	425
Stove Mfg. - Cast Iron .....	425
Casting Foundry, Malleable Iron .....	427
Foundry, Malleable Iron.....	427
Malleable Iron Foundry .....	427
Aluminum Die Castings Mfg. ....	429
Die Castings Mfg. - Aluminum, Brass, Bronze, Copper Or Zinc .....	429
Zinc Die Castings Mfg. ....	429
Anvil Mfg. - Forged .....	431
Forging, N.O.C. ....	431
Gun Forging, Iron And Steel .....	431
Horseshoe Mfg. ....	431
Iron Forging .....	431
Press Forging.....	431
Projectile Or Shell Casing Mfg.: Forging - Separately Rate Loading Or Testing With Explosives.....	431
Upset Forging.....	431
Agricultural Tools Mfg.....	433
Axe Mfg.....	433
Construction Tools Mfg.....	433

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 23**

**UNDERWRITING GUIDE NUMERIC**

---

File (Tool) Mfg. - Forged .....	433
Gardening Tools Mfg. ....	433
Heat-Treating Of Metal - By Specialist Contractor .....	433
Logging Tools Mfg.....	433
Oil Well Tools Mfg. ....	433
Sledgehammer Mfg. ....	433
Tool Mfg. - Forged.....	433
Automobile Bumper Mfg. ....	435
Automobile Spring Mfg. ....	435
Chain Mfg. ....	435
Coiled Flat Spring Mfg.....	435
Leaf Spring Mfg. ....	435
Railroad Car Or Locomotive Spring Mfg.....	435
Spring Mfg. - Hot Wound.....	435
Steel Spring Mfg. - Except Wire (Cold Wound) Springs .....	435
Torsion Bar Spring Mfg.....	435
Aircraft Propeller Mfg. - Wood .....	441
Architectural Scale Model Mfg. - By Specialist Contractor .....	441
Cutlery Mfg. (Non-Forged) For Household Or Butcher Shop/Restaurant Use .....	441
Die Mfg.....	441
Fixture Or Jig Mfg. ....	441
Gauge Mfg. - Ring, Plug Or Snap .....	441
Jig Or Fixture Mfg. ....	441
Label Mfg. - Metal.....	441
Last Form Mfg. - Wooden.....	441
Machine Tools Mfg. - Metal - Cutting Or Forming Types.....	441
Model Or Pattern Mfg. - Wood Or Metal, Shop Only, Excluding Castings.....	441
Mold Mfg., Excluding Castings .....	441
Pattern Or Model Mfg. - Wood Or Metal, Shop Only, Excluding Castings.....	441
Punch Mfg., For Marking Metal .....	441
Sewing Machine Attachment Mfg. (e.g., Hemmers, Binders) .....	441
Shoe Form Mfg. - Wood .....	441
Steel Rule Die Mfg. ....	441
Tool Mfg., N.O.C. ....	441
Tool Sharpening, Industrial Tools.....	441
Welding Or Cutting Torch Tip Mfg.....	441
Wood Carving - By Hand Or Machine.....	441
File, Tool (Non-Forged) Mfg.....	442
Hand Tool Mfg. - Non-Forged (Excluding Axes, Agricultural Tools, Sledgehammers Or Wheelbarrows) .....	442
Industrial Knife Mfg. - All Types.....	443
Knife Mfg. - Industrial - All Types .....	443
Saw Blade Mfg. - All Types .....	443
Acetylene Torch Mfg. ....	445
Arms Mfg., Excluding Ammunition Mfg. ....	445
Automatic Screw Machine Products Mfg. ....	445
Automatic Sprinkler Mfg. ....	445
Bolt Mfg. ....	445
Bottle Cap Or Crown Mfg. ....	445
Brush Manufacture - Using Tinsplate Not Wood.....	445

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 24**

**UNDERWRITING GUIDE NUMERIC**

---

Builders Hardware Mfg. ....	445
Bushing Mfg. ....	445
Carburetor Mfg. ....	445
Cartridge Mfg., No Handling Of Explosives .....	445
Coating Of Parts - By Contractor .....	445
Collapsible Tube Mfg. ....	445
Curtain Rod Mfg. - Metal .....	445
Electric Fixtures Mfg. ....	445
Fastener Mfg., N.O.C. ....	445
Flashlight Mfg., Or Assembling .....	445
Franklin Stove Assembly.....	445
Gas And Electric Fixtures Mfg. ....	445
Hardware Mfg., N.O.C. Including Foundry .....	445
Hydraulic Stabilizer Mfg., For Trains .....	445
Investment Casting.....	445
Lamp Or Portable Lantern Mfg. ....	445
Lighting Fixtures Mfg. ....	445
Meat Chopper Mfg. ....	445
Nail Mfg., Not Wire .....	445
Nut Or Bolt Mfg. ....	445
Painting Or Powder Coating Metal Parts - Shop - By Specialist Contractor .....	445
Playground Equipment Mfg. ....	445
Plumbers' Fittings Mfg.....	445
Plumbers' Supplies Mfg., N.O.C. ....	445
Polishing And Buffing, Shop Only - Specialist Contractor .....	445
Portable Lamp Or Lantern Mfg. ....	445
Powder Coating Of Parts (Electrostatic Spray Application) - By Contractor.....	445
Sadiron Mfg. ....	445
Scale And Balance Mfg. ....	445
Screw Machine Products .....	445
Screw Mfg. ....	445
Skate Mfg. ....	445
Small Arms Mfg. ....	445
Spike Mfg. ....	445
Spray Painting - In Shop Only .....	445
Sprinkler Mfg., Automatic .....	445
Stabilizer Mfg., Hydraulic For Trains .....	445
Tube Mfg. - Metal, Collapsible .....	445
Valve And Pipe Fitting Mfg., Except Cast Plumbers' Brass Goods .....	445
Valve Mfg. ....	445
Welding Torch Mfg.....	445
Aircraft Propeller Mfg. - Metal .....	446
Precision Machined Parts Mfg., N.O.C. ....	446
Aluminum Castings Mfg. ....	447
Aluminum Ware Mfg., Cast .....	447
Brass Castings Mfg. ....	447
Bronze Castings Mfg. ....	447
Bushing Or Bearing Mfg. - Nonferrous Metal - Cast .....	447
Casting Mfg. - Nonferrous Metals .....	447

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 25**

**UNDERWRITING GUIDE NUMERIC**

---

Centrifugal Castings Mfg. - Nonferrous Metals	447
Copper Castings Mfg.	447
Foundry - Nonferrous, N.O.C.	447
Hardware Mfg. - Nonferrous - By Foundry Method	447
Investment Castings Mfg. - Nonferrous Metals	447
Nonferrous Metals Foundry	447
Plumbing Fixture Fittings And Trim (Brass Goods) Mfg. - Cast	447
Spin Casting Foundry - Nonferrous Metals	447
Type Foundry	447
Zinc Castings Mfg.	447
Anodizing Metals	449
Chromium Plating	449
Detinning	449
Electroplating	449
Gold Plating	449
Metal Anodizing	449
Plating Of Metal Articles	449
Silver Plating	449
Tin Plating	449
Ambulance Body Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis	451
Automobile Body Mfg., Except Plastic Body Molding	451
Bus Body Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis	451
Fire Truck Body Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis	451
Hearse Body Mfg.	451
Mobile Home Mfg. - Non Self-Propelled	451
Trailer Mfg.	451
Truck Body Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis	451
Truck Cab Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis	451
Agate Or Enamel Ware Mfg.	454
Aluminum Storm Sash Mfg.	454
Aluminum Ware Mfg. - From Sheet Aluminum	454
Automobile Parts Mfg., Miscellaneous Stamped Parts	454
Automobile Radiator Mfg.	454
Automobile Wheel Mfg.	454
Barrel Or Drum Mfg. - Metal	454
Barrel Or Drum Reconditioning Or Repairing - Metal	454
Bin Mfg. - Sheet Metal	454
Brass Products Mfg., N.O.C. - From Sheet Stock	454
Building Mfg., Portable - Metal, No Erection	454
Can Mfg., Seamed	454
Casing Mfg. - Sheet Metal	454
Chimney Flashing Mfg., No Installation Work	454
Cooking Utensil Mfg. - Steel Or Aluminum	454
Copper Products Mfg. - From Sheet Stock	454
Coppersmithing - Shop Only	454
Duct Fabrication - No Installation Work	454
Enamel Ware Mfg.	454
Flue Mfg., Stove Or Furnace - By Specialist Contractor	454
Hood Mfg., Range	454

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 26**

**UNDERWRITING GUIDE NUMERIC**

---

Hotel Kitchen Equipment Mfg.....	454
Household Cooking Utensil Mfg. ....	454
Machine Guard Mfg. - Sheet Metal .....	454
Metal Can Mfg., Seamed .....	454
Metal Shipping Barrels, Drums, Kegs Or Pails - Used, Dealer .....	454
Metal Spinnings Mfg. ....	454
Metal Stampings Mfg. ....	454
Metal, Sheet Goods Mfg., N.O.C. ....	454
Perforated Metal Mfg. ....	454
Radiator Mfg., Auto .....	454
Restaurant Kitchen Equipment Mfg.....	454
Sheet Metal Products Fabrication, N.O.C., Shop Only .....	454
Sign Mfg. - Metal, Shop Only - No Erection .....	454
Silo Building - Metal, Shop Only .....	454
Steel Barrel Or Drum Mfg. ....	454
Steel Drum Or Barrel Dealer, Secondhand .....	454
Storm Window Or Door Mfg. - Metal Or Vinyl .....	454
Ventilator Mfg. - Sheet Metal .....	454
Wheelbarrow Mfg. - Metal .....	454
Window Sash Mfg. - Aluminum Or Vinyl .....	454
Air Conditioner Mfg. Home Window Unit .....	456
Air Conditioner Or Air Conditioner Equipment Mfg. - Home Window Unit Or Central Air, Commercial Or Industrial .....	456
Aircraft Subassemblies Mfg. - Metal, By Contractor (e.g., Cowlings, Wings, Tabs Or Ailerons) .....	456
Aluminum Awning Mfg. ....	456
Aluminum Venetian Blind Mfg.....	456
Appliance Mfg., Major Household Or For Commercial Establishments, Kitchen Or Laundry .....	456
Awning Mfg. - Metal, No Erection .....	456
Bedstead Mfg. - Metal .....	456
Bookcase Mfg. - Metal .....	456
Brass Bed Mfg. ....	456
Cabinet Mfg. - Sheet Metal .....	456
Chair Mfg. - Metal.....	456
Clothes Dryer Mfg., Commercial Or Household.....	456
Coffin Mfg. - Metal .....	456
Display Showcase Mfg. - Metal .....	456
Door Mfg. - Metal .....	456
File Cabinet Mfg. ....	456
Fireproof Equipment Mfg. - Metal .....	456
Freezer Mfg., Commercial Or Household .....	456
Furniture Mfg. - Metal .....	456
Garment Rack Mfg. - Metal .....	456
Golf Club Mfg. - Metal .....	456
Ice Cream Cabinet Mfg. ....	456
Incubator Mfg. - Metal .....	456
Jalousie Or Jalousie Screen Mfg. - Metal Or Glass .....	456
Ladder Mfg. - Metal .....	456
Locker Mfg. - Metal .....	456
Metal Furniture Mfg. ....	456
Office Furniture Mfg. - Metal .....	456

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 27**

**UNDERWRITING GUIDE NUMERIC**

---

Oven Mfg. - Metal Industrial Drying Ovens .....	456
Panel Or Partition Mfg. - Sheet Metal .....	456
Radiator Cabinet Or Shield Mfg. - Metal .....	456
Refrigerator Mfg., Commercial Or Household .....	456
Sheet Metal Aircraft Parts Mfg. ....	456
Shelving Mfg. - Metal .....	456
Showcase Mfg. - Metal .....	456
Ski Mfg. - Metal .....	456
Soda Fountain Mfg.....	456
Stove Mfg. - Sheet Metal, Commercial Or Household .....	456
Tennis Racquet Mfg. - Metal .....	456
Trash Compactor Mfg. ....	456
Venetian Blind Mfg. - Aluminum .....	456
Ventilation Equipment Mfg. ....	456
Washing Machine Mfg., Commercial Or Household .....	456
Artificial Christmas Tree Mfg. ....	457
Bed Spring Mfg. - Wire .....	457
Brush Mfg. - Wire .....	457
Cable Mfg. - Not Insulated Electrical Cable.....	457
Coat Hanger Mfg. - Metal .....	457
Cold Wound Wire Spring Mfg. ....	457
Fence Mfg. - Wire .....	457
Lamp Shade Frame Mfg. ....	457
Nail Mfg. - Wire .....	457
Pocketbook Frame Mfg. ....	457
Rope Mfg. - Wire .....	457
Shopping Cart Mfg.....	457
Snow Fence Mfg., Wire Twisting .....	457
Spring Mfg., Cold Wound.....	457
Welding Rod Mfg. ....	457
Wire Brush Mfg. ....	457
Wire Fence Mfg. ....	457
Wire Goods Mfg. ....	457
Wire Rope Or Cable Mfg.....	457
Clock Mfg. ....	458
Costume Jewelry Mfg. ....	458
Diamond Cutter, Polisher, Setter .....	458
Gold Leaf Mfg. ....	458
Jewel Setting And Mounting .....	458
Jewelry Mfg. ....	458
Jewelry Polishing .....	458
Lapidary.....	458
Musical Instrument Mfg. - Metal .....	458
Pendant Jewelry Mfg. ....	458
Precious Stone Cutting, Polishing Or Setting .....	458
Silverware And Plated Ware Mfg. ....	458
Watch Mfg. ....	458
Watch, Clock, And Parts Mfg.....	458
Artificial Limb Mfg. ....	459

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 28**

---

Ball Point Pen Mfg. ....	459
Button Mfg. - Metal .....	459
Electronic Terminal And Connector Mfg. - By Machining Or Stamping .....	459
Eyelet Mfg. ....	459
Mechanical Pencil Mfg. ....	459
Miniature Valve And Fitting Mfg. ....	459
Needle, Pin, Hook Or Eye Mfg. ....	459
Pen Or Pen Point Mfg. ....	459
Pin Or Needle Mfg.....	459
Razor Blade Mfg. - Safety .....	459
Rivet Mfg. ....	459
Swiss Screw Machine Shop .....	459
Tack Mfg. ....	459
Valve Mfg. - Miniature .....	459
Zipper Mfg. ....	459
Aircraft Engine Or Engine Part Mfg. Or Repair, Shop Only .....	461
Automobile Engine Mfg. Or Remanufacture .....	461
Automobile Jack Mfg. ....	461
Automobile Parts Mfg. - Machined - N.O.C. ....	461
Automotive Machine Shops - No Work On Cars - e.g., Cylinder Reboring, Valve Grinding Or Turning Down Brake Drums .....	461
Engine Mfg., Internal Combustion .....	461
Fuel Pump Mfg., Automobile .....	461
Gear Mfg. Or Grinding .....	461
Hydraulic Device Mfg. - e.g., Jacks, Auto Lifts .....	461
Internal Combustion Engine Mfg. ....	461
Jackhammer Mfg. ....	461
Machine Shop, N.O.C. ....	461
Machined Automobile Parts Mfg., N.O.C.....	461
Machinery Mfg. - Industrial, N.O.C. ....	461
Measuring Or Dispensing Pump Mfg.....	461
Outboard Motor Mfg. ....	461
Piston, Piston Pin Or Piston Ring Mfg.....	461
Pneumatic Tool Mfg. ....	461
Projectile Or Shell Casing Mfg.: Secondary Machining - Separately Rate Loading Or Testing With Explosives .....	461
Pump Mfg. ....	461
Safe Mfg. ....	461
Shaft Mfg. - All Types .....	461
Stoker Mfg. ....	461
Supercharger Mfg. ....	461
Automobile Mfg. ....	463
Automobile Truck Mfg. ....	463
Bicycle Mfg. ....	463
Forklift Truck Mfg. ....	463
Industrial Truck Mfg. ....	463
Motorcycle Mfg. ....	463
Tractor Mfg. ....	463
Truck Mfg. ....	463
Confectioners' Machinery Mfg. ....	464
Food Product Machinery Mfg. ....	464

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 29**

---

Machinery Reconditioning (Excluding Conveyors) - Shop Operations Only .....	464
Packaging Machinery Mfg. - Including Automatic Filling Type Machinery (Not Bottling) .....	464
Paper Industry Machinery Mfg. ....	464
Printing Trade Machinery Or Equipment Mfg. ....	464
Textile Machinery Mfg. ....	464
Typesetting Machinery Mfg. ....	464
Woodworking Machinery Mfg. ....	464
Conveyor Mfg. - Or Reconditioning.....	465
Elevator Or Elevator Door Mfg. ....	465
Escalator Mfg. ....	465
Hoisting Systems Mfg. ....	465
Overhead Crane Mfg. ....	465
Ball Bearing Mfg. ....	467
Roller Bearing Mfg. ....	467
Automotive Wire Harness Assembly .....	471
Cable Connector Assembly .....	471
Electrical Wire Harness Assembly .....	471
Printed Circuit Board Mfg. - By Specialist Contractor.....	471
Printed Circuit Board Stuffing By Contractor .....	471
Stuffing Printed Circuit Boards, Adding Wiring And Chassis By Contractor Per Customer Design .....	471
Ceramic Capacitor Mfg. - Less Than 1 H.P. ....	472
Coils - Less Than 1 H.P. ....	472
Diode Mfg. ....	472
Integrated Circuit Mfg.....	472
Light Emitting Diode Mfg. ....	472
Liquid Crystal Display Mfg. ....	472
Oscillator Mfg. ....	472
Quartz Crystal Culturing .....	472
Resistor Mfg. - Less Than 1 H.P. ....	472
Semiconductor Refining - Silicon Wafers .....	472
Silicon Chip Mfg. ....	472
Transducer Mfg. ....	472
Transformer Mfg. - Less Than 1 H.P. Used In Electronic Devices .....	472
Transistor Mfg. ....	472
Automobile Horn Mfg., Electric .....	473
Automotive Alternator Or Generator Mfg. Or Repair .....	473
Automotive Lighting, Ignition Or Starting Apparatus Mfg. ....	473
Ballast Mfg. - Fluorescent Lights.....	473
Battery Charging Equipment Mfg. ....	473
Battery Mfg., Dry .....	473
Blender Mfg. - Household .....	473
Blinkerlight Mfg. ....	473
Centrifuge Mfg., Laboratory .....	473
Christmas Tree Light Cord Sets Mfg. ....	473
Dimmer Switch Mfg.....	473
Electric Blanket Mfg. ....	473
Electric Cord Assembly, Cable Mfg. To Be Separately Rated .....	473
Electric Fan Mfg. ....	473
Electric Heating Element Mfg. ....	473

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 30**

**UNDERWRITING GUIDE NUMERIC**

---

Electric Housewares And Fan Mfg. ....	473
Electric Switches Mfg. - Household And Crossbar .....	473
Electric Wire Assembly - Cord .....	473
Electrical Apparatus Mfg. ....	473
Electrical Equipment For Internal Combustion Engines Mfg. ....	473
Electro-Physical Therapy Equipment Mfg. ....	473
Fire Alarm Siren Mfg. ....	473
Floor Cleaning/Waxing Machine Mfg. ....	473
Fuse Mfg. - Electrical .....	473
Hair Dryer Mfg. - Hand-Held .....	473
Hand Tool Mfg. - Electric - Portable .....	473
Heating Pad Mfg. ....	473
Humidifier Mfg. ....	473
Mercury Switch Mfg. ....	473
Razor Mfg. Or Repair -Electric .....	473
Switch Mfg. - Household.....	473
Trains, Electric - Toy Or Model Mfg. ....	473
Vacuum Cleaner - Service Or Repair .....	473
Vacuum Cleaner Mfg. ....	473
X-Ray Equipment Mfg. ....	473
Bus-bar Mfg. ....	474
Circuit Breaker Mfg. ....	474
Electric Power Equipment Mfg. For Utilities.....	474
Generator Mfg., Electric .....	474
Switchgear Or Switchboard Apparatus Mfg. ....	474
Transformer Mfg. (1 H.P. Or More).....	474
Vacuum Furnace, Kiln Or Drying Oven Mfg. ....	474
Automobile Battery Mfg.....	475
Battery Mfg., Storage .....	475
Storage Battery Mfg. ....	475
Environmental Control Systems Mfg./Assembly.....	476
Motor Controller Assembly .....	476
Power Controller Assembly .....	476
Process Control Systems Mfg./Assembly .....	476
Armature Mfg.....	477
Electric Motor Mfg. Or Repair - Shop Only .....	477
Adding Machine Mfg. ....	483
Calculator Mfg. ....	483
Cash Register Mfg.....	483
Cigarette Or Cigar Lighter Mfg. ....	483
Computer Mfg.....	483
Computer Peripheral Mfg. ....	483
Electronic Organ And Synthesizer Mfg. ....	483
Facsimile Equipment Mfg. ....	483
Laser Printer Cartridge Mfg. Or Remanufacture .....	483
Modem Mfg. ....	483
Office Machine Mfg. ....	483
Organ, Electronic - Mfg. ....	483
Sewing Machine - Service Or Repair .....	483

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 31**

**UNDERWRITING GUIDE NUMERIC**

---

Sewing Machine Mfg. ....	483
Slot Machine Mfg. ....	483
Typewriter Mfg. ....	483
Vending Machine Mfg. ....	483
Voting Machine Mfg. ....	483
Aircraft Radio Or Transmitting Equipment Mfg. ....	485
Amplifier Mfg. ....	485
Antenna Mfg. ....	485
Depth Sounding Equipment Mfg. ....	485
Hearing Aid Mfg. ....	485
Infrared Homing Systems Mfg. ....	485
Intercommunications Equipment Mfg. ....	485
Microphone Mfg. ....	485
Microwave Communication Equipment Mfg. ....	485
Missile Guidance Equipment Mfg. ....	485
Multiplexer Mfg. ....	485
Navigational Instruments Mfg. ....	485
Radar Devices Mfg. ....	485
Radio Or Television Transmitting, Signaling Or Detection Equipment Or Apparatus Mfg. ....	485
Receivers - Radio Communication Mfg. ....	485
Recording Devices Mfg. ....	485
Sonar Equipment Mfg. ....	485
Speaker Mfg. ....	485
Stereo Equipment Mfg. ....	485
Tape Recorder Mfg. ....	485
Telemetry Equipment Mfg. ....	485
Telephone Or Telegraph Apparatus Mfg. ....	485
Transponder Mfg. ....	485
Video Cassette Recorder Mfg. ....	485
Cathode Ray Picture Tube Mfg. ....	486
Electric Light Bulb Mfg. ....	486
Electron Tube Mfg. ....	486
Incandescent Light Bulb Mfg. ....	486
Medical Diagnostic Lamp Mfg. ....	486
Megetron Device Mfg. (Specialty Electron) ....	486
Neon Sign Mfg. - Shop Only, No Installation, Service Or Repair ....	486
Photoflash Cube Mfg. ....	486
Radio & Television Tube Mfg. ....	486
Television Tube Mfg. ....	486
Transmitting, Industrial And Special Purpose Electron Tube Mfg. ....	486
Vacuum Tube Mfg. ....	486
X-Ray Tube Mfg. ....	486
Audio Compact Disc Duplicating ....	487
Binocular Mfg. ....	487
Coating Optical Products - Vacuum Deposition Method ....	487
Dental Drill Or Dental Tools Mfg. ....	487
Drafting Equipment Mfg. ....	487
Micrometer Mfg. ....	487
Optical Instrument Or Lens Mfg. ....	487

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 32**

---

Surgical Instrument Mfg. ....	487
Surveying Equipment Mfg. ....	487
Telescope Mfg. ....	487
Aircraft Instrument Mfg. (Not Radio Or Radar) ....	488
Altimeter Mfg. ....	488
Automatic Temperature Control Mfg. ....	488
Blood & Gas Analyzer Mfg. ....	488
CAT Scanner Mfg. ....	488
Defibrillator Mfg. ....	488
Electric Measuring Instrument Or Test Equipment Mfg. ....	488
Electrocardiograph Equipment Mfg. ....	488
Fetal Monitor Mfg. ....	488
Flow Controller Mfg. ....	488
Flowmeter Mfg. ....	488
Gas Detection Monitor Mfg. ....	488
Gas Meter Mfg. ....	488
Heart Scan Systems Mfg. ....	488
Magnetic Resonance Imaging (MRI) Mfg. ....	488
Medical Equipment Mfg., Electronic - Diagnostic Or Treatment ....	488
Pyrometer Mfg. ....	488
Respirator Equipment Mfg. ....	488
Semiconductor Test Equipment Mfg. ....	488
Speedometer Mfg. ....	488
Steam Pressure Gauge Mfg. ....	488
Tachometer Mfg. ....	488
Taximeter Mfg. ....	488
Thermocouple Mfg. ....	488
Thermometer Mfg. ....	488
Thermostat Mfg. ....	488
Ultrasound Imager Mfg. ....	488
Valve Actuator Mfg. ....	488
Vital Signs Monitoring Equipment Mfg. ....	488
Volt Meter Mfg. ....	488
Wafer (Semiconductor) Dicing Machine Mfg. ....	488
Wafer Cleaning Equipment ....	488
Water Meter Mfg. ....	488
Wet Wafer Processing Equipment ....	488
Artificial Teeth Mfg. ....	489
Dental Laboratory ....	489
Hearing Aid Ear Mold Mfg. ....	489
Employment Contractor - Temporary Rolling, Drawing Or Extruding Nonferrous Metals Staff ....	491
Rolling, Drawing Or Extruding Nonferrous Metals - Temporary Staff ....	491
Temporary Rolling, Drawing Or Extruding Nonferrous Metals Staff ....	491
Automobile, Truck Or Trailer Body Mfg. - Temporary Staff ....	495
Employment Contractor - Temporary Automobile, Truck Or Trailer Body Mfg. Staff ....	495
Temporary Automobile, Truck Or Trailer Body Mfg. Staff ....	495
Electronic Component Mfg. - Temporary Staff ....	497
Employment Contractor - Temporary Electronic Component Mfg. Staff ....	497
Temporary Electronic Component Mfg. Staff ....	497

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 33**

**UNDERWRITING GUIDE NUMERIC**

---

Battery Mfg. - Temporary Staff .....	499
Employment Contractor - Temporary Battery Mfg. Staff .....	499
Temporary Battery Mfg. Staff.....	499
Calcium Carbide Mfg. ....	501
Cement Mfg., Including Quarrying .....	501
Cement Quarry Operated By Manufacturer.....	501
Lime Burning Or Processing - By Specialist Contractor.....	501
Plaster Mill .....	501
Quarry, Cement - Operated By Manufacturer .....	501
Acrylic Embedments Mfg.....	502
Map Mfg. Relief, Made Of Plaster .....	502
Plaster Form Mfg. ....	502
Plaster Statuary Mfg. ....	502
Powder Metal Products Mfg. ....	506
Carbon Products Mfg. ....	507
Graphite Products Mfg. ....	507
Asbestos Cement Products Mfg. ....	509
Asbestos Goods Mfg. ....	509
Asbestos Paper Mfg. ....	509
Asbestos Spinning Or Weaving.....	509
Blanket Mfg., Insulating For Aircraft - Asbestos.....	509
Brake Lining Mfg. - Asbestos.....	509
Cloth Mfg. - Asbestos .....	509
Fire Resistant Glove Mfg. ....	509
Glove Mfg. - Fire Resistant .....	509
Paper Mfg. - Asbestos .....	509
Tape Mfg. - Asbestos .....	509
Textile Mfg. - Asbestos.....	509
Vinyl Asbestos Floor Tile Mfg. ....	509
Bathtub Mfg. - Concrete.....	511
Cast Stone Mfg. - Concrete .....	511
Cement Block Mfg. ....	511
Cinder Block Mfg. ....	511
Concrete Block Mfg. ....	511
Concrete Burial Vault Mfg. ....	511
Concrete Products Mfg. ....	511
Drain Tile Mfg. - Concrete .....	511
Pipe Mfg. - Concrete .....	511
Plaster Block Mfg.....	511
Precast Concrete Products Mfg. - Shop .....	511
Septic Tank Mfg. - Concrete .....	511
Silo Building - Concrete, Shop Only .....	511
Step Mfg. - Prefabricated Concrete .....	511
Brick Mfg. ....	512
Pipe Mfg. - Terra-Cotta.....	512
Refractory Products Mfg. ....	512
Structural Clay Products Mfg. ....	512
Terra-Cotta Mfg. ....	512
Tile Mfg., Roofing, Structural Or Terra-Cotta .....	512

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 34**

**UNDERWRITING GUIDE NUMERIC**

---

Abrasive Shape Mfg. ....	513
Abrasive Wheel Mfg. ....	513
Ceramic Mfg. ....	513
China Decorating - By A China Manufacturer .....	513
China Tableware Mfg. ....	513
Earthenware Mfg. ....	513
Foundry Sand Cores Mfg. - By Contractor .....	513
Grinding Wheel Mfg. ....	513
Grindstone Mfg., No Quarrying .....	513
Mineral Wool Mfg. - Including Spinning And Weaving .....	513
Porcelain Electrical Product Mfg.....	513
Porcelain Mfg. ....	513
Pottery Mfg., Glazed .....	513
Pottery Mfg., N.O.C. - No Brick, Tile, Sewer Pipe Or Gas Retorts .....	513
Rock Wool Mfg. - Including Spinning And Weaving .....	513
Tile Mfg., Decorative .....	513
Vitreous China Plumbing Fixture Mfg. ....	513
Vitreous China Table And Kitchen Articles Mfg. ....	513
Vitreous Tile Mfg.....	513
Cut Glass Mfg. ....	535
Fibrous Glass Mfg.....	535
Flat Glass Mfg. ....	535
Glass Container Mfg. ....	535
Glass Mfg., Stained .....	535
Glassware Mfg. ....	535
Plate Glass Mfg. ....	535
Polished Plate Glass Mfg. ....	535
Pressed Or Blown Glass Mfg. ....	535
Rolled Glass Mfg. ....	535
Sheet Glass Or Sheet Window Glass Mfg.....	535
Sodium Silicate Mfg. ....	535
Stained Glass Mfg.....	535
Window (Sheet) Glass Mfg. ....	535
Wire Glass Mfg. ....	535
Glass Merchant - Bending, Beveling, Grinding Or Silvering Plate Glass By Separate Shop Crew .....	536
Glass Ornament Mfg. - From Purchased Glass .....	536
Laboratory Glassware Mfg. - From Purchased Glass.....	536
Laminated Glass Products Mfg. - From Purchased Glass .....	536
Mirror Mfg. - From Purchased Glass .....	536
Stained Glass Products Including Window Mfg. - From Purchased Stained Glass .....	536
Tiffany Lamp Shade Mfg. - From Purchased Stained Glass .....	536
Employment Contractor - Temporary Staff - Manufacturing Or Light Industrial Operations .....	544
Light Industrial Or Manufacturing Business Operations - Temporary Staff .....	544
Manufacturing Or Light Industrial Operations - Temporary Staff .....	544
Temporary Staff - Manufacturing Or Light Industrial Operations .....	544
Acid Mfg. ....	551
Agricultural Chemical Mfg. ....	551
Agricultural Pesticide Mfg. ....	551
Alkali Mfg. ....	551

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 35**

**UNDERWRITING GUIDE NUMERIC**

---

Alum Mfg. ....	551
Aniline Dye Mfg. ....	551
Bicarbonate Of Soda Mfg. ....	551
Charcoal Mfg.....	551
Chemical Processing Or Products Mfg., N.O.C. ....	551
Copper Recovery, Not Smelting .....	551
Cotton Seed Oil Mfg. ....	551
Creosote Mfg. - From Tar .....	551
Distillation, Wood.....	551
Dye Mfg.....	551
Fungicide Mfg. ....	551
Herbicide Mfg. ....	551
Insecticide Mfg. ....	551
Iron Recovery By Chemical Means .....	551
Magnesium Metal Mfg. - Electrolysis Of Fused Magnesium Chloride Process .....	551
Magnesium Metal Mfg. - Ferro-Silicon Process .....	551
Magnesium Metal Mfg., N.O.C.....	551
Oil Mfg., Vegetable .....	551
Pest Strip Mfg. ....	551
Pesticide Mfg. ....	551
Pyroxylin Mfg., Not For Use In Explosive Mfg. ....	551
Salt Refining.....	551
Silica Gel Mfg. ....	551
Soda Bicarbonate Mfg. ....	551
Sulfate Mfg. ....	551
Tanning Extract Mfg. ....	551
Tar Refining .....	551
Vegetable Oil Mill.....	551
Vitriol Mfg. ....	551
Wood Alcohol Mfg. - Natural .....	551
Wood Distillation .....	551
Zinc, Recovery Of - By Chemical Means .....	551
Acetylene Gas Mfg.....	553
Ammonia Mfg. ....	553
Anhydrous Ammonia Mfg. ....	553
Carbon Dioxide Mfg. ....	553
Carbonic Acid Gas Mfg. ....	553
Gas Mfg.....	553
Hydrogen Mfg.....	553
Ice Mfg., Dry Ice .....	553
Industrial Gas Mfg. ....	553
Oxygen Or Hydrogen Mfg.....	553
Biological Product Mfg.....	555
Cough Drop Mfg. ....	555
Drug Mfg. ....	555
Medicine Mfg.....	555
Pharmaceutical Preparation Mfg. ....	555
Serum Mfg. ....	555
Adhesives Mfg. ....	563

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 36**

**UNDERWRITING GUIDE NUMERIC**

---

Color Mfg., No Red Or White Lead Mfg. ....	563
Dope (Plastic Model Paint) Mfg. ....	563
Dry Toner Mfg. ....	563
Enamel Paint Mfg. ....	563
Ink Mfg., Printing.....	563
Inorganic Pigment Mfg. ....	563
Lacquer Mfg. ....	563
Metal Polish Mfg. ....	563
Mineral Color Mfg.....	563
Mucilage Mfg.....	563
Paint Brush Cleaner Mfg. ....	563
Paint Mfg., No Red Or White Lead Mfg. ....	563
Paint Remover Mfg.....	563
Paint, Varnish, Lacquer Or Enamel Mfg.....	563
Pigment Color Mfg.....	563
Polish Or Leather Dressing Mfg. ....	563
Primer, Paint, Mfg. ....	563
Printing Ink Mfg. ....	563
Putty, Caulking Compound, And Allied Product Mfg. ....	563
Roofing Compound Mfg., No Refining ....	563
Shellac Mfg. ....	563
Shoe Polish Mfg. ....	563
Stains - Varnish, Oil And Wax, Mfg. ....	563
Toner (Dry) Mfg. ....	563
Varnish Mfg. ....	563
Water Paint Mfg. ....	563
Whiting Mfg. ....	563
Wood Filler And Sealer Mfg. ....	563
Wood Stain Mfg. ....	563
Beeswax Mfg. ....	571
Candle Mfg. ....	571
Cleaning, Polishing Or Sanitation Preparations Mfg. ....	571
Cosmetic, Perfume Or Other Toilet Preparations Mfg. ....	571
Crayon Mfg. ....	571
Degreasing Solvent Mfg.....	571
Detergent Mfg. ....	571
Disinfectant (Household And Industrial) Mfg. ....	571
Dry Cleaning Preparation Mfg. ....	571
Furniture Polish And Wax Mfg. ....	571
Household Bleach, Dry Or Liquid Mfg. ....	571
Perfume, Cosmetic Or Other Toilet Preparations Mfg. ....	571
Perfumery Extract Mfg. ....	571
Polishing, Cleaning Or Sanitation Preparations Mfg. ....	571
Saddle Soap Mfg. ....	571
Scouring Compound Mfg. ....	571
Sealing Wax Mfg. ....	571
Shampoo Mfg. ....	571
Soap Or Other Detergent Mfg.....	571
Washing Compound Mfg. ....	571

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 37**

---

Wax Or Wax Products Mfg. ....	571
Wax Remover Mfg. ....	571
Fertilizer Blending Or Mixing .....	573
Fertilizer Mfg. ....	573
Plant Food Mfg. - Mixed.....	573
Aromatic Chemical Mfg. In Petroleum Refinery .....	581
Benzene Mfg. In Petroleum Refinery .....	581
Blending Lubricants .....	581
Catalyst Mfg., Oil-Based .....	581
Gasoline Blending Plant.....	581
Grease Mixing Or Blending, Not Animal Or Vegetable .....	581
Kerosene Mfg.....	581
Lubricant, Blending .....	581
Lubricating Oil And Grease Mfg., Excluding Animal And Vegetable Products .....	581
Naphtha Mfg. In Petroleum Refinery .....	581
Nylon Mfg. ....	581
Oil Blending - Not Animal Or Vegetable.....	581
Oil Refining, Petroleum.....	581
Oil Re-Refining, Used Motor Oil .....	581
Petroleum Refining.....	581
Plastic Material, Synthetic Resin, Or Nonvulcanizable Elastomer Mfg.....	581
Rayon Mfg. ....	581
Sulfonated Oil And Assistant Mfg.....	581
Synthetic Rubber Intermediates Mfg. ....	581
Synthetic Rubber Mfg. ....	581
Employment Contractor - Temporary Paint Or Colors Mfg. Staff .....	587
Paint Or Colors Mfg. - Temporary Staff.....	587
Temporary Paint Or Colors Mfg. Staff .....	587
Airport Construction, Paving - Landing Strip Or Warming Apron .....	601
Airport Runway Construction - Paving Or Repaving.....	601
Asphalt Laying, On Constructed Highway By Contractor .....	601
Asphalt Laying, On Constructed Highway By Supplier .....	601
Asphalt Road Spraying .....	601
Concrete Drilling Or Sawing - On Highways Or Roads .....	601
Curbstone - Concrete Prefabricated - Installed By Road Contractor .....	601
Fence Erection, Highway Barriers By Paving Contractor.....	601
Flagmen - Provided By Specialist Contractor.....	601
Guardrail Or Metal Fence Erection - By Road Contractor .....	601
Highway Maintenance, Scraping, Paving Or Repaving By Contractor.....	601
Painting Lines On Highways Or Roads .....	601
Paving Or Repaving, Road And Street .....	601
Repaving - Street Or Road .....	601
Road Construction - Paving Or Repaving.....	601
Snow Plowing Or Removal By Contractor - Road Or Off-Road .....	601
Street Or Road Construction Or Maintenance - Scraping, Paving Or Repaving.....	601
Surfacing Or Resurfacing Of Road Or Street .....	601
Warming Apron Paving, Airport .....	601
Airport Runway Or Warming Apron Construction - Sub-surface Work.....	602
Culvert Construction, Not Exceeding 10 Feet Span.....	602

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 38**

**UNDERWRITING GUIDE NUMERIC**

---

Excavation - Street Or Road - Including Rock Excavation .....	602
Rock Excavation, Not Quarry, By Road Contractor .....	602
Street Or Road Rock Excavation .....	602
Sub-Surface Work - Road Or Street Construction .....	602
Sewer Construction, All Work To Completion Except Tunneling, See Class 615 .....	603
Storm Drain Construction .....	603
Railroad Construction, By Contractor .....	605
Railroad Maintenance Of Way, By Contractor .....	605
Boring Or Test Boring For Soil Samples.....	607
Drilling, By Contractor.....	607
Elevator Shaft Drilling.....	607
Fracturing (Fracing) Of Gas Wells - By Contractor .....	607
Gas Well Drilling .....	607
Gas Well Service Contractor .....	607
Geophysical Exploration - Seismic Method .....	607
Geophysical Exploration, N.O.C. ....	607
Logging Of Oil And/Or Gas Wells .....	607
Oil Or Gas Geologist .....	607
Oil Or Gas Well Drilling, By Contractor, N.O.C. ....	607
Oil Well Casing Installation.....	607
Oil Well Cementing, By Contractor.....	607
Oil Well Cleaning .....	607
Oil Well Service Contractor .....	607
Oil Well Shooting .....	607
Water Well Drilling .....	607
Well Drilling.....	607
Well Driving .....	607
Airport Construction, Paving Of Automobile Parking Areas .....	608
Asphalt Laying, Driveway, Floor, Yard, Sidewalk .....	608
Cement Work, Flat, Not Self-Bearing Or Reinforced .....	608
Concrete Floor Construction, Not Self-Bearing .....	608
Concrete Work, Yard .....	608
Diamond Core Drilling Within Buildings - By Specialist Contractor .....	608
Driveway Construction - Blacktop Or Cement .....	608
Flat Cement Work Contractor .....	608
Mausoleums And Monuments In Cemeteries, Erection Only.....	608
Painting Lines On Parking Lots Or Tennis Courts .....	608
Paving, Driveway - Blacktop Or Cement .....	608
Blasting Contractor - Includes Incident Drilling By The Blasting Contractor .....	609
Building Underpinning .....	609
Caisson Work, Pneumatic.....	609
Canal Irrigation, Construction .....	609
Caves, Excavation Of New Areas For Exhibition Purposes .....	609
Cellar Excavation .....	609
Concrete Burial Vault Installation .....	609
Excavation, N.O.C.....	609
Foundation Excavation .....	609
Gas Or Oil Pipeline Construction - Cross-Country.....	609
Grading .....	609

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 39**

**UNDERWRITING GUIDE NUMERIC**

---

Grading Preparatory To Building Erection .....	609
Grave Digging - By Contractor .....	609
Humus Digging And Bagging .....	609
Irrigation System Construction .....	609
Landfill Operation.....	609
Levee Construction.....	609
Oil Or Gas Pipeline Construction - Cross-Country.....	609
Peat Digging .....	609
Pipeline Construction, Oil Or Gas - Cross-Country .....	609
Pipeline Reclamation, Oil Or Gas .....	609
Rock Excavation, Not Quarry, Not By Road Contractor .....	609
Septic Tank Installation, By Specialist Contractor .....	609
Bulkhead Construction - State Coverage Only.....	611
Jetty Construction - State Coverage Only .....	611
Pile Driving - State Coverage Only .....	611
Wharf Building, Timber - State Coverage Only .....	611
Cofferdam Work - Under Pneumatic Pressure .....	615
Mine Shaft Sinking, By Contractor.....	615
Sewer Construction, Tunneling .....	615
Shaft Sinking.....	615
Tunneling .....	615
Gas Main Construction - Local Distribution Systems - All Work To Completion Except Tunneling .....	617
Gas, Steam Or Water Main Repair - By Contractor - All Work To Completion Except Tunneling .....	617
Main Construction - Gas, Steam Or Water - Local Distribution Systems - All Work To Completion Except Tunneling .....	617
Steam Main Construction - All Work To Completion Except Tunneling .....	617
Water Main Construction, All Work To Completion Except Tunneling .....	617
Cable Installation In Conduits - By The Conduit Construction Contractor .....	625
Cable Laying With Automatic Equipment - By Specialist Contractor .....	625
Conduit Construction - For Cables Or Wires, All Work To Completion .....	625
Asbestos - Encapsulation Or Removal (Including Pipe Insulation).....	643
Insulation (Asbestos) Encapsulation Or Removal (Including Pipe Insulation) .....	643
Insulation Work, Pipe (Incl. Asbestos Encapsulation Or Removal).....	643
Pipe Insulation - Asbestos Encapsulation Or Removal .....	643
Drywall Installation - Including Taping And Seaming .....	645
Plasterboard Installation .....	645
Sheet Rock Installation - Within Buildings .....	645
Taping And Seaming Of Wallboard .....	645
Wallboard Installation .....	645
Blackboard Installation - Wood .....	646
Church Furnishings - Wood (Altars, Pews) Installation.....	646
Display Rack Or Stand Installation - Metal, Plastic Or Wood .....	646
Exhibit Booth Erection .....	646
Fixture Installation: Partitions Or Counters .....	646
Furniture Or Fixture Installation - Portable - In Offices Or Stores .....	646
Kitchen Equipment Installation - (Commercial) .....	646
Metal Partition, Shelving, Locker, Office And Store Fixture Installation .....	646
Partition Installation .....	646
Shelving And Store Fixture Installation .....	646
Showcase Erection And Installation, No Mfg.....	646

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 40**

---

Soda Fountain Or Counter Installation - Plumbing Or Electrical Wiring To Be Separately Rated .....	646
Acoustical Insulation Material Installation.....	647
Insulation Work, N.O.C.....	647
Insulation Work, Residential.....	647
Rock Wool Installation .....	647
Sound Insulation Installation .....	647
Weather Stripping Installation .....	647
Weatherization Program .....	647
Window Caulking - As A Part Of A Weatherization Program .....	647
Cabinet Installation, Commercial Or Residential .....	648
Carpentry - Installation Of Cabinet Work, Finished Wooden Flooring Or Interior Trim.....	648
Door Or Door Frame Erection - Wood .....	648
Finished Hardwood Floor Installation .....	648
Floor Installation - Portable - Wood .....	648
Floor Laying, Finished Hardwood .....	648
Floor Sanding Or Scraping - Wood .....	648
Hardwood Floor Laying .....	648
Interior Trim Installation - Wood.....	648
Kitchen Cabinet Installation - Wood .....	648
Locks, Installation In New Buildings .....	648
Parquet Floor Laying .....	648
Paving, Wood Block, Interior.....	648
Stair Building (Wooden) Erection .....	648
Acoustical Ceiling Installation - Suspended Grid Type.....	649
Ceiling Installation - Acoustical - Suspended Grid Type .....	649
Aluminum Awning Erection .....	651
Aluminum Siding Installation.....	651
Aluminum Storm Sash Installation .....	651
Boarding Up Of Abandoned Buildings (Including Those Designed For Dwelling Occupancy) .....	651
Bridge Building - Wood .....	651
Carpentry, N.O.C. Excluding Concrete Form Building .....	651
Cooling Tower Erection, Prefabricated - Wood .....	651
Fence Erection - Wood .....	651
General Construction - Commercial.....	651
Grandstand Or Bleacher, Erection By Contractor - Portable - Wood .....	651
Greenhouse Erection .....	651
Interior Stripping/Gutting Of Buildings .....	651
Jalousie Or Jalousie Screen - Metal Or Glass, Erection Of .....	651
Lead Paint Removal (From Any Non-Pipe Surface) - By Contractor .....	651
Metal Storm Sash Installation .....	651
Prefabricated Wooden Building And Structural Member Erection .....	651
Siding Installation (Aluminum, Vinyl Or Wood) - Commercial Structures .....	651
Silo Erection - Wood .....	651
Storm Window Or Storm Door, Installation - Wood Or Metal .....	651
Tank Erection - Wooden .....	651
Vinyl Fence Installation .....	651
Window Screen Or Screen Door Installation - Metal Or Wood .....	651
Aluminum Awning Erection - Residential.....	652
Aluminum Siding Installation - Residential .....	652

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 41**

---

Aluminum Storm Sash Installation - Residential .....	652
Bathtub Liner Installation .....	652
Carpentry - Detached One Or Two Family Dwellings.....	652
Carpentry - Remodeling Of One Or Two Family Dwellings.....	652
Carpentry - Residential For Multiple Dwelling Occupancy - Three Stories Or Less .....	652
Home Improvements And/Or Remodeling .....	652
Jalousie Or Jalousie Screen - Metal Or Glass, Erection Of - Residential .....	652
Metal Storm Sash Installation - Residential.....	652
Modular Home Erection, Remodeling Or Repair.....	652
Punch List Repairs - By Contractor To A New House .....	652
Siding Installation (Aluminum, Vinyl Or Wood) - Residential .....	652
Storm Window Or Storm Door Installation - Wood Or Metal - Residential .....	652
Window Screen Or Screen Door Installation - Metal Or Wood - Residential .....	652
Boiler Brick Work, Installation Or Repair .....	653
Brick Pointing .....	653
Bricking Up Abandoned Buildings .....	653
Bricklaying .....	653
Building Caulking, Exterior .....	653
Building Cleaning, Exterior Walls.....	653
Cement Block Erection .....	653
Chimney Construction - Masonry .....	653
Cleaning Outside Surface Of Masonry Buildings, Siding Or Decks .....	653
Fireplace Installation .....	653
Fireproof Tile Setting .....	653
Glass Block Installation - Structural Use .....	653
Marble Setting, Exterior Only .....	653
Masonry, N.O.C. .....	653
Pavers (Decorative Brick Or Stone) Installation .....	653
Plaster Block Erection .....	653
Retaining Wall Construction (Excluding Concrete).....	653
Sandblasting The Outside Of Buildings .....	653
Silo Erection - Masonry Or Tile .....	653
Stone Setting - Structural .....	653
Stonework Erection By Contractor .....	653
Structural Glass Block Installation, Interior .....	653
Stucco Wall Coating .....	653
Tuck Pointing.....	653
Waterproofing Of Buildings .....	653
Window Caulking .....	653
Cement Finishing .....	654
Concrete Construction .....	654
Concrete Floor Construction, Self-Bearing .....	654
Concrete Form Erection .....	654
Concrete Parking Garage Construction .....	654
Concrete Reinforcing Rod Setting .....	654
Concrete Work, Dams .....	654
Concrete Work, Floors, Etc., Above Ground Level .....	654
False Work Erection For Concrete Construction .....	654
Grouting - Including Drilling - Placing Of Cement, Plastic Compounds Or Concrete, Or Pumping Of Fly Ash.....	654

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 42**

**UNDERWRITING GUIDE NUMERIC**

---

Guniting (Shotcrete Installation).....	654
Panel Or Wall Installation - Precast Concrete .....	654
Parking Garage Construction - Concrete.....	654
Precast Concrete Panel Or Wall Installation.....	654
Reinforcing Rod Setting - Including By Specialist Contractor .....	654
Retaining Wall Construction - Concrete.....	654
Shotcrete Installation (Guniting).....	654
Silo Erection - Concrete .....	654
Wall Or Panel Installation - Precast Concrete .....	654
Bridge Building - Metal.....	655
Bridge Painting .....	655
Chimney Cleaning - Industrial Smokestacks .....	655
Concrete, Pre-Stressed, Erection By Contractor .....	655
Corrosion Proofing Of Chemical Tanks .....	655
Fire Escape Installation By Contractor - Outside.....	655
Gas Holder Erection .....	655
Iron Erection.....	655
Iron Or Steel Erection, Structural .....	655
Metal Furring, By Contractor.....	655
Oil Field Tank Painting.....	655
Oil Rig Or Derrick Erecting And Dismantling.....	655
Oil Still Erection.....	655
Painting Of: Bridges, Oil Field Tanks, Steel Structures Or Tanks .....	655
Smokestack Or Chimney Lining - Industrial .....	655
Steel Erection, N.O.C. ....	655
Steel Frame Structure Erection .....	655
Steel Structures Painting .....	655
Steel Tank Erector.....	655
Steel Tower Erection For Cross-Country Electric, Telephone Or Telegraph Lines .....	655
Swimming Pool Installation - Iron Or Steel .....	655
Tank Erection - Steel .....	655
Tank Painting.....	655
Water Tank Painting .....	655
Welding - Structural Steel .....	655
Windmill Erection - Metal .....	655
Electric Line Construction, By Contractor .....	656
Floodlight Erection - Permanent .....	656
Installation Of Telephone, Telegraph Or Electric Pole Hardware .....	656
Installation Of Telephone, Telegraph Or Electric Transformers .....	656
Power Line Construction.....	656
Setting Of Telephone Or Telegraph Poles .....	656
Stringing Of Electric, Telephone Or Telegraph Lines .....	656
Telephone Or Telegraph Line Construction By Contractor .....	656
Bell Installation - Tower Bells .....	657
Mobile Crane & Hoisting Operations, By Rigging Contractor .....	657
Rigging - Non Ship.....	657
Safe Moving .....	657
Architectural Bronze, Iron, And Brass Metal Work, Erection Only.....	658
Balcony Erection .....	658

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 43**

---

Banister, Railing, Or Guard Erection - Metal .....	658
Brass Door, Grill And Railing Erection.....	658
Bronze Door, Grill And Railing Erection .....	658
Door Installation - Metal Or Metal-Covered, In Garages, Not Overhead Doors .....	658
Fence Erection - Metal .....	658
Fire Door Installation .....	658
Fire Escape Installation, Inside .....	658
Fireproof Shutter Erection .....	658
Flagpole - Erection .....	658
Guardrail Or Metal Fence Erection - By Specialist Contractor .....	658
Iron Erection, Ornamental Or Non-Structural Only.....	658
Ornamental Brass Erection .....	658
Ornamental Bronze Erection .....	658
Ornamental Iron Door Erection .....	658
Ornamental Iron Grill Erection .....	658
Ornamental Iron Railing Erection .....	658
Prison Cell Erection - Steel.....	658
Chimney Flashing Installer .....	659
Repair Of Roofs By Contractor .....	659
Roof Repairing By Contractor.....	659
Roof Spraying, Painting Or Coating By Contractor.....	659
Roofing Installation - All Kinds .....	659
Sheet Metal Roofing .....	659
Alarm Or Sound System Installation .....	660
Audio And Intercommunication System Installation - Within Buildings .....	660
Burglar Alarm System Installation, By Contractor.....	660
Closed Circuit Television Systems - Installation Or Repair.....	660
Computer Wiring Installation Within Buildings - By Specialist Contractor .....	660
Fire Alarm System Installation .....	660
Intercommunication System Installation, Within Buildings .....	660
Invisible Fence Installation.....	660
Public Address Systems Installation - Including Loudspeakers .....	660
Sound System Installation .....	660
Telephone And Telegraph Apparatus Installation, By Contractor .....	660
Telephone Wiring Installation Within Buildings - By Specialist Contractor.....	660
Cable Installation Or Replacement In Existing Conduit - By Specialist Contractor .....	661
Electric Fixture Installation - By Contractor .....	661
Electrical Contractor .....	661
Electrical Wiring In Buildings - By Contractor .....	661
Electronic Garage Door Opener Installation - By Contractor.....	661
Environmental Control Systems Installation, Service Or Repair - By Specialist Contractor.....	661
Floodlight Erection, Temporary - By Contractor .....	661
Meters - Electric, Installing, Repairing And Testing, Including Shop - By Contractor .....	661
Service Connections, Electrical Contractor .....	661
Traffic Light Installation - By Contractor .....	661
Air Conditioning Window-Type Units - Service Or Repair .....	662
Appliances, Major Household Or Commercial, Electrical Or Gas - Service Or Repair .....	662
Dryers, Household Or Commercial, Electrical Or Gas - Service Or Repair .....	662
Electrical Or Gas Household Major Or Commercial Appliances - Service Or Repair.....	662

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 44**

---

Gas Fireplace Service Or Repair .....	662
Household Major Or Commercial Appliances, Electrical Or Gas - Service Or Repair .....	662
Refrigerator, Household - Service Or Repair.....	662
Stoves, Household Or Commercial, Electric Or Gas - Service Or Repair.....	662
Washing Machines, Household Or Commercial, Electrical - Service Or Repair.....	662
Water Cooler - Installation, Service Or Repair .....	662
Automatic Sprinkler Installation .....	663
Automatic Stoker, Gas Or Oil Burner Installation.....	663
Beer Drawing Equipment, Cleaning And Installation .....	663
French Drain Installation .....	663
Furnace - Hot Water Or Steam - Installation, Service Or Repair .....	663
Furnace Cleaning - Hot Water Or Steam .....	663
Gas Pipefitting, Indoor.....	663
Heating Equipment - Installation - Hot Water Or Steam.....	663
Hot Water Tank - Installation, Service Or Repair.....	663
Insulation Work, Pipe (Except For Asbestos).....	663
Lawn Sprinkler Installation .....	663
Lead Paint Removal (From A Pipe Surface) - By Contractor .....	663
Milking Equipment Installation .....	663
Oil Still Pipe Insulation .....	663
Pipe Covering Installation (Except For Asbestos).....	663
Pipe Laying For House Or Service Connections, By Plumbing Contractor.....	663
Pipefitting - House Connections .....	663
Plumbing, N.O.C. ....	663
Pump Installation, Water .....	663
Sewer Cleaning, House Connections, Using Portable Equipment .....	663
Soda Dispensers - Installation And Repair .....	663
Solar Panel Installation .....	663
Sprinkler Installation .....	663
Stoker Installation Or Repair .....	663
Sump Pump Installation .....	663
Water Meter Installation - By Contractor .....	663
Water Softener Installation And Service, Domestic .....	663
Water Well Cleaning .....	663
Air Conditioning (Central) Systems Installation, Repair Or Service .....	664
Central Air Conditioning Systems Installation, Service Or Repair .....	664
Cleaning, Oiling Or Adjusting Of Air Conditioning, Forced Air Heating Or Ventilating Systems .....	664
Duct Fabrication And Installation - Heating, Ventilating Or Air Conditioning .....	664
Furnace Cleaning - Hot Forced Air.....	664
Heating Systems - Hot Forced Air, Repair Or Service - Cleaning, Oiling Or Adjusting.....	664
Heating Systems Installation, Except Electric, Hot Water Or Steam .....	664
Radon Mitigation .....	664
Refrigeration Or Central Air Conditioning Units Installation Or Service .....	664
Ventilating System Installation .....	664
Ventilating Systems Repair Or Service - Cleaning, Oiling Or Adjusting .....	664
Warm Air Heating System Installation .....	664
Calcimining, By Contractor .....	665
Painting, Including Shop .....	665
Shingle Staining, On Structures, Including Shop Work .....	665

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 45**

**UNDERWRITING GUIDE NUMERIC**

---

Whitewashing, By Contractor .....	665
Glass Door Installation.....	666
Glass Installer, Except Automobile .....	666
Glazier, Away From Shop.....	666
Glazing .....	666
Mirror Installation .....	666
Plate Glass Installation .....	666
Wire Glass Installation.....	666
Paperhanging .....	667
Solar Control Film Installation In Window .....	667
Wallpaper Hanging .....	667
Ceramic Tile Installation .....	668
Floor Installation - Ceramic Tile.....	668
Granite Countertop Installation .....	668
Interior Marble Installation.....	668
Interior Tile Mosaic Work .....	668
Marble Setting, Interior Only .....	668
Mosaic Tile Installation .....	668
Stone Setting - Non-Structural .....	668
Terrazzo Floor Laying .....	668
Tile Floor Laying - Ceramic Or Mosaic .....	668
Tile Wainscoting Installation .....	668
Lathing .....	669
Plastering, N.O.C.....	669
Stucco Work, Building Interiors .....	669
Carpet Installation .....	670
Curtain Or Drapery Installation From Floor Or Ladder .....	670
Drapery Or Curtain Installation From Floor Or Ladder .....	670
Flag And Bunting Erection From Floor Or Ladder .....	670
Floor Coverings - Installation Of Linoleum, Asphalt Or Rubber Tiling - Not Ceramic Tile Installation .....	670
Floor Installation - Not Concrete, Ceramic Or Wood .....	670
Floor Laying - Linoleum, Asphalt, Rubber Or Composition Tiling, Not Ceramic .....	670
Furnishing Goods Installation .....	670
House Furnishings Installation .....	670
Linoleum Laying .....	670
Rubber Tile Installation .....	670
Slipcover Installation .....	670
Tile Floor Laying, Not Ceramic Or Mosaic .....	670
Upholstering - Away From Shop .....	670
Venetian Blind Installation, No Mfg. .....	670
Vinyl Tile Installation.....	670
Window Shade Installation .....	670
Advertising Sign Mfg., Erection Or Repair, Not Outdoor Advertising Company .....	673
Electrical Advertising Sign Mfg., Installation Or Repair .....	673
Neon Sign Mfg., Installation Or Repair.....	673
Scoreboard Mfg., Installation Or Repair - Electric .....	673
Sign Erection, Removal Or Repair, Not Outdoor Advertising Company .....	673
Swimming Pool Installation - All Types Except Iron Or Steel - All Work To Completion .....	674
Swimming Pool Liner Installation - Vinyl, By Swimming Pool Installation Contractor .....	674

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 46**

---

Acetylene Gas Machine Installation .....	675
Conveyor Or Conveyor Belt Installation, By Contractor.....	675
Conveyor Oven Installation, Service Or Repair .....	675
Crane Or Derrick Installation .....	675
Crane Repair, Permanently Located, By Specialist Contractor .....	675
Dismantling, Installation Or Service Or Repair Of Machinery Or Industrial Equipment, By Contractor.....	675
Door Installation, Overhead - Wood Or Metal.....	675
Electrical Apparatus, Machinery Or Motor Installation Or Field Repair .....	675
Elevator Erection Or Repair .....	675
Escalator Installation, By Contractor .....	675
Gasoline Station Equipment Installation (Including Excavation) Or Repair .....	675
Hoist Installation.....	675
Industrial Crane Installation .....	675
Installation Of Hod Hoists, Etc. ....	675
Installation Or Dismantling Of Machinery And Industrial Equipment, By Contractor .....	675
Laundry Equipment Installation, Service Or Repair - Industrial .....	675
Machine Belting Installation Or Repair.....	675
Machinery Erection, Not By Manufacturer .....	675
Machinery Or Industrial Equipment Installation, Service Or Repair Or Dismantling, By Contractor .....	675
Millwrighting.....	675
Monorail System Installation (Except For Public Transportation).....	675
Oven (Conveyor) Installation, Service Or Repair .....	675
Overhead Door Installation .....	675
Pipefitting, Installation Of Apparatus Or Machinery Outside Of Buildings .....	675
Pump Installation, Service Stations .....	675
Pump, Air And Gas Compressor, And Pumping Equipment - Installation .....	675
Safe Installation .....	675
Scaffold Sale, Rental Or Erection, By Specialist Contractor .....	675
Scale Installation Or Adjustment, Platform Or Beam Type .....	675
Tank Installation, Gas Stations .....	675
Textile Machinery Installation .....	675
Downspout Installation .....	676
Gutter Installation - Metal .....	676
Metal Ceiling Installation .....	676
Boiler Installation Or Repair .....	677
Construction Of Boiler Foundations .....	677
Grate Installation In Boilers, By Specialist Contractor .....	677
Pipe Connection, For Boilers.....	677
Steel Work In Connection With Boilers .....	677
Advertising Company - Outdoor .....	679
Bill Posting (Including By Specialist Contractor) .....	679
Billboard - Erection, Maintenance And/Or Changing Of Advertising By Outdoor Advertising Co. Or Specialist Contractor ..	679
Sign Painting Or Lettering In Or Upon Buildings Or Structures .....	679
Awning Erection Or Installation (Cloth) .....	681
Canvas Products Erection .....	681
Curtain Or Drapery Installation From Scaffolding.....	681
Drapery Or Curtain Installation From Scaffolding.....	681
Flag Or Bunting Erection From Scaffolding .....	681
Tent Installation .....	681

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 47**

---

Construction Or Erection Operations - Temporary Staff.....	682
Employment Contractor - Temporary Staffing - Construction Or Erection Operations .....	682
Temporary Staff - Construction Or Erection Operations.....	682
Employment Contractor - Temporary Excavation Staff .....	691
Excavation - Temporary Staff.....	691
Temporary Excavation Staff .....	691
Carpentry, N.O.C. - Temporary Staff .....	693
Employment Contractor - Temporary Carpentry, N.O.C. Staff .....	693
Temporary Carpentry, N.O.C. Staff.....	693
Electrical Wiring (Within Buildings) - Temporary Staff .....	695
Employment Contractor - Temporary Electrical Wiring (Within Buildings) Staff .....	695
Temporary Electrical Wiring (Within Buildings) Staff .....	695
Public Weighers And Samplers Of Steamship Agency - State Coverage Only .....	709
Tallymen - State Coverage Only .....	709
Boat Rental - State Coverage Only.....	716
Boat Storage Or Moorage - State Coverage Only .....	716
Marina - State Coverage Only.....	716
Yacht Basin - State Coverage Only.....	716
Barge Repair - State Coverage Only .....	718
Boat Building - State Coverage Only .....	718
Boat Dismantling - State Coverage Only.....	718
Boat Repairing - State Coverage Only .....	718
Tugboat Repair - State Coverage Only .....	718
Railroad, N.O.C. - Including Shop.....	721
Aircraft Mfg.....	744
Gas Utility .....	751
Manufactured Gas Utility .....	751
Mixed Gas Utility .....	751
Natural Gas Utility .....	751
Gas Or Oil Pipeline Operation .....	752
Oil Or Gas Pipeline Operation .....	752
Irrigation Plant, Selling And Pipe-Distributing Water.....	753
Liquid Waste Treatment Plant.....	753
Sewage Disposal Plant, Private .....	753
Steam Heating Company .....	753
Waste Treatment Plant - Liquid .....	753
Water Supply System, Private.....	753
Waterworks .....	753
Cooperative Electric Utility.....	755
Electric Utility Operation .....	755
Private Electric Utility .....	755
R.E.A. Cooperative.....	755
Telecommunications Company .....	757
Telegraph Operation .....	757
Telephone Company .....	757
Cable T.V. - Installation - Hooking Up Of Customers To Systems .....	759
Cable T.V. - Installation Of New System, Except Towers .....	759
Cable T.V. - Service And/Or Repair Work For The System And Individual Customer.....	759
Television, Cable - Installation Of New Systems, Except Towers .....	759

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 48**

**UNDERWRITING GUIDE NUMERIC**

---

Explosives Or Ammunition Mfg., N.O.C. - Nonrateable Catastrophe Element .....	0771
Auctioneer, Livestock .....	801
Boarding Stable .....	801
Breeding Farm - Horse .....	801
Carriage Tours Or Taxis (Horse Driven).....	801
Cattle Auctioneer .....	801
Cattle Dealer.....	801
Farrier (Horse Shoeing By Specialist Contractor).....	801
Horse Breeding Farm Or Boarding/Training Stable .....	801
Horse Driven Carriage Tours Or Taxis .....	801
Horse Shoeing By Specialist Contractor.....	801
Jockey - Employed By A Horse Breeding Farm Or Boarding/Training Stable .....	801
Livestock Commission Merchant .....	801
Livestock Dealer .....	801
Racing Stable.....	801
Riding Academy .....	801
Sales Stable .....	801
Stable .....	801
Stockyard .....	801
Taxicab Company .....	803
Automobile Bus Operation, School Bus .....	804
Bus Operation, School .....	804
School Bus Operation, By Contractor .....	804
Milk Hauling - By Contractor.....	805
Water Hauling - Tank Truck - By Contractor .....	805
Furniture Moving And/Or Storage .....	806
Household Goods Packing At The Customer's Location By The Moving Company Or By Independent Contractor .....	806
Merchandise Warehouse - Furniture - Including Moving .....	806
Mover - Household Or Office Furniture - With Or Without Storage Facility .....	806
Packing Household Goods At The Customer's Location By The Moving Company Or By Independent Contractor .....	806
Piano Mover .....	806
Warehouse - Public, Furniture .....	806
Ambulance Service - Non-Volunteer.....	807
Armored Motor Truck Delivery.....	808
Bank And Trust Co., Armored Car Crews Of Contractor .....	808
Bicycle Messenger Service .....	808
Courier Service Company.....	808
Delivery Service - On Foot, By Bicycle Or Motor Vehicle .....	808
Messenger Service - On Foot, By Bicycle Or Motor Vehicle .....	808
Parcel Delivery Company - See Section 2 Class Footnote .....	808
Anhydrous Ammonia Dealer .....	809
Bottled Gas Dealer.....	809
Butane Gas Dealer .....	809
Coal Merchant.....	809
Collection Of Used Motor Oil - By Specialist Contractor .....	809
Fuel Oil Distributor .....	809
Fuel Service - Aircraft, By Contractor.....	809
Fuel Yard .....	809
Gas Distribution, Bottled Or Bulk.....	809

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 49**

---

Gasoline Dealer, Wholesale .....	809
Kerosene Distribution .....	809
Liquefied Petroleum Gas Dealer And Distributor .....	809
Motor Oil (Used) - Collection By Specialist Contractor .....	809
Naphtha Distribution .....	809
Oil Distributing, Retail And Wholesale.....	809
Petroleum Broker .....	809
Petroleum Bulk Stations And Terminals - Including Blending And Mixing .....	809
Propane Gas Dealer.....	809
Used Motor Oil Collection - By Specialist Contractor .....	809
Automobile Driveaway Or Truckaway Service .....	811
Automobile Hauler .....	811
Crane Rental - With Operators By Specialist Contractor .....	811
Hauling Contractor, N.O.C. ....	811
Mobile Crane Leasing Or Rental - With Operators By Specialist Contractor .....	811
Trucking, N.O.C. ....	811
Mail Delivery - Under Contract To United States Postal Service .....	812
Cold Storage .....	813
Merchandise Warehouse - Cold Or General Merchandise .....	813
Storage - Cold Or General Merchandise .....	813
Storage Warehouse, Public .....	813
Warehouse - Storage, Public .....	813
Warehousing - Other Than Furniture Moving And/Or Storage .....	813
Construction Equipment - Rental, Sales Or Service (In Shop Or At Customer's Location) .....	814
Contractors Equipment - Rental, Sales Or Service (In Shop Or At Customer's Location) .....	814
Crane Repair, Mobile, By Specialist Contractor .....	814
Equipment Dealer - Mobile, Self-Propelled - Factory, Farm Or Construction.....	814
Farm Machinery Dealer .....	814
Forklift Service And/Or Repair - By Specialist Contractor (Shop Or At Customer's Location) .....	814
Forklift Truck Dealer - Rental, Sales Or Service (In Shop Or At Customer's Location) .....	814
Golf Cart - Rental, Sale And/Or Maintenance - By Specialist Contractor .....	814
Mobile Crane Repair, By Specialist Contractor .....	814
Mobile Equipment Dealer - Factory, Farm Or Construction .....	814
Tractor Dealer, Including Servicing And Repair .....	814
Air Conditioning Systems, Automobile Or Truck Installation, Service Or Repair .....	815
Automobile Body Repairing .....	815
Automobile Paint Shop .....	815
Automobile Radiator Repair Shop .....	815
Automobile Repair Shop .....	815
Automobile Towing Company .....	815
Carriage Repairing.....	815
Customizing Vans .....	815
Fender Repairing, Automobile.....	815
Frame Straightening On Automobiles .....	815
Garage .....	815
Glass Installer, Automobile .....	815
Maintenance Of Buses, By Public Garage.....	815
Rubber Tire Dealer, Retail .....	815
Taximeter Installation Or Repair .....	815

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 50**

---

Tire Dealer, Retail .....	815
Truck Washing Service, Mobile .....	815
Van Conversion Or Customizing .....	815
Wagon Repairing .....	815
Automobile Laundry.....	816
Car Wash.....	816
Gasoline Station, Retail - Exclusively Gasoline Sales.....	816
Automobile Bus Operation, Scheduled, Public.....	817
Automobile Rental Company With Drivers (Limousine Service).....	817
Bus Operation, Scheduled Lines .....	817
Charter Bus Service .....	817
Escort Service For Oversize Loads On Highways .....	817
Funeral Escort Service (Motorcycle) .....	817
Handicapped - Transportation Services For .....	817
Limousine Services.....	817
Maintenance Of Buses, By Bus-Operating Company .....	817
Motorcycle Funeral Escort Service.....	817
Oversize Loads On Highways - By Specialist Escort Contractor .....	817
Paratransit Service .....	817
Railroad Operation - Street, Including Shop.....	817
Street Railroad Operation .....	817
Trackless Trolley Operation .....	817
Transportation Services For The Elderly .....	817
Transportation Services For The Handicapped.....	817
Automobile Dealer - New And/Or Used Cars .....	818
Automobile Rental - No Drivers (Rental Clerks To Be Assigned To Code 819).....	818
Boat Dealer, With Services, Inland .....	818
Mobile Home - Setup Or Warranty Service - By Specialist Contractor .....	818
Mobile Home Dealer.....	818
Motorcycle Dealer (Including Sale Of Accessory Merchandise Such As Clothing, Racing Gear, Etc.) .....	818
Recreational Vehicle Dealer .....	818
Truck Dealer - New And/Or Used Trucks .....	818
Truck Rental - Without Drivers (Rental Clerks To Be Assigned To Code 819).....	818
Auctioneer, Automobile .....	819
Automobile Driver School .....	819
Automobile Salesperson .....	819
Rental Clerk Employed By An Automobile Or Truck Rental Agency .....	819
Auction, Automobile (Including Snack Bar Or Restaurant, Automobile Auctioneers To Be Assigned To Code 819) .....	820
Automobile Auction (Including Snack Bar Or Restaurant, Automobile Auctioneers To Be Assigned To Code 819) .....	820
Beer And Ale Dealer, In Keg Or Case Lots Wholesale .....	821
Beverage Distributing, Carbonated, Including Beer - Wholesale .....	821
Soft Drink Distributing - Wholesale .....	821
Airport Parking Facility (Including Valet Service To And From Airport) Operation By Contractor .....	825
Automobile Storage Garage .....	825
Parking Areas.....	825
Asphalt Mixing Plant - Operated By Dealer .....	855
Building Material Dealer, New .....	855
Cemetery Monument Or Memorial, Cutting, Engraving And/Or Polishing .....	855
Cinder Dealer.....	855

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 51**

**UNDERWRITING GUIDE NUMERIC**

---

Commercial Lumber Yard .....	855
Concrete Dealer, Ready-Mixed.....	855
Concrete Mixing .....	855
Concrete Pumping Services - By Independent Contractor.....	855
Cut Stone Or Stone Products Mfg. ....	855
Door Or Window Distributor .....	855
Dry Ice Dealer .....	855
Freight Car Icing .....	855
Grain Elevator Operation .....	855
Hone Or Oilstone Mfg. ....	855
Humus Dealer - No Excavation.....	855
Ice Dealer - No Mfg. ....	855
Icing Of Refrigerator Cars .....	855
Insulation Dealer .....	855
Lumber Cutting, Incidental Cutting To Size, By Lumber Yards .....	855
Lumber Dealer, No Lumber Fabricating Or Handling Of Used Lumber.....	855
Manure Dealer.....	855
Marble Cutting Or Polishing .....	855
Millwork, Hand Assembling Or Glazing, Not Performed By A Millwork Plant .....	855
Monument Or Memorial (Cemetery) Cutting, Engraving And/Or Polishing .....	855
Mortar Mfg., No Construction Work.....	855
Mulch Dealer .....	855
Paving Mixtures Mfg. ....	855
Peat Moss Dealer .....	855
Plywood Dealer .....	855
Ready-Mixed Concrete Dealer .....	855
Refrigerator Car Icing Or Re-Icing .....	855
Refrigerator Car, Pre-Cooling .....	855
Sash, Door Or Finished Millwork Dealer.....	855
Sawdust Dealer .....	855
Soapstone Or Soapstone Products Mfg. ....	855
Stone Cutting Or Polishing - Not By A Mine Or Quarry Operator .....	855
Topsoil Or Humus Dealer - No Excavation .....	855
Vanities Assembly - Marble .....	855
Window Or Door Distributor .....	855
Wood Dealer, Kindling And Firewood .....	855
Wood Preserving .....	855
Cable Or Wire Rope Dealer, Including Splicing .....	857
Coil Stock Or Sheet Stock Dealer .....	857
Iron Or Steel Merchant, New Materials Only .....	857
Metal Service Center (Ferrous Or Nonferrous Metals) .....	857
Reinforcing Rods Or Bars Dealer .....	857
Sheet Stock Or Coil Stock Distributor .....	857
Steel Or Iron Merchant, New Materials Only .....	857
Wire Rope Or Cable Dealer, Including Splicing .....	857
Iron Or Steel Scrap Dealer .....	858
Scrap Metal Dealer - Ferrous Metals .....	858
Steel And Steel Alloy Scrap Dealer (Including Stainless Steel) .....	858
Aluminum Scrap Metal Dealers (Other Than Beverage Cans) .....	859

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 52**

**UNDERWRITING GUIDE NUMERIC**

---

Brass Scrap Dealer.....	859
Copper Scrap Dealer .....	859
Lead Scrap Dealer .....	859
Scrap Metal Dealer - Nonferrous Metals.....	859
Building Materials Dealer, Secondhand .....	860
Junk Dealer .....	860
Lumber Yard, Secondhand Material .....	860
Material Yard, Secondhand, When Not On Demolition Sites .....	860
Secondhand Building Material Dealer .....	860
Secondhand/Used Material Dealer (Including Scrap Metals) .....	860
Beverage Can Recycling .....	862
Bottle Dealer, Used .....	862
Broken Glass Dealer .....	862
Can Recycling - Beverage .....	862
Cloth Clippings Dealer, Used.....	862
Container Recycling - Beverage - Bottle Or Can .....	862
Cullet Dealer - Broken Or Refuse Glass.....	862
Document Destruction Or Shredding Service .....	862
Laundry, Waste Cloth, Operated By Dealers In Used Materials .....	862
Paper Dealer, Used.....	862
Plastics Dealer - Scrap.....	862
Rubber Stock Dealer, Used .....	862
Tire Dealer - Used.....	862
Used Tire Dealer .....	862
Waste Paper Dealer.....	862
Chicken Catching .....	865
Chicken Dressing (To Kill And Prepare For Market) .....	865
Fish Curing/Processing .....	865
Fish Dealer (Including Cutting Or Filleting) - Wholesale .....	865
Poultry Dealer (Including Cutting Or Deboning) - Wholesale.....	865
Poultry Or Small Game Dressing (To Kill And Prepare For Market).....	865
Rabbits - Slaughtering, Dressing And Packing For The Trade.....	865
Small Game Dressing And Packing .....	865
Turkeys - Slaughtering, Dressing And Packing For The Trade.....	865
Employment Contractor - Temporary Warehousing Staff .....	867
Temporary Warehousing Staff .....	867
Warehousing - Temporary Staff .....	867
Department Store - Temporary Staff .....	877
Employment Contractor - Temporary Department Store Staff .....	877
Temporary Department Store Staff .....	877
Contract Packaging - Non-Crating - Temporary Staff .....	879
Employment Contractor - Temporary Packaging - Contract - Non-Crating - Staff .....	879
Packaging - Contract - Non-Crating - Temporary Staff .....	879
Temporary Packaging - Contract - Non-Crating Staff .....	879
Apartment House Or Condominium Complex Operation.....	880
Condominiums - Including Resident Or On-Site Manager .....	880
Cooperative Building Operation - For Residential Occupancy.....	880
Porters For Condominiums .....	880
Residential House Rental .....	880

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 53**

**UNDERWRITING GUIDE NUMERIC**

---

Ronald McDonald House Operation .....	880
Employment Contractor - Temporary Hardware Store - Wholesale - Staff.....	881
Hardware Store - Wholesale - Temporary Staff .....	881
Temporary Hardware Store - Wholesale - Staff .....	881
Chimney Cleaning - Residential .....	882
Domestic Service Contractor - Inside .....	882
House Cleaning By Contractor - Interior .....	882
Maid Service Contractor - Interior .....	882
Residential Cleaning Services - By Contractor .....	882
Employment Contractor - Temporary Retail Store, N.O.C. Staff .....	883
Retail Store, N.O.C. - Temporary Staff.....	883
Temporary Retail Store, N.O.C. Staff .....	883
Club, Exercise .....	884
Club, Health .....	884
Exercise Club.....	884
Fitness Club .....	884
Health Club .....	884
Health Or Exercise Club.....	884
Health Spa .....	884
Gas, Steam Or Hot Water Apparatus Supplies Dealer - Wholesale .....	885
Heating, Ventilating Or Air Conditioning Equipment Or Parts Dealer - Wholesale.....	885
Kitchen And/Or Bath Fixture Dealer .....	885
Pipe Merchant, Including Cutting, New Materials Only - All Types And Sizes .....	885
Plumbing Supplies Dealer - Wholesale .....	885
Refrigeration System Parts And/Or Accessories Dealer - Wholesale .....	885
Electrical Supply Dealer - Wholesale .....	886
Electronic Components And/Or Accessories Dealer - Wholesale .....	886
Lighting Fixtures And Supplies Dealer .....	886
Museum - All Types.....	887
Clerical Office Employees - Temporary Staff.....	889
Computer Programmer/Operator - Temporary Staff .....	889
Data Processing - Temporary Staff.....	889
Draftsman - Temporary Staff .....	889
Employment Contractor - Temporary Clerical Staff.....	889
Temporary Clerical Staff .....	889
Library - Public .....	890
Public Library .....	890
Child Daycare Center .....	891
Day Nursery - Children .....	891
Daycare Center For Children .....	891
Head Start Program.....	891
Kindergarten, Not Operated In Conjunction With Grade School .....	891
Pre-School - Early Education Services - By Independent Contractor .....	891
College Or School - Temporary Staff .....	895
Employment Contractor - Temporary College Or School Staff .....	895
Substitute Teachers - Temporary College Or School Staff .....	895
Temporary College Or School Staff.....	895
Club, Business Or Social .....	896
Club, N.O.C. ....	896

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 54**

---

Fraternal Organization (e.g., VFW Post, The Elks)	896
Fraternity/Sorority House	896
Sorority/Fraternity House	896
Buffet Or Cafeteria-Style Restaurant	897
Cafeteria Or Buffet-Style Restaurant	897
Coffee Shop	897
Fast-Food Restaurant	897
Luncheonette	897
Pizza Shop - Retail	897
Sandwich Or Other Food Preparation By Vending Machine Operators	897
Sandwich Shop	897
Cafeteria - Operated By Independent Or Specialist Contractor	898
Caterer - All Types	898
Food And/Or Beverage Concession - By Specialist Contractor	898
Industrial Caterer	898
Institutional Caterer	898
Meals On Wheels	898
Mobile Catering	898
Social Caterer	898
Soup Kitchen	898
Bar	899
Cocktail Lounge	899
Discotheque	899
Nightclub	899
Tavern	899
Labor Union	903
Detective Agency	904
Investigative Agency - All Types	904
Banana Dealer - Wholesale	907
Fruit Dealer - Wholesale	907
Fruit Gift Basket - By Mail Order Or Internet	907
Garlic Dealer - Wholesale	907
Mushroom Dealer - Wholesale	907
Potato Dealer - Wholesale	907
Produce Dealer - Wholesale	907
Tomato Dealer (Fresh) - Wholesale	907
Vegetable Dealer - Wholesale	907
Vegetable Packing - Not Cannery	907
Domestic Workers - Inside - Occasional	0908
Domestic Workers - Outside - Occasional - Including Occasional Private Chauffeurs	0909
Meat Dealer - Wholesale - Including Cutting Or Deboning Of Fresh Meat	910
Packing House Distributing Station	910
Sausage Casings Dealer - Natural - Including Cleaning	910
Butter And/Or Butter Substitutes Dealer - Wholesale	911
Cheese Dealer - Wholesale	911
Chinese Food Dealer - Packaged Or Frozen - Wholesale	911
Cider Dealer - Wholesale	911
Coffee Dealer (No Grinding Or Roasting) - Wholesale	911
Dairy Products Dealer - Wholesale	911

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 55**

**UNDERWRITING GUIDE NUMERIC**

---

Flour Dealer - Wholesale	911
Frozen Food Dealer - Wholesale	911
Fruit Juice Dealer - Wholesale	911
Grocery - Wholesale	911
Health Food Dealer - Wholesale	911
Herb Dealer - Wholesale	911
Ice Cream Dealer - Wholesale	911
Milk Or Milk Products Dealer - Wholesale	911
Spice Dealer - Wholesale	911
Tea Dealer - No Blending Or Mixing - Wholesale	911
Tomato Products Dealer - Wholesale	911
Chauffeurs, Private - Not Available For Use With Any Farm Class	0912
Domestic Workers - Outside - Including Private Chauffeurs	0912
Domestic Workers - Inside, Excluding Office Employees	0913
Department Store	914
Butcher Shop - Retail	915
Fish, Meat Or Poultry Store - Retail	915
Meat, Fish Or Poultry Store - Retail	915
Poultry, Fish Or Meat Store - Retail	915
Seafood Market - Retail	915
Bridal Shop	916
Children's & Infants' Clothing Store	916
Clothing Store - Retail Or Wholesale	916
Custom Dressmaking	916
Custom Tailoring	916
Dry Goods Store - Retail Or Wholesale	916
Fabric Shop	916
Formal Wear Rental Or Sales	916
Furrier Repairing Or Remodeling Fur Garments	916
Hat Store - Cloth, Felt, Fur Or Straw	916
Linens Shop	916
Maternity Apparel Shop	916
Men's Clothing & Furnishings Store	916
Millinery Store	916
Shoe Store - Wholesale Or Retail	916
Tailor Shop - No Dry Cleaning	916
Textile Piece Goods Dealer	916
Towel Or Toilet Supply Dealer - Not Connected With Laundry	916
Women's Clothing & Accessories Store	916
Yarn Shop	916
Cheese Shop - Retail	917
Convenience Grocery	917
Delicatessen Store	917
Fruit Gift Basket Store - Retail	917
Grocery Store - Retail	917
Grocery, Tea, Coffee Dealer - Retail	917
Health Food Store - Retail	917
Produce Store - Retail	917
Spice Store - Retail	917

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 56**

---

Supermarket .....	917
Bagel Shop - Retail .....	918
Bakery Shop, Baking And/Or Selling On Premises - Retail .....	918
Cookie Shop, Baking And/Or Selling On Premises - Retail .....	918
Donut Shop, Baking And/Or Selling On Premises - Retail .....	918
Pretzel Shop - Heating/Baking On The Premises .....	918
Retail Bakery - No Baking On Premises .....	918
Retail Bakery - Selling Purchased Bakery Products .....	918
Florist Store - Fresh Cut Flowers - Retail Or Wholesale .....	919
Florist Store Supplies Dealer - Wholesale .....	919
Flower Dealer Or Store - Fresh Cut Flowers (No Flower Or Plant Raising) - Retail And/Or Wholesale .....	919
Plantscaper - Interior .....	919
Store, Florist - Fresh Cut Flowers - Retail Or Wholesale .....	919
Coin And/Or Postage Stamp Dealer - Retail Or Wholesale .....	920
Hearing Aid - Sale And Service .....	920
Jeweler, Findings And Materials Dealer.....	920
Jewelry Store - Wholesale Or Retail .....	920
Optical Store, Including Lens Grinding And Optometrists .....	920
Postage Stamp And/Or Coin Dealer - Retail Or Wholesale .....	920
Stamp (Postage) And/Or Coin Dealer - Retail Or Wholesale .....	920
Carpet Dealer - Wholesale .....	921
Floor Coverings Dealer - Wholesale .....	921
Furniture Store - Wholesale .....	921
Major Household Appliance Dealer - Wholesale .....	921
Office Furniture Dealer.....	921
Piano Or Organ Store - Wholesale .....	921
Store - Furniture - Wholesale .....	921
Antique Furniture Dealer - Retail.....	922
Bedding Store - Retail .....	922
Carpet Store - Retail .....	922
Electrical Household Appliances, Major - Retail .....	922
Floor Coverings Dealer - Retail .....	922
Furniture Installation, Portable, By Dealer.....	922
Furniture Rental - Chairs, Coat Racks, Dishes, Etc. - Retail .....	922
Furniture Store - Retail .....	922
Home Freezer Dealer - Retail.....	922
Household Appliances Dealer, Major - Retail.....	922
Household Furniture Dealer - Retail .....	922
Household Laundry Equipment Dealer - Retail.....	922
Household Refrigerator Dealer - Retail.....	922
Musical Instruments Rental - Pianos And Organs - Retail .....	922
Party Supply Rental .....	922
Piano Or Organ Store - Retail .....	922
Pool Table Dealer - Retail .....	922
Refrigerator, Stove Or Washing Machine Store - Retail.....	922
Store, Furniture - Retail .....	922
Taxidermist .....	922
Aerosol Can Filling, By Contractor .....	923
Contract Packaging - Non-Crating .....	923

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 57**

**UNDERWRITING GUIDE NUMERIC**

---

Packaging, Contract - Non-Crating.....	923
Alcoholic Beverage Blending Or Bottling, Non-Carbonated .....	924
Balloon Dealer - Wholesale .....	924
Bar Or Restaurant Supply Dealer (Other Than Beverages, Groceries Or Meat).....	924
Barber Or Beauty Parlor Supply House - Wholesale.....	924
Barrel Dealer - No Mfg.....	924
Book Dealer - Wholesale.....	924
Boot And Shoe, Cut Stock And Findings Dealer .....	924
Bottle Dealer, New.....	924
Bottled Spring Water Distribution - By Dealer .....	924
Candy Dealer (Including Repackaging) - Wholesale.....	924
Cigarette Dealer - Wholesale.....	924
Cloth Clippings Dealer, New .....	924
Clothing Dealer, Used - Wholesale.....	924
Computer Dealer - Wholesale .....	924
Cotton Merchant .....	924
Dental Equipment Or Supply Dealer.....	924
Drugstore - Wholesale .....	924
Egg Dealer - Grading, Candling, Packing - Wholesale .....	924
Feed Dealer - Wholesale.....	924
Fertilizer (Except Humus Or Manure) Dealer .....	924
Firearms Sale - Wholesale .....	924
Fish Dealer - Wholesale - No Cutting, Filleting Or Processing Whatsoever .....	924
Flower Assembling - Artificial Or Dried .....	924
Flower Dealer - Artificial Or Dried - Wholesale .....	924
Garden Supplies Dealer .....	924
Grain Dealer .....	924
Hatchery - No Poultry Raising .....	924
Hay Dealer .....	924
Hide Dealer - Including Salting - Curing .....	924
Liquor/Wine Dealer.....	924
Meat Dealer - Wholesale - No Processing Whatsoever .....	924
News Agent Or Magazine Distributor - Wholesale .....	924
Nuts (Edible) Dealer .....	924
Office Machine Dealer - Wholesale.....	924
Office Supply Dealer - Wholesale .....	924
Orthopedic, Prosthetic And Surgical Appliances And Supply Dealer - Wholesale .....	924
Paper Or Paper Products Dealer .....	924
Pharmaceutical Or Surgical Goods Dealer, N.O.C. ....	924
Photographic Equipment Or Supplies Dealer - Wholesale.....	924
Potato Chip Dealer.....	924
Poultry Dealer - Wholesale - No Processing Whatsoever.....	924
Restaurant Or Bar Supply Dealer (Other Than Beverages, Groceries Or Meat).....	924
Seed Merchant.....	924
Snack Food Dealer - Wholesale .....	924
Solvents Dealer .....	924
Sporting Goods Dealer - Wholesale.....	924
Spring Water Bottling And/Or Distribution .....	924
Stationery Dealer - Wholesale .....	924

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 58**

**UNDERWRITING GUIDE NUMERIC**

---

Store, Wholesale, N.O.C. ....	924
Tavern Supply Dealer (Other Than Beverages, Groceries Or Meat) .....	924
Telephone Dealer - Wholesale.....	924
Tobacco Auction Sales Warehouses .....	924
Tobacco Product Dealer - Wholesale .....	924
Used Clothing Dealer - Wholesale .....	924
Vending Machine Dealer - Wholesale .....	924
Wallpaper Dealer - Wholesale.....	924
Water Bottling And/Or Bottled Water Distribution - By A Dealer .....	924
Wholesale Store, N.O.C.....	924
Wine/Liquor Dealer.....	924
Wool Merchant.....	924
Audio/Video Equipment Store - Retail .....	925
Bath And/Or Kitchen Fixture Store.....	925
Bicycle - Sale Or Rental, Including Repair .....	925
Bicycle Assembly At Retail Store Locations - By Specialist Contractor .....	925
Cabinet Store - Retail .....	925
Ceramic Tile Dealer - Retail.....	925
Electrical Appliance Store, Small - Retail .....	925
Electrical Supply Store - Retail .....	925
Electronic Components And Accessories Store - Retail .....	925
Exercise Equipment - Service Or Repair - In Shop Or At Customers' Locations .....	925
Fitness Equipment - Service Or Repair - In Shop Or At Customers' Locations .....	925
Garden Equipment Store .....	925
Hardware Store - Retail.....	925
Hot Tub Or Spa Dealer - Retail .....	925
Household Appliance Store, Small - Retail .....	925
Household Vacuum Cleaner Store, Small - Retail .....	925
Lawn Mower Sale Or Service (Including Riding Type) .....	925
Lighting Fixture And Supplies Store .....	925
Locksmith - Including Shop .....	925
Paint Store - Retail .....	925
Plumbers' Supplies Store - Retail.....	925
Radio Or Television Parts And Accessories Store - Retail .....	925
Radio, Television Or Audio Equipment Store - Retail .....	925
Sewing Machine Store - Retail .....	925
Stereophonic Or High Fidelity Equipment Store - Retail .....	925
Swimming Pool Supply Store .....	925
Television, Video And/Or Audio Equipment Store - Retail .....	925
Vacuum Cleaner Store (Household) - Retail .....	925
Video/Audio Equipment Store - Retail .....	925
Agricultural Implement Dealer - Other Than Farm Machinery .....	926
Appliance Parts Dealer .....	926
Audio/Video Equipment Dealer - Wholesale .....	926
Cabinet Dealer - Wholesale .....	926
Ceramic Tile Dealer - Wholesale .....	926
Electrical Appliance Dealer - Small Appliances - Wholesale.....	926
Electrical Machinery Or Equipment Dealer - Wholesale .....	926
Fire Extinguisher - Sales And/Or Service - Wholesale .....	926

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 59**

---

Glass Dealer - No Mfg., Glass Bending, Beveling, Grinding, Silvering Or Installation .....	926
Hardware Store - Wholesale .....	926
Hot Tub Or Spa Dealer - Wholesale.....	926
Household Appliances Dealer, Small - Wholesale .....	926
Household Vacuum Cleaner Dealer - Wholesale.....	926
Janitorial Supply Dealer - Wholesale .....	926
Oil Well Equipment Dealer .....	926
Paint Dealer - Wholesale .....	926
Radio, Television, Stereophonic Or High Fidelity Equipment, Parts Or Accessories Dealer - Wholesale .....	926
Sewing Machine Dealer - Wholesale.....	926
Ship Chandler.....	926
Stereophonic Or High Fidelity Equipment Dealer - Wholesale.....	926
Television, Radio, Stereophonic Or High Fidelity Equipment Dealer - Wholesale .....	926
Vacuum Cleaner Dealer - Wholesale.....	926
Video/Audio Equipment Dealer - Wholesale .....	926
Welding Equipment Or Supply Dealer .....	926
Mail Order Pharmacy .....	927
Pharmacy - Retail Or Internet Or Mail Order.....	927
Antique Store, Other Than Furniture - Retail .....	928
Army/Navy Store - Retail .....	928
Arts And Crafts Store - Retail .....	928
Barber Or Beauty Parlor Supply House - Operates In A Retail Manner .....	928
Bookstore .....	928
Camera Or Photographic Supply Store - Retail .....	928
Candy Store .....	928
Clothing Store (Used) - Retail .....	928
Computer Store - Retail.....	928
Cosmetics Store .....	928
Dog Groomer - No Kennel Facilities .....	928
Dry Cleaning - Self-Service Only .....	928
Film Exchange.....	928
Five And Ten Cent Store.....	928
Garden Center - Retail .....	928
Garden Supplies Store - Retail .....	928
Golf Course - Pro Shop - Operated By Specialist Contractor.....	928
Goodwill Stores .....	928
Greeting Card Shop.....	928
Gun Shop - Retail .....	928
Handbag (Women's) Store.....	928
Hobby Shop - Retail .....	928
Ice Cream, Store Or Street Vending - Retail.....	928
Laundry - Coin-Operated - Self-Service.....	928
Laundry Collector Without Laundry (Excluding Contract Hauler) .....	928
Liquor Or Wine Store - Retail .....	928
Luggage Store - Retail .....	928
Mailing And Shipping Store - By Independent Contractor .....	928
Medical Supply Store - Retail .....	928
Motion Pictures, Development Of Films, No Other Operations.....	928
Musical Instrument Rental - Except Pianos And Organs .....	928

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 60**

---

News Agent Or Magazine Distributor - Retail.....	928
Office Machine Store - Retail .....	928
Office Supply Store - Retail.....	928
Orthopedic, Prosthetic, And Surgical Appliances And Supply Store - Retail.....	928
Package Liquor Store .....	928
Pawn Shop .....	928
Personal Computer Store - Retail .....	928
Pet Grooming - By Specialist Concern .....	928
Pet Shop - Retail .....	928
Phonograph Record Dealer - Retail.....	928
Photographer .....	928
Photographic Equipment And Supplies Store - Retail .....	928
Photographic Studio, Not Producing Motion Pictures, And Outside Work.....	928
Pro Shop - Golf Course - Operated By Specialist Contractor.....	928
Receiving Station - Dry Cleaner - No Dry Cleaning At Same Or Contiguous Location .....	928
Receiving Station - Laundry - No Laundering At Same Or Contiguous Location .....	928
Retail Store, N.O.C. ....	928
Sporting Goods Store - Retail .....	928
Stationery Store - Retail .....	928
Store, Retail, N.O.C. ....	928
Telephone Store - Retail .....	928
Thrift Store (Used Clothing, Furniture, Household Items) - Retail .....	928
Trophy Store (Including Assembly And Nameplate Inscribing).....	928
Used Clothing Store - Retail.....	928
Video Tape Or DVD Store - Rental Or Sale .....	928
Vitamin Store - Retail .....	928
Wallpaper Store - Retail .....	928
Water Ice Store .....	928
Wine Or Liquor Store - Retail .....	928
Women's Handbag Store .....	928
Employment Contractor - Temporary Staff - Retail Or Wholesale Store Businesses.....	929
Store Businesses - Retail Or Wholesale - Temporary Staff .....	929
Temporary Staff - Retail Or Wholesale Store Businesses .....	929
Blueprint Reproduction (Using Photocopying Method) - By Contractor .....	932
Duplication Services .....	932
Laser Printing By Contractor.....	932
Microfilming .....	932
Offset Duplicating.....	932
Photocopy Shop .....	932
Printing - By Laser Method - By Contractor .....	932
Quick Printer.....	932
Automatic Teller Machine (ATM) - Installation, Service Or Repair .....	933
Candy And/Or Snack Trays - Sold On The Honor System .....	933
Coffee Service Company .....	933
Coin-Operated Amusement Or Vending Machine - Installation, Service Or Repair .....	933
Coin-Operated Telephone - Installation, Service Or Repair By A Specialist Business Or Contractor .....	933
Jukebox Operation, Service Or Repair .....	933
Parking Meter Installation, Service Or Repair .....	933
Pinball Games - Service Or Repair By Vending Machine Operator .....	933

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 61**

---

Scale Installation Or Adjustment, Coin-Operated Type, By Vending Machine Operator .....	933
Snack And/Or Candy Trays - Sold On The Honor System .....	933
Telephone - Coin-Operated - Installation, Service Or Repair By A Specialist Business Or Contractor.....	933
Vending Machine Installation.....	933
Vending Or Coin-Operated Amusement Machine - Installation, Service Or Repair .....	933
Video Games - Service Or Repair By Vending Machine Operator .....	933
Auto Parts Dealer - Wholesale .....	934
Automobile Accessory Store .....	934
Automobile Parts Store .....	934
Motor Vehicle Parts And Accessory Dealer .....	934
Tire Dealer - Wholesale - No Installation, Service Or Repair .....	934
Lumber And Building Material Dealer - Store Employees - For Use In Conjunction With Class 855 Only.....	935
Broadcasting Station - Radio Or Television .....	936
Motion Picture Production .....	936
Radio Broadcasting Station .....	936
Recording Studio .....	936
Television Broadcasting Station .....	936
Video Duplicating, Editing And/Or Production Service .....	936
Videographer .....	936
Employment Contractor - Temporary Staff - Heavy Service - See The Employment Contractor Temporary Staff R & I .....	937
Temporary Staff - Heavy Service - See The Employment Contractor Temporary Staff Ruling And Interpretation .....	937
Amusement Device Operator - Traveling .....	939
Carnival - Traveling .....	939
Circus - Traveling.....	939
Fair - Traveling .....	939
Kiddie Rides - Traveling .....	939
Traveling Amusement Device Operator .....	939
Traveling Carnival.....	939
Traveling Circus .....	939
Group Home - Intermediate Care Facility For The Mentally Retarded - Regardless Of Client Count .....	940
Intermediate Care Facility For The Mentally Retarded - Regardless Of Client Count .....	940
Child Care Service, Residential - (Neglected, Deprived Or Abused) .....	941
Group Home - Developmentally Disabled (Not Intermediate Care Facility) - 8 Or Fewer Clients Per Facility .....	941
Group Homes For The Mentally Ill .....	941
Home For Orphans .....	941
Neighborhood Homes - 5 Or Fewer Residents .....	941
Neighborhood Homes For The Mentally Disabled - 5 Or Fewer Residents Per Facility .....	941
Orphanage .....	941
Residential Child Care Service - (Neglected, Deprived Or Abused) .....	941
Community Nursing Services - Professional Staff .....	942
Home Health Care Services - Professional Staff .....	942
Hospice Care Performed In Client's Residence - Professional Staff .....	942
Nurse - Private Duty .....	942
Nurses - Visiting Patients In Private Homes.....	942
Private Duty Nurse.....	942
Public Health Nurse .....	942
Visiting Nurse .....	942
Chore Worker - Home Health Care Services .....	943
Community Nursing Services - Nonprofessional Staff .....	943

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 62**

---

Home Health Aide .....	943
Home Health Care Services - Nonprofessional Staff .....	943
Homemaker Service .....	943
Hospice Care Performed In Client's Residence - Nonprofessional Staff.....	943
Club - Country, Golf Or Yachting .....	944
Country Club .....	944
Golf Course - Pro Shop - Operated By Golf Course.....	944
Golf Course - Public Or Private .....	944
Yacht Club .....	944
Employment Contractor - Temporary Medical Staffing .....	946
Medical Service - Temporary Help .....	946
Nurse - RN And LPN Including Aides - Temporary Help .....	946
Temporary Medical Staffing .....	946
Employment Contractor - Temporary Staff - Maintenance Or Service - See Employment Contractor Temporary Staff R & I ..	947
Temporary Staff - Maintenance Or Service - See The Employment Contractor Temporary Staff Ruling & Interpretation .....	947
Advertising - Mailing Or Addressing Of Advertising Literature .....	948
Direct Mail Company .....	948
Mail Sorting Service - By Specialist Contractor .....	948
Mailing Or Addressing Company Including Incidental Printing .....	948
Presort Bureau - Mail Sorting - By Specialist Contractor .....	948
Employment Contractor - Temporary Marketing Staff .....	949
Marketing Staff - Temporary Staff.....	949
Temporary Marketing Staff .....	949
Adjuster, Insurance - By Independent Contractor .....	951
Advertising - Distributing Circulars Or Samples - Not In Stores.....	951
Advertising Display Card Service - Installation Or Removal Of, In Or On Vehicles .....	951
Advertising Display Service - For Stores .....	951
Advisory Rating Organization - Field Representative .....	951
Auctioneer, Not Livestock, No Permanent Location.....	951
Auditor, Insurance - Traveling - Independent Contractor .....	951
Boiler Inspection .....	951
Boy Or Girl Scout Council - Executive Secretary .....	951
Collectors Of Money - By Specialist Contractor .....	951
Electric Meter Reader .....	951
Elevator Inspection .....	951
Executive Secretary, Boy Or Girl Scout Council .....	951
Gas Meter Reader .....	951
Handbill Distribution .....	951
Highway Operation - Toll Collector .....	951
Inspection Of Mercantile, Mfg. Or Risks For Insurance Or Valuation Purposes - By Independent Contractor.....	951
Insurance Adjuster - By Independent Contractor .....	951
Insurance Traveling Auditor - Independent Contractor .....	951
Inventory Service - By Specialist Contractor .....	951
Marine Appraiser Or Surveyor.....	951
Messenger (Not Employed By A Messenger Or Courier Service Company) .....	951
Newspaper Reporter Or Photographer .....	951
Real Estate Agency - Outside Salespersons .....	951
Salesperson - Outside .....	951
Timber Cruiser (Exclusive Duties).....	951

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 63**

---

Tour Guide .....	951
Traveling Insurance Auditor - Independent Contractor .....	951
Trimming Windows - By Independent Contractor .....	951
Water Meter Reader.....	951
Window Trimming, By Contractor .....	951
Adding Machine Repair - Shop Or Field .....	952
Answering Machine (Telephone) Repair .....	952
Computer Or Computer System - Service Or Repair - Shop Or Field.....	952
Data Processing Systems - Service Or Repair - Shop Or Field .....	952
Dictating Machine Repair - Shop Or Field .....	952
Instrument - Professional Or Scientific - Service Or Repair - Shop Or Field .....	952
Meat Slicers Or Grinders - Counter Type - Service Or Repair .....	952
Office Machine Repair - Shop Or Field .....	952
Organ Tuning - Away From Shop .....	952
Photocopy Machines - Service Or Repair - Shop Or Field .....	952
Piano Tuning .....	952
Scale Adjustment, Service Or Repair, Counter Type .....	952
Soap Dispenser Installation And Servicing .....	952
Telephone Service Or Repair By Specialist Crew Of A Contractor Or Other Than By Telecommunications Company .....	952
Time Clocks, Recording Employee Time - Service Or Repair .....	952
Typewriter Repair - Shop Or Field.....	952
Voting Machine - Service Or Repair .....	952
Word Processor - Service Or Repair - Shop Or Field .....	952
X-Ray Equipment Repair Or Service.....	952
Advisory Rating Organization - Clerical Office .....	953
Boy Or Girl Scout Council - Clerical - Except At Camp Locations.....	953
Clerical Office Employees .....	953
Computer Programmer .....	953
Draftsman .....	953
Mailing Lists - Compiling/Selling - Risk's Only Operation .....	953
Race Track, Pari-Mutuel Clerks .....	953
Real Estate Agency - Clerical Workers In Office .....	953
Telephone Or Telegraph Operator .....	953
Automobile Repossessing, By Specialist Contractor .....	954
Guard Or Patrol Service - By Contractor .....	954
Parking Enforcement Officer (Meter Maid) - Employed By A Parking Authority .....	954
Security Agency .....	954
Air Conditioning: Non-Portable, Air Flow Testing And Balancing - By Specialist Contractor .....	955
Analytical Chemical Independent Laboratory .....	955
Architectural Firm, Supervising .....	955
Art Conservation, Preservation Or Restoration - By Specialist Contractor .....	955
Assaying - By Specialist Contractor .....	955
Civil Consulting Engineering Firm.....	955
Consulting Engineering Firm - All Types .....	955
Dermatological Lab - Testing Cosmetics - By Specialist Contractor .....	955
Document Conservation - Paper - By Specialist Contractor .....	955
Electrical Consulting Engineering Firm.....	955
Engineering Consulting Firm - All Types Of Engineering .....	955
Landscape Architectural Firm, No Construction Work .....	955

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 64**

---

Mechanical Consulting Engineering Firm.....	955
Mining Consulting Engineering Firm .....	955
Non-Destructive Testing - All Kinds - By Specialist Contractor .....	955
Paper Document Conservation - By Specialist Contractor .....	955
Research And Development (Including Prototypes) - By Specialist Contractor .....	955
Surveying - By Specialist Contractor .....	955
Testing - Non-Destructive - All Kinds - By Specialist Contractor .....	955
Attorney - Independent Contractor.....	956
Law Firm.....	956
Birth Center - Not Operated By A Hospital .....	957
Blood Bank .....	957
Chiropracist Office.....	957
Clinic - Outpatient Services Only.....	957
Clinical Laboratory - Independent.....	957
Dental Assistant - Employed By A Dentist Office .....	957
Dentist Office .....	957
Mental Health Center - Outpatient Services Only .....	957
Optometrist Office.....	957
Osteopath Office .....	957
Physical Therapy - By Specialist Contractor.....	957
Physician Office .....	957
Psychiatrist Office .....	957
Psychologist (M.A. or Ph.D.) Office .....	957
Speech Therapy - By Specialist Contractor .....	957
X-Ray Service - Non-Hospital.....	957
Alcohol And/Or Drug Residential Facility .....	958
Detoxification (Alcohol And/Or Drug) Residential Facility Licensed As Medical Or Social Setting Detoxification .....	958
Drug And/Or Alcohol Residential Facility .....	958
Hospital, Psychiatric .....	958
Hospital, Rehabilitation .....	958
Inpatient Non-Hospital Detoxification Facility Licensed As Medical Or Social Setting Detoxification .....	958
Psychiatric Hospital .....	958
Rehabilitation Hospital.....	958
Animal Raising - Non-Farm Domestic Animals .....	959
Artificial Insemination Of Animals .....	959
Bee Raising .....	959
Breeding Of Animals, Non-Farm Domestic.....	959
Dog Kennel .....	959
Dog Obedience Classes .....	959
Hospital, Veterinary .....	959
Laboratory Animal Breeding Or Raising (Rats, Mice, Guinea Pigs, Rabbits, Etc.).....	959
Livestock Tattooing, By Contractor .....	959
Poultry Vaccination, Debeaking And Sexing, By Contractor .....	959
Society For Prevention Of Cruelty To Animals .....	959
Tattooing, Livestock, By Contractor .....	959
Veterinarian .....	959
Veterinary Hospital .....	959
Worm Raising .....	959
Convalescent Home - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher .....	960

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 65**

---

Life Care Community - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher .....	960
Long Term Care Facility - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher .....	960
Nursing Home - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher .....	960
Retirement Community - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher.....	960
Hospital, All Employees.....	961
Accounting Firm .....	962
Auditing Firm (Not An Independent Insurance Traveling Auditing Firm).....	962
Public Accounting Firm .....	962
Tax Preparation Service.....	962
Church .....	963
Synagogue .....	963
Sheltered Workshop.....	964
Aircraft Trade School, Except Flying School.....	965
College Or School, N.O.C. ....	965
Dance Studio, Not Operated In Conjunction With Dance Hall .....	965
Early Intervention For Infants And Toddlers - No Residential Affiliation .....	965
School District - Public, Private Or Parochial .....	965
School, Aircraft, All Employees Except Flight Crew .....	965
School, Trade Or Vocational .....	965
Trade School .....	965
Tutoring Service By Independent Provider .....	965
Union Trade School.....	965
University .....	965
Vocational Educational Institution .....	965
Audio/Video Equipment Service Or Repair .....	966
Automobile Radio Or Telephone Installation .....	966
Car Phone Installation .....	966
Citizen Band (CB) Radio Installation, Service Or Repair .....	966
Compact Disc Player Service Or Repair .....	966
Telephone Or Radio Installation - Automobile .....	966
Television, Video And/Or Audio Equipment Service Or Repair, Including Installation Of Antenna.....	966
Video Cassette Recorder And Video Camera Repair .....	966
Video/Audio Equipment Service Or Repair .....	966
Dance Band - Independent Contractor .....	967
Dance Company.....	967
Disc Jockey Service - Non Broadcasting.....	967
Drive-In Theater .....	967
Entertainer .....	967
Motion Picture Theater .....	967
Musician, Independent Contractor .....	967
Orchestra .....	967
Theater (Including Drive-In).....	967
Theatrical Productions .....	967
Traveling Orchestra .....	967
Amusements, Indoor - See Entry By Topical Name .....	968
Billiard Hall.....	968
Bingo Hall .....	968
Bowling Alley.....	968
Cheerleading Instruction - By Independent Contractor .....	968

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 66**

**UNDERWRITING GUIDE NUMERIC**

---

Club, Swim - Indoor	968
Club, Tennis - Indoor	968
Dance Hall	968
Gymnastics Training	968
Ice Skating Rink - Indoor	968
Karate Or Other Martial Arts Institute	968
Martial Arts (Including Karate) Institute	968
Pool Room	968
Racquetball Club	968
Recreational Facility Or Amusement Devices, Indoor - See Entry By Topical Name	968
Roller Skating Rink - Indoor	968
Shooting Gallery - Indoor	968
Skating Rink - Ice Or Roller - Indoor	968
Skee-Ball Alley	968
Sports (e.g., Basketball, Ice Hockey Or Boxing) Training Facility - Not Organized Athletics	968
Swim Club - Indoor	968
Tennis Club - Indoor	968
Video Game Arcade	968
Amusement Park	969
Amusements, Outdoor - See Entry By Topical Name	969
Arboretum	969
Archery Range	969
Athletic Parks Operation	969
Ball Or Dart Throwing At Targets	969
Baseball Batting Range	969
Cave, Exhibition	969
Club, Swim - Outdoor	969
Club, Tennis - Outdoor	969
Exhibition - Outdoor	969
Exhibition Garden	969
Fair - Permanently Sited	969
Fishing Pond, Public	969
Garden - Open To Public Exhibition	969
Golf Course - Miniature	969
Golf Driving Range	969
Horse Show	969
Jockey - Employed By A Race Track	969
Kiddie Rides - All Operations - Permanently Sited	969
Miniature Golf Course	969
Park, N.O.C.	969
Pitch And Putt Golf Course	969
Pony Rides	969
Race Track Operation	969
Recreational Facility Or Amusement Devices, Outdoor - See Entry By Topical Name	969
Shooting Gallery - Outdoor	969
Skating Rink - Outdoor	969
Swim Club - Outdoor	969
Swimming Pool, Public Or Private - Outdoor	969
Tennis Club - Outdoor	969

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 67**

**UNDERWRITING GUIDE NUMERIC**

Tennis Court, Public - Outdoor	969
Zoo	969
Athletic Team: Contact Sports - Professional Or Semiprofessional	970
Contact Sports Athletic Team, Professional Or Semiprofessional	970
Football Player, Coach, Manager Or Referee - Professional Or Semiprofessional	970
Hockey Player, Coach, Manager Or Referee - Professional Or Semiprofessional	970
Lacrosse Player, Coach, Manager Or Referee - Professional Or Semiprofessional	970
Professional Or Semiprofessional Athletic Team: Contact Sports	970
Roller Derby Player, Coach, Manager Or Referee - Professional Or Semiprofessional	970
Semiprofessional Or Professional Athletic Team: Contact Sports	970
Building Cleaning, No Exterior Wall Cleaning	971
Building Service Contractor	971
Carpet And Rug Cleaning And Storage	971
Carpet Cleaning On Customers' Premises	971
Civic Center - Operation By Specialist Contractor	971
Cleaning Of Grease Exhaust, Air Conditioning, Heating And Ventilating Ducts - By Specialist Contractor	971
Cleaning, Sanitizing Or Deodorizing Restrooms - By Contractor	971
Commercial Or Industrial Building Operation - By Owner, Lessee Or Real Estate Management Firm	971
Contractor For Building Cleaning	971
Duct Cleaning - Grease Exhaust, Air Conditioning, Heating, Ventilating - By Specialist Contractor	971
Exterminator	971
Fire, Smoke And/OR Water Damage Clean-Up - By Contractor	971
Flea Market Or Swap Meet Operators	971
Floor Waxing Or Polishing - By Building Owner, Lessee, Management Agency Or Contractor	971
Fumigating - Not Agricultural - By Contractor	971
Janitor Contractor	971
Kitchen Equipment Exhaust Duct Cleaning - By Specialist Contractor	971
Mobile Home Park - Operation Or Maintenance By Contractor (Not Recreational Vehicle Campground)	971
Mobile Home Park Maintenance	971
Post Construction Clean-Up - New Homes - By Specialist Contractor	971
Rug And Carpet Cleaning And Storage	971
Storage - Self-Service	971
Sweeping Of Parking Lots - Shopping Areas And Similar Areas, By Specialty Contractor	971
Swimming Pool Cleaning Or Maintenance - By Specialty Contractor	971
Swimming Pool Liner Installation - Vinyl, By Swimming Pool Maintenance Contractor	971
Termite Control - By Contractor	971
Upholstery Cleaning On Customers' Premises	971
Warehouse - Storage - Self-Service	971
Window Cleaning	971
Bed And Breakfast	973
Golf Course Operated By Hotel	973
Motel	973
Life Care Community - With Less Than 50 Pct. Of Beds Licensed As Intermediate Care Or Higher	974
Retirement Community - With Less Than 50 Pct. Of Beds Licensed As Intermediate Care Or Higher	974
Dinner Theater	975
Restaurant, N.O.C.	975
Adult Day Center	976
Community Center	976
Day Center For The Elderly	976

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 68**

**UNDERWRITING GUIDE NUMERIC**

---

Daycare - Mentally Disabled, No Residential Facility Affiliation .....	976
Daycare Center Operated By A Y.M.C.A., Y.W.C.A. ....	976
Senior Citizens Center .....	976
Y.M.C.A., Y.M.H.A., Y.W.C.A., Y.W.H.A., Etc. ....	976
Barber Shop .....	977
Beauty Shop .....	977
Day Spa - Not Affiliated With A Health Club Or Swimming Pool .....	977
Electrolysis .....	977
Hairdressing Shop .....	977
Hat Cleaner .....	977
Manicuring Shop .....	977
Massage Therapy Services .....	977
Tanning Salon.....	977
Boy Or Girl Scout Councils Camp Operations, Including Clerical Workers At Camp Locations.....	978
Camp, Boy Or Girl Scout - Day, Summer Or Winter .....	978
Commercial Camp .....	978
RV Campground.....	978
Scout Camp .....	978
Summer Camp .....	978
Personal Care Home.....	979
Residential Facility For The Elderly - Non Medical .....	979
Rest (Residential) Home.....	979
Borough Employees, N.O.C. ....	980
City Emp. Except Sewer Const., Sal. Policemen & Firemen, Vol. Firemen, Clerical Office & Elected Officials .....	980
City Employees, N.O.C. ....	980
County Employees, N.O.C. ....	980
County Road Districts .....	980
Forest Ranger - Not State Employees .....	980
Garbage Works - Reduction Or Incineration - Municipal.....	980
Meter Maid - Employed By A Municipality .....	980
Municipal Or County Employees, N.O.C. ....	980
Road Maintenance By Municipal Employees .....	980
School Crossing Guard .....	980
Sewage Disposal Plant, Municipal .....	980
Town Employees, N.O.C. ....	980
Township Employees, N.O.C. ....	980
Villages Operation.....	980
Water Supply System - Operated By A Municipality.....	980
Slot Machine Gambling .....	981
Housing Authority .....	983
Adjuster, Insurance Company .....	984
Auditor (Insurance Company), Traveling.....	984
Inspection Of Mercantile, Mfg. Or Risks For Insurance Or Valuation Purposes - By Insurance Company.....	984
Insurance Company .....	984
Traveling Insurance Company Auditor .....	984
Correctional Institution Guards (Not State Employees).....	985
Fire Department - Paid .....	985
Fire Patrol Or Protective Corp. - Independent - Paid .....	985
Firemen - Not Volunteer.....	985

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 69**

---

Guards At Corr. Institutions, House Of Corr., Prisons Or Prison Farms - Not State Employees .....	985
House Of Correction Guards (Not State Employees).....	985
Police Deputies .....	985
Police, Special School Police .....	985
Policemen And Detectives .....	985
Prison Farm Guards (Not State Employees) .....	985
Prison Guards (Not State Employees) .....	985
Sheriff And Sheriff's Deputies .....	985
Alcohol/Drug - Halfway House Or Residential Program Not Licensed As Medical Or Social Setting Detoxification.....	986
Halfway House - Pre-Parole Or Probation .....	986
Home For Unwed Mothers - No Medical Services .....	986
Maternity Home - No Medical Services .....	986
Shelter For The Homeless .....	986
Shelters For Victims Of Domestic Abuse.....	986
Bank .....	988
Check Cashing Service .....	988
Credit Union .....	988
Foreign Currency Exchange .....	988
Savings And Loan .....	988
Athletic Team: Non-Contact Sports - Professional Or Semiprofessional.....	991
Baseball Player, Coach, Manager Or Umpire - Professional Or Semiprofessional .....	991
Basketball Player, Coach, Manager Or Referee - Professional Or Semiprofessional .....	991
Non-Contact Sports Athletic Team, Professional Or Semiprofessional .....	991
Professional Or Semiprofessional Athletic Team: Non-Contact Sports .....	991
Semiprofessional Or Professional Athletic Team: Non-Contact Sports .....	991
Soccer Player, Coach, Manager Or Referee - Professional Or Semiprofessional .....	991
Cesspool Cleaning, By Contractor .....	992
Portable Toilet Leasing/Servicing.....	992
Sanitary Company (Septic Tank, Cesspool Or Chemical Portable Toilet Cleaning) .....	992
Septic Tank Cleaner .....	992
Ash Collecting .....	995
Cleaning Tanks Or Tank Cars .....	995
Containerized Trash Removal .....	995
Debris Box Service.....	995
Environmental Cleanup Services .....	995
Flood Debris Cleanup (Except Building Demolition) - By Contractor .....	995
Garbage Or Rubbish Removal .....	995
Garbage Works - Reduction Or Incineration - Private .....	995
Landfill Operations By A Rubbish Or Garbage Removal Contractor .....	995
Oil Spill Cleanup .....	995
Pipe Cleaning - Interiors Of Sewer Or Water Mains By Hydraulic Method .....	995
Rubbish Or Garbage Removal .....	995
Sewer Cleaning - Interiors Of Sewer Or Water Mains By Hydraulic Method .....	995
Street Sweeping - By Contractor .....	995
Tank Cleaning - Including Bulk Storage Type By Contractor .....	995
Trash Removal Including Containerized .....	995
Waste Removal - Industrial And/Or Domestic .....	995
Water Main Cleaning (Interiors Of) By Hydraulic Method .....	995
Crematory Operation .....	997

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 70**

**UNDERWRITING GUIDE NUMERIC**

---

Funeral Director .....	997
Undertaker .....	997
Cemetery Operation.....	999
Cemetery, Opening Graves, Removing And Reintering Remains.....	999
Ammunition Mfg. ....	4771
Bag Loading, Explosives .....	4771
Black Powder Mfg.....	4771
Blasting Cap Mfg.....	4771
Cartridge Charging Or Loading .....	4771
Cordite Mfg.....	4771
Dynamite Mfg. ....	4771
Explosives Or Ammunition Mfg., N.O.C.....	4771
Fireworks Mfg. ....	4771
Flare Mfg. ....	4771
Fuse Mfg., Explosive .....	4771
High Explosives Mfg. ....	4771
Nitroglycerin Mfg. ....	4771
Projectile Loading .....	4771
Shell Case Loading .....	4771
Smokeless Powder Mfg. ....	4771
Anfo Mfg. ....	4777
Blasting Agents Mfg. ....	4777
Explosives Distributor.....	4777
Fireworks Exhibitor .....	4777
Slurry Blasting Agents Mfg.....	4777
Boat Building Or Repair .....	6824F
Marina - With Federal Coverage .....	6826F
Ship Building, Iron Or Steel Including Naval .....	6843F
Dry Dock Operation .....	6872F
Marine Plumber, Not Boat Or Shipbuilding .....	6872F
Marine Railway Operator .....	6872F
Painting Ship Hulls .....	6872F
Rigging, Ship .....	6872F
Ship Cleaning .....	6872F
Ship Repair .....	6872F
Ship Scaling.....	6872F
Stevedoring, N.O.C. ....	7309F
Oil Or Coal Dock Operation - Waterfront .....	7313F
Ore Dock Operation .....	7313F
Automobile Haulaway Or Driveaway Service, Driving Cars On Or Off Vessels.....	7317F
Stevedoring, By Hand Or Hand Truck Exclusively .....	7317F
Containers, Stevedoring .....	7327F
Stevedoring Containers.....	7327F
Freight Handling On Piers Or Terminals Or Adjoining Piers.....	7366F
Aircraft Operation - Air Cargo Carrier .....	7405
Aircraft Operation - Scheduled Air Carrier.....	7405
Aircraft Operation - Supplemental Air Carrier .....	7405
Aircraft Operation - Commuter Air Carrier .....	7413
Aircraft Operation - Personnel Transport .....	7421

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**UNDERWRITING GUIDE NUMERIC**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 71**

Aerial Patrol Or Photography .....	7424
Aircraft Flight Testing .....	7424
Aircraft Operation - Agricultural .....	7424
Aircraft Operation - Air Taxi .....	7424
Aircraft Operation - Crop Dusting, Seeding Or Spraying .....	7424
Aircraft Operation - Forest Fire Fighting, Spotting And Observation.....	7424
Aircraft Operation - Mapping Or Survey Work .....	7424
Aircraft Operation - Patrol.....	7424
Aircraft Operation - Photography.....	7424
Aircraft Operation - Sightseeing.....	7424
Aircraft Operation - Skywriting Advertising .....	7424
Aircraft Operation - Stunt Flying .....	7424
Aircraft Operation, N.O.C. ....	7424
Aircraft Sales Agency - Flight Operations .....	7424
Helicopter Operation, N.O.C. ....	7424
Hot Air Ballooning .....	7424
Photographer - Aerial .....	7424
School, Aircraft, Flight Employees .....	7424
Stunt Flying.....	7424
Aircraft Cleaning - Including Specialist Contractor .....	7428
Aircraft Fueling Or Refueling - Including By Specialist Contractor .....	7428
Aircraft Operation - Ground Employees.....	7428
Aircraft Remanufacturing, Conversion Or Modification - Not By The Original Aircraft Manufacturer .....	7428
Aircraft Service And Repair.....	7428
Airport Hangar Operation .....	7428
Airport Operation - Groundmen .....	7428
Flying Field.....	7428
Ground Personnel - Aircraft And/Or Airport Operations .....	7428
Hangar Operation .....	7428
Heliport Operation - Ground Personnel.....	7428
Aircraft Operation - Scheduled And Supplemental Air Carrier - Nonrateable Catastrophe Element .....	7445
Aircraft Operation - Commuter Air Carrier - Nonrateable Catastrophe Element .....	7453
Stevedoring Tallymen .....	8709F
Weighers, Samplers Or Inspectors Of Merchandise On Vessels Or Docks.....	8709F
Steamship Lines Port Employees .....	8726F
Aircraft Seat Surcharge .....	9108
Atomic Energy Radiation Exposure, N.O.C. ....	9985
Radiation Exposure, Supplemental Loading .....	9985
Supplemental Radiation Exposure Loading .....	9985
Advertising Signs Mfg., No Off-Premises Repair Or Erection - Classify According To Materials Used.....	----
Auctions-Classify To Appropriate Retail Store Class Based On Merchandise Mix (Not Automobile)-Including Auctioneers ..	----
Automobile Dismantler .....	----
See Rulings And Interpretations	
Automobile Filling Station - Retail - Including Repair Work .....	----
See Rulings And Interpretations	
Automobile Service Station - Retail - Gasoline Sales And Repair Work .....	----
See Rulings And Interpretations	
Bakery Products Distribution .....	----
See Rulings And Interpretations	

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 72**

**UNDERWRITING GUIDE NUMERIC**

---

Building Erection - Prefabricated Sheet Metal .....	----
See Rulings And Interpretations	
Building Moving - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2 .....	----
Building Raising Or Razing - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2 .....	----
Building Wrecking - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2 .....	----
Button Mfg., Not Metal - Classify According To Materials Used .....	----
Cafeteria - Operated By Employer For Own Employees .....	----
Governing Class	
Ceramic Shop.....	----
See Rulings And Interpretations	
Chauffeurs And Helpers.....	----
Governing Class	
Clearing Of Land .....	----
See Rulings And Interpretations	
Clerks On Loading Platforms.....	----
Governing Class	
Cofferdam Work - Non-Pressurized - Use Appropriate Contracting Classes .....	----
Collectors Of Money, Who Also Deliver Goods .....	----
Appropriate Store Class	
Contractor, Permanent Yards, Maintenance Or Storage Of Equipment Or Material .....	----
Governing Class	
Contractor, Supervisory Employees .....	----
Governing Class	
Contractors, Watchmen, Timekeepers And Cleaners.....	----
Governing Class	
Crane Or Derrick Mfg. - Classify According To Materials Used .....	----
Dealer (See Listings Under Appropriate Merchandise) .....	----
Demolition Of Structures - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2 .....	----
Dispatchers On Loading Platforms.....	----
Governing Class	
Doll Or Doll Parts Mfg. - Classify According To Materials Used.....	----
Dress Form Mfg. - Classify According To Materials Used .....	----
Drivers.....	----
Governing Class	
Fire Department, N.O.C. .....	----
Governing Class	
Fishing Rod Mfg. - Classify According To Materials Used .....	----
Forest Fire Fighting, N.O.C. .....	----
Governing Class	
Frozen Or Frosted Food Products Mfg. ....	----
See Rulings And Interpretations	
Garage Operated As A Subordinate Accommodation .....	----
Governing Class	
Gasoline Station - Retail - Including Repair Work .....	----
See Rulings And Interpretations	
Hat Mfg., Safety - See Helmet .....	----
Helmet Mfg., Safety - Use Appropriate Plastics Molding Class .....	----
Homeowners' Association .....	----
See Rulings And Interpretations	

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 73**

**UNDERWRITING GUIDE NUMERIC**

---

Hotel - All Other Employees.....	----
See Rulings And Interpretations	
Hotel Restaurant Employees .....	----
See Rulings And Interpretations	
House Moving - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2 .....	----
Industrial Pattern - Cast-Metal, Mfg.....	----
See Appropriate Foundry Class	
Interior Decorator - No Installation Work - Classify Per Business Of The Employer .....	----
Label Printing - Non-Pressure-Sensitive - Assign Applicable Printing Class .....	----
Last Mfg. - Cast Metal.....	----
See Appropriate Foundry Class	
Logging Or Lumbering Business - Trucking To Sawmill Or Unrelated Customer - Assign Applicable Logging Class.....	----
Mail Order House - Use Appropriate Wholesale Store Classification .....	----
Maintenance Of Premises, Not Tenanted Buildings.....	----
Governing Class	
Motel, Motor Court, Etc. - All Other Employees .....	----
See Rulings And Interpretations	
Net Mfg. - Classify According To Materials Used.....	----
Oil Field Machinery Or Equipment Mfg. - Classify According To Materials Used .....	----
Recovery Of Usable Automobile Parts .....	----
See Rulings And Interpretations	
Rental Service Stores And Yards - Classify On The Basis Of Principal Merchandise Rented.....	----
Research Or Development - Testing By Manufacturers - For Own Products .....	----
Governing Class	
Resort Hotel - All Other Employees .....	----
See Rulings And Interpretations	
Rooming House Or Boarding House - All Other Employees .....	----
See Rulings And Interpretations	
Salesperson, Delivering Goods By Automobile .....	----
Governing Class	
Salesperson, Door-To-Door .....	----
Governing Class	
Salvage Operations And Incidental Wrecking - See Wrecking Or Demolition Or Building Moving Project - Section 2 .....	----
Seasonal Hotel - All Other Employees .....	----
See Rulings And Interpretations	
Self-Service Gasoline Station - Retail .....	----
See Rulings And Interpretations	
Silo Erection - Metal Or Fiberglass .....	----
See Rulings And Interpretations	
Slum Clearance Projects - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2.....	----
Sporting Goods Mfg. - Classify By Materials Used .....	----
Steam Packing Mfg. - Classify According To Materials Used.....	----
Stevedoring - Explosives Materials - Assign The Appropriate Stevedoring Class.....	----
Stone Crushing, By Road Contractor As Part Of Road Project - Assign Appropriate Quarry Class.....	----
Subway Construction - Use Appropriate Contracting Classes.....	----
Truck Stop .....	----
See Rulings And Interpretations	
Watchman .....	----
Governing Class	

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 74**

**UNDERWRITING GUIDE NUMERIC**

---

Wheel Alignment On Automobiles	-----
Governing Class	
Wood Chipping - By The Logging Business At The Logging Site - Assign Applicable Logging Class	-----
Wrecking Of Buildings Or Structures - See Wrecking Or Demolition Or Building Moving Project - Section 2	-----

**USL&H and  
RESIDUAL MARKET  
PREMIUM DISCOUNT TABLES (IN PERCENT)**

				<b>Standard Premium</b>				<b>Standard Premium</b>				<b>Standard Premium</b>			
						<b>Discount</b>				<b>Discount</b>				<b>Discount</b>	
\$	0	-	5,023	0.0%	\$	9,160	-	9,316	5.0%	\$	57,369	-	64,117	10.0%	
	5,024	-	5,069	0.1		9,317	-	9,478	5.1		64,118	-	72,666	10.1	
	5,070	-	5,117	0.2		9,479	-	9,646	5.2		72,667	-	83,846	10.2	
	5,118	-	5,165	0.3		9,647	-	9,819	5.3		83,847	-	99,090	10.3	
	5,166	-	5,215	0.4		9,820	-	9,999	5.4		99,091	-	104,418	10.4	
	5,216	-	5,265	0.5		10,000	-	10,186	5.5		104,419	-	109,512	10.5	
	5,266	-	5,317	0.6		10,187	-	10,380	5.6		109,513	-	115,128	10.6	
	5,318	-	5,369	0.7		10,381	-	10,582	5.7		115,129	-	121,351	10.7	
	5,370	-	5,422	0.8		10,583	-	10,792	5.8		121,352	-	128,285	10.8	
	5,423	-	5,477	0.9		10,793	-	11,010	5.9		128,286	-	136,060	10.9	
	5,478	-	5,532	1.0		11,011	-	11,237	6.0		136,061	-	144,838	11.0	
	5,533	-	5,589	1.1		11,238	-	11,473	6.1		144,839	-	154,827	11.1	
	5,590	-	5,647	1.2		11,474	-	11,720	6.2		154,828	-	166,296	11.2	
	5,648	-	5,706	1.3		11,721	-	11,978	6.3		166,297	-	179,599	11.3	
	5,707	-	5,767	1.4		11,979	-	12,247	6.4		179,600	-	195,217	11.4	
	5,768	-	5,828	1.5		12,248	-	12,528	6.5		195,218	-	213,809	11.5	
	5,829	-	5,891	1.6		12,529	-	12,823	6.6		213,810	-	236,315	11.6	
	5,892	-	5,956	1.7		12,824	-	13,132	6.7		236,316	-	264,117	11.7	
	5,957	-	6,022	1.8		13,133	-	13,456	6.8		264,118	-	299,333	11.8	
	6,023	-	6,089	1.9		13,457	-	13,797	6.9		299,334	-	345,384	11.9	
	6,090	-	6,158	2.0		13,798	-	14,155	7.0		345,385	-	408,181	12.0	
	6,159	-	6,228	2.1		14,156	-	14,533	7.1		408,182	-	498,888	12.1	
	6,229	-	6,300	2.2		14,534	-	14,931	7.2		498,889	-	523,023	12.2	
	6,301	-	6,374	2.3		14,932	-	15,352	7.3		523,024	-	548,536	12.3	
	6,375	-	6,449	2.4		15,353	-	15,797	7.4		548,537	-	576,666	12.4	
	6,450	-	6,526	2.5		15,798	-	16,268	7.5		576,667	-	607,837	12.5	
	6,527	-	6,606	2.6		16,269	-	16,769	7.6		607,838	-	642,571	12.6	
	6,607	-	6,687	2.7		16,770	-	17,301	7.7		642,572	-	681,515	12.7	
	6,688	-	6,770	2.8		17,302	-	17,868	7.8		681,516	-	725,483	12.8	
	6,771	-	6,855	2.9		17,869	-	18,474	7.9		725,484	-	775,517	12.9	
	6,856	-	6,942	3.0		18,475	-	19,122	8.0		775,518	-	832,962	13.0	
	6,943	-	7,032	3.1		19,123	-	19,818	8.1		832,963	-	899,599	13.1	
	7,033	-	7,124	3.2		19,819	-	20,566	8.2		899,600	-	977,826	13.2	
	7,125	-	7,218	3.3		20,567	-	21,372	8.3		977,827	-	1,070,952	13.3	
	7,219	-	7,315	3.4		21,373	-	22,244	8.4		1,070,953	-	1,183,684	13.4	
	7,316	-	7,414	3.5		22,245	-	23,191	8.5		1,183,685	-	1,322,941	13.5	
	7,415	-	7,517	3.6		23,192	-	24,222	8.6		1,322,942	-	1,499,333	13.6	
	7,518	-	7,622	3.7		24,223	-	25,348	8.7		1,499,334	-	1,729,999	13.7	
	7,623	-	7,730	3.8		25,349	-	26,585	8.8		1,730,000	-	2,044,545	13.8	
	7,731	-	7,841	3.9		26,586	-	27,948	8.9		2,044,546	-	2,498,888	13.9	
	7,842	-	7,956	4.0		27,949	-	29,459	9.0		2,498,889	-	3,212,857	14.0	
	7,957	-	8,074	4.1		29,460	-	31,142	9.1		3,212,858	-	4,497,999	14.1	
	8,075	-	8,195	4.2		31,143	-	33,030	9.2		4,498,000	-	7,496,666	14.2	
	8,196	-	8,320	4.3		33,031	-	35,161	9.3		7,496,667	-	22,489,999	14.3	
	8,321	-	8,449	4.4		35,162	-	37,586	9.4		22,490,000 and over			14.4	
	8,450	-	8,582	4.5		37,587	-	40,370	9.5		Above Table Based on the Following Discounts				
	8,583	-	8,719	4.6		40,371	-	43,599	9.6		First	\$ 5,000		0.0%	
	8,720	-	8,861	4.7		43,600	-	47,391	9.7		Next	\$ 95,000		10.9	
	8,862	-	9,008	4.8		47,392	-	51,904	9.8		Next	\$400,000		12.6	
	9,009	-	9,159	4.9		51,905	-	57,368	9.9		Over	\$500,000		14.4	

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**RULINGS & INTERPRETATIONS & CLASSIFICATION GUIDE**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 76**

**UNITED STATES LONGSHOREMEN AND HARBOR WORKERS  
PREMIUM DISCOUNT TABLES (IN PERCENT)**

Standard Premium			Discount			Standard Premium			Discount		
\$ 0	-	15,076	0.0%	\$ 27,477	-	27,999	4.5%	\$ 172,942	-	195,999	9.0%
15,077	-	15,233	0.1	28,000	-	28,543	4.6	196,000	-	226,153	9.1
15,234	-	15,392	0.2	28,544	-	29,108	4.7	226,154	-	267,272	9.2
15,393	-	15,555	0.3	29,109	-	29,696	4.8	267,273	-	304,897	9.3
15,556	-	15,721	0.4	29,697	-	30,309	4.9	304,898	-	317,872	9.4
15,722	-	15,891	0.5	30,310	-	30,947	5.0	317,873	-	331,999	9.5
15,892	-	16,065	0.6	30,948	-	31,612	5.1	332,000	-	347,441	9.6
16,066	-	16,243	0.7	31,613	-	32,307	5.2	347,442	-	364,390	9.7
16,244	-	16,424	0.8	32,308	-	33,033	5.3	364,391	-	383,076	9.8
16,425	-	16,610	0.9	33,034	-	33,793	5.4	383,077	-	403,783	9.9
16,611	-	16,799	1.0	33,794	-	34,588	5.5	403,784	-	426,857	10.0
16,800	-	16,994	1.1	34,589	-	35,421	5.6	426,858	-	452,727	10.1
16,995	-	17,192	1.2	35,422	-	36,296	5.7	452,728	-	481,935	10.2
17,193	-	17,396	1.3	36,297	-	37,215	5.8	481,936	-	515,172	10.3
17,397	-	17,604	1.4	37,216	-	38,181	5.9	515,173	-	553,333	10.4
17,605	-	17,818	1.5	38,182	-	39,199	6.0	553,334	-	597,599	10.5
17,819	-	18,036	1.6	39,200	-	40,273	6.1	597,600	-	649,565	10.6
18,037	-	18,260	1.7	40,274	-	41,408	6.2	649,566	-	711,428	10.7
18,261	-	18,490	1.8	41,409	-	42,608	6.3	711,429	-	786,315	10.8
18,491	-	18,726	1.9	42,609	-	43,880	6.4	786,316	-	878,823	10.9
18,727	-	18,967	2.0	43,881	-	45,230	6.5	878,824	-	995,999	11.0
18,968	-	19,215	2.1	45,231	-	46,666	6.6	996,000	-	1,149,230	11.1
19,216	-	19,470	2.2	46,667	-	48,196	6.7	1,149,231	-	1,358,181	11.2
19,471	-	19,731	2.3	48,197	-	49,830	6.8	1,358,182	-	1,553,333	11.3
19,732	-	19,999	2.4	49,831	-	51,578	6.9	1,553,334	-	1,677,599	11.4
20,000	-	20,275	2.5	51,579	-	53,454	7.0	1,677,600	-	1,823,478	11.5
20,276	-	20,559	2.6	53,455	-	55,471	7.1	1,823,479	-	1,997,142	11.6
20,560	-	20,851	2.7	55,472	-	57,647	7.2	1,997,143	-	2,207,368	11.7
20,852	-	21,151	2.8	57,648	-	59,999	7.3	2,207,369	-	2,467,058	11.8
21,152	-	21,459	2.9	60,000	-	62,553	7.4	2,467,059	-	2,795,999	11.9
21,460	-	21,777	3.0	62,554	-	65,333	7.5	2,796,000	-	3,226,153	12.0
21,778	-	22,105	3.1	65,334	-	68,372	7.6	3,226,154	-	3,812,727	12.1
22,106	-	22,442	3.2	68,373	-	71,707	7.7	3,812,728	-	4,659,999	12.2
22,443	-	22,790	3.3	71,708	-	75,384	7.8	4,660,000	-	5,991,428	12.3
22,791	-	23,149	3.4	75,385	-	79,459	7.9	5,991,429	-	8,387,999	12.4
23,150	-	23,519	3.5	79,460	-	83,999	8.0	8,388,000	-	13,979,999	12.5
23,520	-	23,902	3.6	84,000	-	89,090	8.1	13,980,000	-	41,939,999	12.6
23,903	-	24,297	3.7	89,091	-	94,838	8.2	41,940,000	-		12.7
24,298	-	24,705	3.8	94,839	-	101,379	8.3	Above Table Based on the Following			
24,706	-	25,128	3.9	101,380	-	108,888	8.4	Discounts			
25,129	-	25,565	4.0	108,889	-	117,599	8.5	First	\$ 15,000		0.0%
25,566	-	26,017	4.1	117,600	-	127,826	8.6	Next	\$ 285,000		9.8
26,018	-	26,486	4.2	127,827	-	139,999	8.7	Next	\$1,200,000		11.8
26,487	-	26,972	4.3	140,000	-	154,736	8.8	Over	\$1,500,000		12.7
26,973	-	27,476	4.4	154,737	-	172,941	8.9				

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**RULINGS & INTERPRETATIONS & CLASSIFICATION GUIDE**

EFFECTIVE DATE: DECEMBER 1, 2007

Page 77

**Pro Rata Cancellation Table**

JANUARY			FEBRUARY			MARCH			APRIL			MAY			JUNE		
DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO
1	1	.003	1	32	.088	1	60	.164	1	91	.249	1	121	.332	1	152	.416
2	2	.005	2	33	.090	2	61	.167	2	92	.252	2	122	.334	2	153	.419
3	3	.008	3	34	.093	3	62	.170	3	93	.255	3	123	.337	3	154	.422
4	4	.011	4	35	.096	4	63	.173	4	94	.258	4	124	.340	4	155	.425
5	5	.014	5	36	.099	5	64	.175	5	95	.260	5	125	.342	5	156	.427
6	6	.016	6	37	.101	6	65	.178	6	96	.263	6	126	.345	6	157	.430
7	7	.019	7	38	.104	7	66	.181	7	97	.266	7	127	.348	7	158	.433
8	8	.022	8	39	.107	8	67	.184	8	98	.268	8	128	.351	8	159	.436
9	9	.025	9	40	.110	9	68	.186	9	99	.271	9	129	.353	9	160	.438
10	10	.027	10	41	.112	10	69	.189	10	100	.274	10	130	.356	10	161	.441
11	11	.030	11	42	.115	11	70	.192	11	101	.277	11	131	.359	11	162	.444
12	12	.033	12	43	.118	12	71	.195	12	102	.279	12	132	.362	12	163	.447
13	13	.036	13	44	.121	13	72	.197	13	103	.282	13	133	.364	13	164	.449
14	14	.038	14	45	.123	14	73	.200	14	104	.285	14	134	.367	14	165	.452
15	15	.041	15	46	.126	15	74	.203	15	105	.288	15	135	.370	15	166	.455
16	16	.044	16	47	.129	16	75	.205	16	106	.290	16	136	.373	16	167	.458
17	17	.047	17	48	.132	17	76	.208	17	107	.293	17	137	.375	17	168	.460
18	18	.049	18	49	.134	18	77	.211	18	108	.296	18	138	.378	18	169	.463
19	19	.052	19	50	.137	19	78	.214	19	109	.299	19	139	.381	19	170	.466
20	20	.055	20	51	.140	20	79	.216	20	110	.301	20	140	.384	20	171	.468
21	21	.058	21	52	.142	21	80	.219	21	111	.304	21	141	.386	21	172	.471
22	22	.060	22	53	.145	22	81	.222	22	112	.307	22	142	.389	22	173	.474
23	23	.063	23	54	.148	23	82	.225	23	113	.310	23	143	.392	23	174	.477
24	24	.066	24	55	.151	24	83	.227	24	114	.312	24	144	.395	24	175	.479
25	25	.068	25	56	.153	25	84	.230	25	115	.315	25	145	.397	25	176	.482
26	26	.071	26	57	.156	26	85	.233	26	116	.318	26	146	.400	26	177	.485
27	27	.074	27	58	.159	27	86	.236	27	117	.321	27	147	.403	27	178	.488
28	28	.077	28	59	.162	28	87	.238	28	118	.323	28	148	.405	28	179	.490
29	29	.079				29	88	.241	29	119	.326	29	149	.408	29	180	.493
30	30	.082				30	89	.244	30	120	.329	30	150	.411	30	181	.496
31	31	.085				31	90	.247				31	151	.414			

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**RULINGS & INTERPRETATIONS & CLASSIFICATION GUIDE**

EFFECTIVE DATE: DECEMBER 1, 2007

Page 78

**Pro Rata Cancellation Table (Continued)**

JULY			AUGUST			SEPTEMBER			OCTOBER			NOVEMBER			DECEMBER		
DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO
1	182	.499	1	213	.584	1	244	.668	1	274	.751	1	305	.836	1	335	.918
2	183	.501	2	214	.586	2	245	.671	2	275	.753	2	306	.838	2	336	.921
3	184	.504	3	215	.589	3	246	.674	3	276	.756	3	307	.841	3	337	.923
4	185	.507	4	216	.592	4	247	.677	4	277	.759	4	308	.844	4	338	.926
5	186	.510	5	217	.595	5	248	.679	5	278	.762	5	309	.847	5	339	.929
6	187	.512	6	218	.597	6	249	.682	6	279	.764	6	310	.849	6	340	.932
7	188	.515	7	219	.600	7	250	.685	7	280	.767	7	311	.852	7	341	.934
8	189	.518	8	220	.603	8	251	.688	8	281	.770	8	312	.855	8	342	.937
9	190	.521	9	221	.605	9	252	.690	9	282	.773	9	313	.858	9	343	.940
10	191	.523	10	222	.608	10	253	.693	10	283	.775	10	314	.860	10	344	.942
11	192	.526	11	223	.611	11	254	.696	11	284	.778	11	315	.863	11	345	.945
12	193	.529	12	224	.614	12	255	.699	12	285	.781	12	316	.866	12	346	.948
13	194	.532	13	225	.616	13	256	.701	13	286	.784	13	317	.868	13	347	.951
14	195	.534	14	226	.619	14	257	.704	14	287	.786	14	318	.871	14	348	.953
15	196	.537	15	227	.622	15	258	.707	15	288	.789	15	319	.874	15	349	.956
16	197	.540	16	228	.625	16	259	.710	16	289	.792	16	320	.877	16	350	.959
17	198	.542	17	229	.627	17	260	.712	17	290	.795	17	321	.879	17	351	.962
18	199	.545	18	230	.630	18	261	.715	18	291	.797	18	322	.882	18	352	.964
19	200	.548	19	231	.633	19	262	.718	19	292	.800	19	323	.885	19	353	.967
20	201	.551	20	232	.636	20	263	.721	20	293	.803	20	324	.888	20	354	.970
21	202	.553	21	233	.638	21	264	.723	21	294	.805	21	325	.890	21	355	.973
22	203	.556	22	234	.641	22	265	.726	22	295	.808	22	326	.893	22	356	.975
23	204	.559	23	235	.644	23	266	.729	23	296	.811	23	327	.896	23	357	.978
24	205	.562	24	236	.647	24	267	.732	24	297	.814	24	328	.899	24	358	.981
25	206	.564	25	237	.649	25	268	.734	25	298	.816	25	329	.901	25	359	.984
26	207	.567	26	238	.652	26	269	.737	26	299	.819	26	330	.904	26	360	.986
27	208	.570	27	239	.655	27	270	.740	27	300	.822	27	331	.907	27	361	.989
28	209	.573	28	240	.658	28	271	.742	28	301	.825	28	332	.910	28	362	.992
29	210	.575	29	241	.660	29	272	.745	29	302	.827	29	333	.912	29	363	.995
30	211	.578	30	242	.663	30	273	.748	30	303	.830	30	334	.915	30	364	.997
31	212	.581	31	243	.666				31	304	.833				31	365	1:000

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**RULINGS & INTERPRETATIONS & CLASSIFICATION GUIDE**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 79**

**Short Rate Cancellation Table**

<b>Days In Policy</b>	<b>Short Rate Percentages</b>	<b>Factor to Apply to Earned Premium for Period Policy In Effect</b>	<b>Days In Policy Period</b>	<b>Short Rate Percentages</b>	<b>Factor to Apply to Earned Premium for Period Policy in Effect</b>
1	.05	18.2482	46	.23	1.8250
2	.06	10.9489	47	.23	1.7861
3	.07	8.5158	48	.24	1.8250
4	.07	6.3869	49	.24	1.7877
5	.08	5.8394	50	.24	1.7520
6	.08	4.8662	51	.24	1.7176
7	.09	4.6924	52	.25	1.7548
8	.09	4.1058	53	.25	1.7216
9	.10	4.0552	54	.25	1.6899
10	.10	3.6496	55	.26	1.7255
11	.11	3.6496	56	.26	1.6947
12	.11	3.3455	57	.26	1.6650
13	.12	3.3689	58	.26	1.6362
14	.12	3.1283	59	.27	1.6704
15	.13	3.1630	60	.27	1.6425
16	.13	2.9653	61	.27	1.6156
17	.14	3.0056	62	.27	1.5895
18	.14	2.8386	63	.28	1.6222
19	.15	2.8818	64	.28	1.5969
20	.15	2.7377	65	.28	1.5723
21	.16	2.7812	66	.29	1.6038
22	.16	2.6547	67	.29	1.5799
23	.17	2.6980	68	.29	1.5566
24	.17	2.5856	69	.29	1.5341
25	.17	2.4821	70	.30	1.5643
26	.18	2.5270	71	.30	1.5423
27	.18	2.4334	72	.30	1.5208
28	.18	2.3465	73	.30	1.5000
29	.18	2.2656	74	.31	1.5291
30	.19	2.3117	75	.31	1.5087
31	.19	2.2371	76	.31	1.4888
32	.19	2.1672	77	.32	1.5169
33	.20	2.2121	78	.32	1.4974
34	.20	2.1471	79	.32	1.4785
35	.20	2.0857	80	.32	1.4600
36	.20	2.0278	81	.33	1.4870
37	.21	2.0716	82	.33	1.4689
38	.21	2.0171	83	.33	1.4512
39	.21	1.9654	84	.34	1.4774
40	.21	1.9162	85	.34	1.4600
41	.22	1.9585	86	.34	1.4430
42	.22	1.9119	87	.34	1.4264
43	.22	1.8674	88	.35	1.4517
44	.23	1.9079	89	.35	1.4354
45	.23	1.8655	90	.35	1.4194

**Short Rate Cancellation Table (Continued)**

<b>Days in Policy Period</b>	<b>Short Rate Percentages</b>	<b>Factors to Apply to Earned Premium for Period Policy in Effect</b>	<b>Days in Policy Period</b>	<b>Short Rate Percentages</b>	<b>Factors to Apply to Earned Premium for Period Policy in Effect</b>
91	.35	1.4038	136	.48	1.2882
92	.36	1.4283	137	.48	1.2788
93	.36	1.4129	138	.48	1.2696
94	.36	1.3979	139	.49	1.2867
95	.37	1.4216	140	.49	1.2775
96	.37	1.4068	141	.49	1.2684
97	.37	1.3923	142	.49	1.2595
98	.37	1.3781	143	.50	1.2762
99	.38	1.4010	144	.50	1.2674
100	.38	1.3870	145	.50	1.2586
101	.38	1.3733	146	.50	1.2500
102	.38	1.3598	147	.51	1.2663
103	.39	1.3820	148	.51	1.2578
104	.39	1.3688	149	.51	1.2493
105	.39	1.3557	150	.52	1.2653
106	.40	1.3774	151	.52	1.2569
107	.40	1.3645	152	.52	1.2487
108	.40	1.3519	153	.52	1.2405
109	.40	1.3395	154	.53	1.2562
110	.41	1.3605	155	.53	1.2481
111	.41	1.3452	156	.53	1.2401
112	.41	1.3362	157	.54	1.2554
113	.41	1.3243	158	.54	1.2475
114	.42	1.3447	159	.54	1.2396
115	.42	1.3330	160	.54	1.2319
116	.42	1.3215	161	.55	1.2469
117	.43	1.3414	162	.55	1.2392
118	.43	1.3301	163	.55	1.2316
119	.43	1.3189	164	.55	1.2241
120	.43	1.3079	165	.56	1.2388
121	.44	1.3273	166	.56	1.2313
122	.44	1.3164	167	.56	1.2240
123	.44	1.3057	168	.57	1.2384
124	.44	1.2951	169	.57	1.2311
125	.45	1.3140	170	.57	1.2238
126	.45	1.3036	171	.57	1.2167
127	.45	1.2933	172	.58	1.2308
128	.46	1.3117	173	.58	1.2237
129	.46	1.3016	174	.58	1.2167
130	.46	1.2916	175	.58	1.2097
131	.46	1.2817	176	.59	1.2236
132	.47	1.2996	177	.59	1.2167
133	.47	1.2899	178	.59	1.2098
134	.47	1.2802	179	.60	1.2235
135	.47	1.2708	180	.60	1.2167

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 5**

**RULINGS & INTERPRETATIONS & CLASSIFICATION GUIDE**

**EFFECTIVE DATE: DECEMBER 1, 2007**

**Page 81**

**Short Rate Cancellation Table(Continued)**

<b>Days in Policy Period</b>	<b>Short Rate Percentages</b>	<b>Factor to Apply to Earned Premium for Period Policy in Effect</b>	<b>Days in Policy Period</b>	<b>Short Rate Percentages</b>	<b>Factor to Apply to Earned Premium for Period Policy in Effect</b>
181	.60	1.2099	226	.70	1.1305
182	.60	1.2033	227	.70	1.1255
183	.61	1.2167	228	.70	1.1206
184	.61	1.2101	229	.71	1.1317
185	.61	1.2035	230	.71	1.1267
186	.61	1.1970	231	.71	1.1219
187	.61	1.1906	232	.71	1.1170
188	.62	1.2037	233	.72	1.1279
189	.62	1.1974	234	.72	1.1231
190	.62	1.1910	235	.72	1.1183
191	.62	1.1848	236	.72	1.1136
192	.63	1.1977	237	.72	1.1089
193	.63	1.1914	238	.73	1.1195
194	.63	1.1853	239	.73	1.1149
195	.63	1.1792	240	.73	1.1102
196	.63	1.1732	241	.73	1.1056
197	.64	1.1858	242	.74	1.1161
198	.64	1.1798	243	.74	1.1115
199	.64	1.1739	244	.74	1.1070
200	.64	1.1680	245	.74	1.1025
201	.65	1.1804	246	.74	1.0980
202	.65	1.1745	247	.75	1.1083
203	.65	1.1687	248	.75	1.1038
204	.65	1.1630	249	.75	1.0994
205	.65	1.1573	250	.75	1.0950
206	.66	1.1694	251	.76	1.1052
207	.66	1.1638	252	.76	1.1008
208	.66	1.1582	253	.76	1.0964
209	.66	1.1526	254	.76	1.0921
210	.67	1.1645	255	.76	1.0878
211	.67	1.1590	256	.77	1.0979
212	.67	1.1535	257	.77	1.0936
213	.67	1.1481	258	.77	1.0893
214	.67	1.1428	259	.77	1.0851
215	.68	1.1544	260	.77	1.0810
216	.68	1.1491	261	.78	1.0908
217	.68	1.1438	262	.78	1.0866
218	.68	1.1385	263	.78	1.0825
219	.69	1.1500	264	.78	1.0784
220	.69	1.1448	265	.79	1.0881
221	.69	1.1396	266	.79	1.0840
222	.69	1.1345	267	.79	1.0800
223	.69	1.1294	268	.79	1.0759
224	.70	1.1406	269	.79	1.0719
225	.70	1.1356	270	.80	1.0815

**Short Rate Cancellation Table (Continued)**

<b>Days in Policy Period</b>	<b>Short Rate Percentages</b>	<b>Factor to Apply to Earned Premium for Period Policy in Effect</b>	<b>Days in Policy Period</b>	<b>Short Rate Percentages</b>	<b>Factor to Apply to Earned Premium for Period Policy in Effect</b>
271	.80	1.0775	316	.90	1.0396
272	.80	1.0735	317	.90	1.0363
273	.80	1.0696	318	.90	1.0330
274	.81	1.0790	319	.90	1.0298
275	.81	1.0751	320	.91	1.0380
276	.81	1.0712	321	.91	1.0347
277	.81	1.0673	322	.91	1.0315
278	.81	1.0635	323	.91	1.0283
279	.82	1.0728	324	.92	1.0364
280	.82	1.0689	325	.92	1.0332
281	.82	1.0651	326	.92	1.0301
282	.82	1.0614	327	.92	1.0269
283	.83	1.0705	328	.92	1.0238
284	.83	1.0667	329	.93	1.0318
285	.83	1.0630	330	.93	1.0286
286	.83	1.0593	331	.93	1.0255
287	.83	1.0556	332	.93	1.0224
288	.84	1.0646	333	.94	1.0303
289	.84	1.0609	334	.94	1.0272
290	.84	1.0572	335	.94	1.0242
291	.84	1.0536	336	.94	1.0211
292	.85	1.0625	337	.94	1.0181
293	.85	1.0589	338	.95	1.0259
294	.85	1.0553	339	.95	1.0229
295	.85	1.0517	340	.95	1.0198
296	.85	1.0481	341	.95	1.0169
297	.86	1.0569	342	.95	1.0139
298	.86	1.0534	343	.96	1.0216
299	.86	1.0498	344	.96	1.0186
300	.86	1.0463	345	.96	1.0156
301	.86	1.0429	346	.96	1.0127
302	.87	1.0515	347	.97	1.0203
303	.87	1.0480	348	.97	1.0174
304	.87	1.0446	349	.97	1.0145
305	.87	1.0411	350	.97	1.0116
306	.88	1.0497	351	.97	1.0087
307	.88	1.0462	352	.98	1.0162
308	.88	1.0429	353	.98	1.0133
309	.88	1.0395	354	.98	1.0105
310	.88	1.0361	355	.98	1.0076
311	.89	1.0445	356	.99	1.0150
312	.89	1.0412	357	.99	1.0122
313	.89	1.0379	358	.99	1.0094
314	.89	1.0346	359	.99	1.0065
315	.90	1.0429	360	.99	1.0038
			361	1.00	1.0111
			362	1.00	1.0083
			363	1.00	1.0055
			364	1.00	1.0027
			365	1.00	1.0000

**TABLE OF CONTENTS**

---

**GENERAL RULES**

**I. INSTRUCTIONS**

**II. DEFINITIONS**

1. Risk
2. Legal Entity
3. Affiliate
4. Experience

**III. GENERAL PROVISIONS**

1. Eligibility Requirements
2. Experience Period
3. Experience Period Extension
4. Multiple Policy Experience
5. Experience to be Used
6. Self-Insurers' Data
7. Administration of Property (Fiduciary and Non-Fiduciary)
8. Combination of Entities
9. Change of Ownership, Control Management or Operations
10. Joint Ventures

**IV. APPLICATION OF EXPERIENCE MODIFICATION**

1. Experience Modification
2. Period and Operations Affected
3. Single Policy Risk
4. Multiple Policy Risk

**V. TABULATION OF EXPERIENCE**

1. Experience Used for Rating
2. Rating Forms
3. Payrolls
4. Losses
5. Limitation on Total Losses Employed in a Rating
6. Moral Responsibility
  7. Revision of Losses
  8. Third Party Cases

**VI. RATING PROCEDURE**

1. Actual Losses
2. Expected Losses
3. Credibility
4. Maximum Value Charge
5. Experience Modification

Table B – Credibility Table

**TABLE OF CONTENTS**

---

**GENERAL RULES**

**I. INSTRUCTIONS**

**II. DEFINITIONS**

- 5. Risk
- 6. Legal Entity
- 7. Affiliate
- 8. Experience

**III. GENERAL PROVISIONS**

- 1. Eligibility Requirements
- 2. Experience Period
- 11. Experience Period Extension
- 12. Multiple Policy Experience
- 13. Experience to be Used
- 14. Self-Insurers' Data
- 15. Administration of Property (Fiduciary and Non-Fiduciary)
- 16. Combination of Entities
- 17. Change of Ownership, Control Management or Operations
- 18. Joint Ventures

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- 8. Rating Forms
- 9. Payrolls
- 10. Losses
- 11. Limitation on Total Losses Employed in a Rating
- 12. Moral Responsibility
  - 7. Revision of Losses
  - 8. Third Party Cases

**VI. RATING PROCEDURE**

- 6. Actual Losses
- 7. Expected Losses
- 8. Credibility
- 9. Maximum Value Charge
  
- 10. Experience Modification

Table B – Credibility Table

**GENERAL RULES  
SECTION I – INSTRUCTIONS**

1. The Experience Rating Plan is intended to determine whether a specific risk presents a hazard for future insurance which is better or worse than the hazard of the average risk in the classification to which the risk has been assigned.
2. The rules of this Plan shall govern the experience rating procedure to be followed in connection with Workers Compensation and Employers' Liability Insurance.

These rules have been prepared as applicable to policies written or issued for a period not in excess of one year. When, however, policies are written for periods of more than one year, such policies shall be considered as consisting of consecutive units of twelve months, or if the period of coverage is not a multiple of twelve months the first or last unit shall be considered as though it were a short term policy. If, however, coverage is written for a period that is more than one year but not more than one year and sixteen days, such entire period shall be considered as a unit of coverage. Each unit as defined above shall be subject separately to all of the rules and procedures specified in the Plan to the same degree as if it actually constituted a separate policy.

In the event the policy period for a long term policy is more than one year and sixteen days, and is not made up of complete twelve-month periods, an endorsement shall be attached to the policy specifying whether the first or last unit shall be considered as though it were a short term policy.

3. This Plan and all amendments thereto, unless otherwise specifically provided, shall be applied as of the first normal anniversary rating date of the risk, as established by the Bureau, which is on or after the effective date of any change in the rules or rating values of this Plan, but shall not otherwise be available to outstanding ratings.
4. It shall not be permissible by cancellation, or rewriting, or by the extension of the policy term, to alter an existing policy for the purpose of enabling the risk to qualify for, or avoid, application of this Plan.
5. **Appeals.** Any determination or decision of the Bureau for an individual risk under the Delaware Experience Rating Plan may be appealed pursuant to Rule XVI, APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE, Section 1 of this Manual.

**SECTION II – DEFINITIONS**

1. **Risk.** The term "risk" as used in this Plan shall mean
  - (a) A single legal entity.
  - (b) Two or more affiliates which qualify for combination under the rules of Section III of this Plan.
2. **Legal Entity.** The term "legal entity" or "entity" shall mean an individual, partnership, corporation, unincorporated association or fiduciary (e.g., trustee, receiver, executor or administrator).
3. **Affiliate.** The term "affiliate" shall mean entities in each of which the same entity or group of entities own a majority interest.
4. **Experience.** For the purpose of this Plan experience shall mean the record established by a risk under Workers Compensation and Employers' Liability Insurance, as disclosed by the losses incurred by the insurance carrier or carriers and the payrolls or other exposures segregated according to classification of operations. Losses incurred shall be on a gross basis, before the application of the deductible when such coverage is provided.

If the classification assigned to a risk is revised or modified, for the purpose of this Plan the Bureau shall similarly reassign the classification of the experience period except that, if the revision is due to a change in operations, no part of the experience period prior to such operations change shall be affected.

**Note:** For special provisions applicable to self-insurers' data see Rule 6 of Section III.

**SECTION III – GENERAL PROVISIONS**

1. **Eligibility Requirements.** A risk shall qualify for rating under this Plan if the premium developed by the audited payrolls or other exposures of the policy terminating two (2) years prior to the date for which the modification is to be established, extended at current **Residual Market Rates**, is **\$3,161** or more.

- (a) Eligibility requirements will be determined without consideration of Maritime Liability, Liability under the Federal Employers' Liability Act, Excess Limits and Additional Medical Coverage, the non-ratable element and seat surcharge for Aircraft Operation, the non-ratable element for Explosives Manufacturing, and Atomic Energy Projects.
- (b) Risks shall be disqualified by a lapse of insurance of two years or more until they again qualify for experience rating following the lapse.

The application of Rules 2 and 3 of this section is subject to the provisions of Section V "Tabulation of Experience" of this Plan.

2. **Experience Period.** The experience period, except as otherwise provided in Rules 3 and 4 of this Section, shall be not more than three (3) years, commencing four (4) years prior and terminating one (1) year prior to the date for which an experience modification is to be established, but in no event shall be less than the one policy year (twelve months) commencing two (2) years prior and terminating one (1) year prior to the date for which an experience modification is to be established. Completed policy periods only shall be used and all such periods wholly within the experience period shall be used.
3. **Experience Period Extension.** If for any reason a part of the earliest policy period falls outside of the normal three (3) year maximum period, such earliest policy period shall be retained in full provided the entire experience period does not then exceed three and three-quarters (3¾) years, and shall be rejected in full if its retention serves to increase the experience period beyond three and three-quarters (3¾) years.

If the policy period immediately preceding the earliest policy period completely within the normal three year experience period is less than a twelve month period and has been used in only two previous ratings, then such short term policy period shall be retained in full provided the entire experience period does not then exceed three and three-quarters (3¾) years, and shall be rejected in full if its retention serves to increase the experience period beyond three and three-quarters (3¾) years.

4. **Multiple Policy Experience.** If the experience used in rating a risk involves two or more policies varying in expiration date, the experience period shall be determined for each entity separately in accordance with the foregoing rules, except that the experience for each non-controlling entity shall close with the completed policy period beginning more than one year and terminating not less than six months prior to the date for which an experience modification is to be established.
5. **Experience to be Used.** The entire experience of the risk (except as otherwise provided in Rule 1 of Section V of this Plan) incurred within the experience period on all its operations, whether such operations are normal to the business or otherwise, shall be reported and used in determining the experience modification. The Bureau may, at its discretion, verify any or all the data from which the experience modification is to be determined.
6. **Self-Insurers' Data.** The experience of self-insurers may be accepted by the Bureau provided the experience on self-insured operations is submitted on the approved form, giving the required information with respect to payrolls and losses. Such statement shall be secured, verified and submitted by an interested carrier.

Self-insured experience shall not be used in rating a risk unless the operations that produced such experience are to be insured under a Standard Workmen's Compensation and Employers' Liability Policy.

7. **Administration of Property (Fiduciary and Non-Fiduciary).** Ownership interest shall be deemed to be vested in a fiduciary when a fiduciary is involved. However, "Fiduciary" shall not include a debtor in possession or a trustee under a revocable trust or a franchisor. Ownership interest held by an entity in a fiduciary capacity and ownership interest held by the same entity in a non-fiduciary capacity shall be deemed to be ownership by the same entity.

#### **COMBINATIONS OR CHANGES OF STATUS**

8. **Combination of Entities.**
  - (a) Affiliates shall not be combined for rating purposes if: provided, however, that combination shall be made as respects entities in each of which the same person, or group of persons, or corporation owns a majority interest and
    - (i) The affiliates involved constitute the component parts of an enterprise performing a continuous and/or integrated process or operation, or
    - (ii) There is interchange of employment (other than office and salesmen) between two or more of the affiliates involved in the combination.

Separate policies may not be issued to affiliates, which are required to be combined under this Rule.

- (b) Affiliates which are not required to be combined under Rule 8(a) may be combined upon the mutual agreement of the risk and the carrier(s) involved. If such combination is agreed to, insurance may be provided either by a single policy insuring all affiliates, or by separate policies for each affiliate issued by one or more insurance carriers. In the latter case, the experience modification established for the entire risk shall apply on each policy to each affiliate. If all affiliates are not combined, then each affiliate not otherwise subject to Rule 8(a) shall be insured under a separate policy and rated on its own experience, providing it meets the qualifications for experience rating as specified in Rule 1 of this Section.
- (c) When one or more mandatory combinations of affiliates under Rule 8(a) exist, insurance for each such combination may be provided by a single policy. Each mandatory combination and any other affiliates which are not required to be a part of any mandatory combination pursuant to Rule 8(a) may be separately rated and separately insured. Exception: If any one or more affiliates not required to be combined under Rule 8(a) or mandatory combinations voluntarily choose to be insured under a single policy, then all affiliates shall be insured under a single policy and the experience modification established for the entire risk shall apply to each affiliate.

**Example**

Five legal entities are commonly owned. Company A and Company B have an interchange of employees. Company C and Company D have a continuity of operations. Company E is unrelated except through ownership.

By Rule 8(a), Company A and Company B must be combined for rating and must be covered by a single policy. Similarly, by Rule 8(a), Company C and Company D must be combined for rating and must be covered by a single policy. Company E may be separately rated and covered by a separate policy.

<u>Company</u>	<u>Rating</u>	<u>Policy #</u>
Company A ≥	Combined	Combined
Company B ≥	A & B	Policy 1
Company C ≥	Combined	Combined
Company D ≥	C & D	Policy 2
Company E	Separate	Policy 3

If any combination of these separate policy coverages is elected, then all commonly owned entities must be combined for rating and must be covered by a single policy. Thus, if Companies A and B desire to be combined with Company E, they must also combine with Companies C and D, and all must be covered by a single policy.

- (d) If an entity owns a majority interest in another entity which, in turn, owns the majority interest in another entity, all entities so related shall be considered as being under the same ownership for the purposes of this rule, regardless of the number of entities in succession.
- (e) Separate legal entities organized for religious purposes within the same religious denomination shall not be combined for rating purposes; provided, however, that combination may be made as respects all such entities in each of which the same central authority appoints or controls the appointment of the board of trustees or similar body and exercises direct, complete and active control over the finances, properties, operations and activities.

In the term "majority interest," as used in this rule, "majority" shall mean more than 50%.

If an entity other than a partnership

- i. has issued voting stock, majority interest shall mean a majority of the issued voting stock;
- ii. has not issued voting stock, majority interest shall mean a majority of the members;
- iii. has not issued voting stock and has no members, majority interest shall mean a majority of the board of directors or comparable governing body.

If an entity is a partnership, majority interest shall be determined in accordance with the participation of each general partner in the profits of the partnership.

**Note:** If a combination of entities is required or has been elected, and if two or more different combinations are possible in accordance with the provisions of this rule, the combination

involving the greatest number of entities shall be made. The experience of any entity used in such a combination shall not otherwise be used in combination with any other entity.

The experience to be used in a rating combination shall be subject to the provisions of the rule "Change of Ownership" of this Section.

- (f) Affiliates combined for rating voluntarily (i.e., not a mandatory combination), which wish to change their rating option and have each affiliate separately rated based on its individual experience, may petition the Bureau to do so. Upon Bureau approval, separate policies must be issued for each affiliate. Unless the Bureau is provided with the segregated experience needed to produce separate ratings for each affiliate in an acceptable format, each affiliate will continue to be rated using combined experience for any policy period(s) for which segregated experience is not available and its own separately reported experience for policy period(s) subsequent to the separation.

#### **9. Ownership Changes.**

- (a) For purposes of this Plan, a change in ownership includes any of the following:
  - (i) sale, transfer or conveyance of all or a portion of an entity's ownership interest
  - (ii) sale, transfer or conveyance of an entity's physical assets to a purchasing entity which takes over the operation of the selling entity and wherein the selling entity
    - (a) becomes entirely inactive with no employees or
    - (b) retains a few employees for the purpose of closing out its affairs prior to dissolution as a legal entity or
    - (c) retains a few clerical employees for the purpose of carrying on operations in connection with investment of its financial assets
  - (iii) merger or consolidation of two or more entities
  - (iv) formation of a new entity subsequent to the dissolution or non-operative capacity of an entity
  - (v) voluntary or court mandated establishment of a trustee or receiver, excluding a debtor in possession, a trustee under a revocable trust or franchisor.
- (b) Continuation of Experience. Unless excluded under paragraph (c), the experience for any entity undergoing a change in ownership shall be transferred to the experience of the acquiring, surviving or new entity. The date of revision will be the later of the following two dates: 1) the anniversary rating date in effect at the time the Bureau receives a completed ERM-14 form outlining the ownership change or 2) the date on which the change in ownership occurred.
  - (i) Partial Sale: If an entity disposes of a part of its assets or operations but otherwise continues to operate its business, all experience incurred prior to the sale shall be used in future ratings of the entity.

**NOTE:** Future experience ratings of a risk shall retain all experience for any part of its operations which may have been discontinued or self-insured.

- (c) Exclusion of Experience. The experience of any entity undergoing a change in ownership shall be retained and used in future experience ratings unless one or both of the following requirements (i) and (ii) are met at the same time of the ownership change:
  - (i) A change in majority interest occurs and the change in majority interest is accompanied by a complete change in operation and function sufficient to result in a change of governing classification and the change in majority interest is accompanied by a change in the process and hazard of the operation
  - (ii) A change in majority interest occurs and the change in majority interest is accompanied by a change in employees such that all or a substantial portion of the employees of the new ownership are not retained from the prior ownership.
- (d) If the experience of an entity undergoing a change in ownership is to be excluded from future experience ratings for the entity, the experience modification no longer applies as of the date of the ownership change unless the entity is acquired by another entity which has an existing experience modification. In that case, the modification of the acquiring entity shall apply.

- (e) *Multiple Entities.* When two entities under substantially the same ownership have been insured under a single policy, and the ownership of one or both of them is changed so that there is no longer any connection between them, the procedure shall be as follows:
- (i) If the experience of the entities has been combined for rating purposes during the entire experience period, the experience incurred prior to the change shall not be used for future ratings, unless
    - (a) the insurance carrier or carriers request that new modifications be established, and
    - (b) the Bureau is furnished with the experience required for the calculation of such modifications submitted in an acceptable format.
  - (ii) If the experience of the entities has been combined for less than two years at the time of the change, so that the experience for each entity is available during the period they were separately insured, the experience for each entity shall be used for the purpose of calculating new experience modifications.

When three or more entities under substantially the same ownership have been insured under a single policy, and the ownership of one of the entities has been changed so that there is no longer any connection between it and the remaining entities, the existing experience modification shall continue to apply to the entities whose ownership has not changed. The entity whose ownership has changed shall not be subject to experience modification unless it has been purchased by an entity which has an applicable experience modification.

When three or more entities under substantially the same ownership have been insured under a single policy and the ownership of two or more of the entities has been changed so that common ownership no longer is present, the experience incurred prior to the date of the change shall not be used for future ratings, unless

- (i) the insurance carrier or carriers request that new modifications be established, and
  - (ii) the Bureau is furnished with the experience required for the calculation of such modifications submitted in an acceptable format.
- 10. Joint Ventures.** When two or more risks associate for the purpose of undertaking one or more projects as a joint venture, the premium for the operation involved shall not be subject to experience modification until such time as the joint venture qualifies for experience rating in accordance with the provisions of Rule 1 of this Section, subject, however, to the following conditions:
- (1) The contracts shall be awarded in the name of the associated risks as a joint venture.
  - (2) The joint ventures shall share responsibility for, and participate in the control, direction and supervision of all work undertaken.
  - (3) The joint ventures shall maintain a common bank account, payroll and business records.
  - (4) When the joint venture becomes subject to experience rating, all applicable experience modifications shall be based exclusively on the experience of the joint venture. The experience developed under a joint venture shall be excluded from the future rating of the individual ventures.

#### **SECTION IV APPLICATION OF EXPERIENCE MODIFICATION**

- 1. Experience Modification.** An experience modification for a qualified risk shall be determined annually (except as provided in Rules 3 and 4 of this Section) and shall be effective as of the normal anniversary rating date of the risk. No more than one experience modification shall apply to a risk at the same time. Subject to the exceptions noted below, the experience modification shall be applied to the premium developed by the use of carrier rates in force on the effective date of the experience modification.

EXCEPTION (a):

Classifications with Non-Ratable Elements:

Only the ratable portion of the manual rate is eligible for experience modification. The ratable portion is equal to the manual rate less the non-ratable element.

**EXCEPTIONS:**

Premiums Not Subject to Experience Rating:  
The following are not subject to experience rating:

- i. Expense Constants.
  - ii. The policy minimum premium.
  - iii. Premium under the National Defense Projects Rating Plan.
  - iv. Premium under Rule 1 of the Atomic Energy Procedure.
  - v. The surcharge premium under Rule 2 of the Atomic Energy Procedure.
  - vi. The seat surcharge premium for Aircraft Operation.
  - vii. Premium developed under Code 9740- Foreign Terrorism.
  - viii. Premium developed under Domestic Terrorism, Earthquakes and Catastrophic Accidents.
- 2. Period and Operations Affected.** The experience modification shall be effective for a period of twelve months (except as provided in Rules 3 and 4 of this Section) and shall apply to all the operations of the risk, regardless of whether the current or any new operations are assigned to the same classifications as were used in establishing such modification.
- 3. Single Policy Risk.** If a risk is covered by a single policy, the following procedure shall apply:
- (a) The experience modification effective as of the normal anniversary rating date shall apply for the full term of the policy which becomes effective on such date and also for the full term of any policy which becomes effective within three months after such date.
  - (b) If a policy is written for a period of one year, but is extended for a period of not more than 16 days, the carrier rates and experience modification in effect as of the normal termination date shall remain in effect until the termination date of the extended policy. The carrier rates and experience modification which would have become effective as of the normal anniversary rating date shall apply for a period of one year from the effective date of the renewal policy.
  - (c) If a policy is written for a period of one year, but is extended for a period of more than 16 days but not in excess of 60 days, the authorized rates and experience modification shall apply as of the normal anniversary rating date for the unexpired portion of the extended policy period, and shall also apply for a period of one year from the effective date of the renewal policy.
  - (d) If a policy becomes effective on a date more than three months after the normal anniversary rating date:
    - i. the outstanding experience modification shall apply to the new policy for the period corresponding to the unexpired term of the rating.
    - ii. a new experience modification then shall apply for the unexpired term of the outstanding policy.
    - iii. thereafter, a new modification shall apply annually as of a new normal anniversary rating date. The new normal anniversary rating date shall be the date twelve months after the effective date of the outstanding policy.
- 4. Multiple Policy Risk.** If a risk is covered by several policies (as provided in Rule 8 of Section III of this Plan) which differ as to inception dates, the following procedure shall apply:

A single experience modification shall be computed to be effective for a period of twelve months beginning on a normal anniversary rating date to be established by the Bureau. The Bureau may, however, authorize the application of an existing experience modification for a period not to exceed fifteen months or a new experience modification for a period greater than three months and less than twelve months for the purpose of establishing a new normal anniversary rating date. Any policy effective prior to the normal anniversary rating date established by the Bureau shall be cancelled as of such date and rewritten for a period of twelve months. Any policy effective subsequent to the normal anniversary rating date established by the Bureau shall be written to expire concurrently with the next ensuing normal anniversary rating date or shall be cancelled as of that date.

Any policies subject to this rule which are extended beyond the normal period of twelve months shall be subject to the provisions of Rules 3(b) and 3(c) of this Section.

**SECTION V  
TABULATION OF EXPERIENCE**

1. **Experience Used for Rating.** The experience used for rating purposes shall be the individual risk experience valued at least three months prior to the rating date and reported in accordance with the provisions of the Delaware Workers' Compensation Statistical Plan. It shall include Voluntary Compensation insurance, but shall exclude Maritime Employments and Employments under the Federal Employers' Liability Act. It shall also exclude the exposure and any losses under **Code 9108 Passenger Seat Surcharge**.
2. **Rating Forms.** To determine the experience modification the prescribed experience shall be tabulated by the Bureau on approved rating forms.
3. **Payrolls.** The audited payrolls or other exposures for each classification for the experience period.
4. **Losses.** Incurred losses shall be tabulated by policy years in the manner indicated below.
  - (a) Losses as reported (indemnity, medical and total) shall be shown for each policy year. Losses incurred shall be on a gross basis, before the application of the deductible when such coverage is provided.
  - (b) Losses which are subject to average or limiting values, as provided in Rule 5 of this Section, shall be listed individually, showing the total cost of each case as reported and as used for rating purposes. Multiple injury accidents shall be identified in the appropriate column of the rating form.

**Exception:** All claims reported with Catastrophe Code No. 48 shall be excluded from experience rating calculations. Refer to Delaware Workers Compensation Statistical Plan Manual, Section 2, C. 11. for definition of losses included under Catastrophe Code No. 48.

5. **Limitation on Total Losses Employed in a Rating.** To prevent unreasonable increases in rate for accidents whose occurrence or severity is a matter of chance, a scale of values has been determined and is to be used in place of the actual cost of such accidents when the actual cost exceeds the limiting value. No single accident, whether to one or more persons, shall be used for rating purposes at a value greater than that shown in Table B, column (3).

**Exceptions:** Multiple injury accidents in the Explosives and Ammunitions Mfg. Classifications (Exception: Code 4777, Explosives Distribution), shall be used for rating purposes at not more than twice the value of Table B, column (3) if two persons are injured, at not more than three times if three persons are injured and at not more than four times if four or more persons are injured.

6. **Moral Responsibility.** No loss shall be excluded from the experience of a risk on the ground that the employer was not morally responsible for the accident that caused such loss.
7. **Revision of Losses.** It shall not be permissible to revise values because of department or judicial decision or because of developments in the nature of injury between two valuation dates. Provided, however, that:
  - (a) in cases where loss values are included or excluded through mistake other than error of judgment
  - (b) where a claim is declared non-compensable (see note below)
  - (c) where the claimant or carrier has recovered in an action against a third party it shall be permissible to submit a revised reporting requesting adjustment of the affected rating or ratings, provided such request is made within 24 months of the expiration of the period to which the experience modification applied.
  - (d) where a claim should have been reported with Catastrophe Code No. 48.

If a case is expected to be open longer than 24 months, upon written application, properly filed with the Bureau by the insured, a further extension of 24 months may be granted, provided such request is made within 24 months of the expiration of the period to which the experience modification applied. Such application shall give notice to the Bureau that one of the allowable conditions (see above) for loss revision is still pending a final decision. In this event, the Bureau's files for the risk involved will be preserved.

**Note:** For purposes of this rule, the term "non-compensable" refers to:

- i. an official ruling specifically holding that a claimant is not entitled to benefits under the provisions of the Delaware Workers' Compensation Law.
- ii. a case where no claim was filed during the period of limitation provided by the Delaware Workers' Compensation Law for the filing of such claim and the carrier therefore closes the case.

- iii. a case where the carrier contends, prior to the valuation date, that a claimant is not entitled to benefits under the Delaware Workers' Compensation Law and the claim is officially closed because of the claimant's failure to prosecute his claim.

**8. Third Party Cases.**

- (a) **Pending Cases.** When a negligence claim or suit has been instituted by a claimant against a third party, the procedure shall be as follows:  
If the claim or suit against the third party has not been settled or finally adjudicated, the incurred loss shall be included in the rating, since failure to recover against a third party is no bar to compensation and the insurance carrier may eventually be obliged to indemnify the claimant in whole or in part for the loss sustained.
- (b) **Settled Cases.** In cases where the carrier has received reimbursement under subrogation rights, or where the injured employee or his dependents have recovered from a third party, the procedure shall be as follows:  
In cases where the total incurred cost prior to recovery is less than the accident limitation value shown in Table B, column (3), only the net loss shall be used in the rating. In cases where the total incurred cost prior to recovery exceeds the accident limitation value shown in Table B, column (3), the amount to be used in the rating shall be such proportion of the limiting value as the net loss bears to the total incurred cost prior to recovery.

**SECTION VI  
RATING PROCEDURE**

1. **Actual Losses.** Actual Losses (A), as tabulated in accordance with the provisions of Rules 4 and 5 of Section V, shall be used in the rating.
2. **Expected Losses.** Expected Losses (E) shall be determined from the application of the appropriate Expected Loss Factors, shown in Table A, to the payrolls or other exposures for each classification for the experience period.
3. **Credibility.** The Credibility (C) of the experience of the risk shall correspond to Expected Losses (E), as shown in Table B.
4. **Maximum Value Charge.** A limitation charge (L) reflecting the loss dollars eliminated by the Maximum Value placed on One Accident, shall be included in calculating the modification. The Charge times Credibility, or L x C, shall be determined by entering Table B at the level of Expected Losses for the experience period.
5. **Experience Modification.** The Experience Modification (M) shall be determined from the formula:

$$M = \frac{AC + ELC + E(1.000 - C)}{E}$$

The experience modification shall be rounded to three decimal places.

**Table B  
DELAWARE EXPERIENCE RATING PLAN**

Expected Losses		Credibility "C"	Maximum Value of one Accident	Weighted Maximum Value Charge "L" * "C"
(1)		(2)	(3)	(4)
6,374	or less	0.0500	30,265	0.029
6,375	7,018	0.0550	30,441	0.032
7,019	7,669	0.0600	30,600	0.035
7,670	8,327	0.0650	30,765	0.038
8,328	8,992	0.0700	30,929	0.040
8,993	9,664	0.0750	31,097	0.043
9,665	10,344	0.0800	31,266	0.046
10,345	11,031	0.0850	31,435	0.049
11,032	11,725	0.0900	31,608	0.051
11,726	12,428	0.0950	31,782	0.054
12,429	13,138	0.1000	31,960	0.057
13,139	13,856	0.1050	32,138	0.060
13,857	14,582	0.1100	32,318	0.062
14,583	15,317	0.1150	32,500	0.065
15,318	16,059	0.1200	32,685	0.068
16,060	16,811	0.1250	32,872	0.071
16,812	17,571	0.1300	33,062	0.073
17,572	18,340	0.1350	33,252	0.076
18,341	19,117	0.1400	33,445	0.078
19,118	19,904	0.1450	33,640	0.081
19,905	20,700	0.1500	33,838	0.084
20,701	21,506	0.1550	34,039	0.086
21,507	22,321	0.1600	34,241	0.089
22,322	23,146	0.1650	34,445	0.091
23,147	23,981	0.1700	34,653	0.094
23,982	24,826	0.1750	34,863	0.097
24,827	25,682	0.1800	35,076	0.099
25,683	26,548	0.1850	35,292	0.102
26,549	27,425	0.1900	35,509	0.104
27,426	28,312	0.1950	35,729	0.107
28,313	29,211	0.2000	35,953	0.109
29,212	30,121	0.2050	36,179	0.112
30,122	31,043	0.2100	36,408	0.114
31,044	31,976	0.2150	36,640	0.117
31,977	32,922	0.2200	36,875	0.119
32,923	33,880	0.2250	37,113	0.121
33,881	34,850	0.2300	37,354	0.124

**DELAWARE WORKERS COMPENSATION MANUAL****SECTION 6**

EFFECTIVE: DECEMBER 1, 2007

**EXPERIENCE RATING PLAN**

**Table B  
DELAWARE EXPERIENCE RATING PLAN**

Expected Losses	Credibility	Accident "C"	Maximum Value of one	Weighted Maximum Value
			Charge	"L" * "C"
(1)		(2)	(3)	(4)
34,851	35,833	0.2350	37,598	0.126
35,834	36,829	0.2400	37,846	0.128
36,830	37,838	0.2450	38,096	0.131
37,839	38,860	0.2500	38,350	0.133
38,861	39,897	0.2550	38,607	0.135
39,898	40,947	0.2600	38,868	0.138
40,948	42,012	0.2650	39,132	0.140
42,013	43,091	0.2700	39,400	0.142
43,092	44,186	0.2750	39,672	0.144
44,187	45,295	0.2800	39,947	0.147
45,296	46,421	0.2850	40,227	0.149
46,422	47,562	0.2900	40,510	0.151
47,563	48,719	0.2950	40,797	0.153
48,720	49,893	0.3000	41,089	0.155
49,894	51,084	0.3050	41,384	0.158
51,085	52,292	0.3100	41,685	0.160
52,293	53,518	0.3150	41,989	0.162
53,519	54,762	0.3200	42,298	0.164
54,763	56,025	0.3250	42,611	0.166
56,026	57,306	0.3300	42,929	0.168
57,307	58,607	0.3350	43,251	0.170
58,608	59,927	0.3400	43,579	0.172
59,928	61,268	0.3450	43,912	0.174
61,269	62,630	0.3500	44,250	0.176
62,631	64,012	0.3550	44,593	0.178
64,013	65,417	0.3600	44,941	0.180
65,418	66,843	0.3650	45,295	0.182
66,844	68,293	0.3700	45,655	0.183
68,294	69,765	0.3750	46,020	0.185
69,766	71,262	0.3800	46,391	0.187
71,263	72,783	0.3850	46,768	0.189
72,784	74,328	0.3900	47,151	0.191
74,329	75,900	0.3950	47,541	0.192
75,901	77,498	0.4000	47,938	0.194
77,499	79,123	0.4050	48,340	0.196
79,124	80,775	0.4100	48,750	0.198
80,776	82,456	0.4150	49,166	0.199
82,457	84,166	0.4200	49,590	0.201
84,167	85,906	0.4250	50,022	0.202

**DELAWARE WORKERS COMPENSATION MANUAL****SECTION 6****EFFECTIVE: DECEMBER 1, 2007****EXPERIENCE RATING PLAN**

<b>DELAWARE EXPERIENCE RATING PLAN</b>				
<b>Expected Losses</b>	<b>Credibility</b>	<b>Accident "C"</b>	<b>Maximum Value of one Charge</b>	<b>Weighted Maximum Value "L" * "C"</b>
(1)		(2)	(3)	(4)
85,907	87,676	0.4300	50,460	0.204
87,677	89,478	0.4350	50,907	0.206
89,479	91,313	0.4400	51,361	0.207
91,314	93,180	0.4450	51,824	0.209
93,181	95,082	0.4500	52,296	0.210
95,083	97,019	0.4550	52,775	0.211
97,020	98,991	0.4600	53,264	0.213
98,992	101,001	0.4650	53,762	0.214
101,002	103,049	0.4700	54,269	0.216
103,050	105,136	0.4750	54,786	0.217
105,137	107,263	0.4800	55,313	0.218
107,264	109,432	0.4850	55,849	0.220
109,433	111,644	0.4900	56,397	0.221
111,645	113,899	0.4950	56,956	0.222
113,900	116,200	0.5000	57,525	0.223
116,201	118,548	0.5050	58,106	0.224
118,549	120,944	0.5100	58,700	0.226
120,945	123,389	0.5150	59,304	0.227
123,390	125,886	0.5200	59,922	0.228
125,887	128,435	0.5250	60,553	0.229
128,436	131,040	0.5300	61,197	0.230
131,041	133,700	0.5350	61,856	0.231
133,701	136,418	0.5400	62,528	0.232
136,419	139,197	0.5450	63,215	0.232
139,198	142,038	0.5500	63,917	0.233
142,039	144,943	0.5550	64,636	0.234
144,944	147,914	0.5600	65,370	0.235
147,915	150,954	0.5650	66,122	0.236
150,955	154,065	0.5700	66,890	0.236
154,066	157,250	0.5750	67,677	0.237
157,251	160,511	0.5800	68,483	0.237
160,512	163,851	0.5850	69,309	0.238
163,852	167,273	0.5900	70,154	0.239
167,274	170,780	0.5950	71,020	0.239
170,781	174,375	0.6000	71,908	0.239
174,376	178,062	0.6050	72,818	0.240
178,063	181,844	0.6100	73,752	0.240
181,845	185,725	0.6150	74,709	0.240
185,726	189,709	0.6200	75,693	0.241

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 6**

**EFFECTIVE: DECEMBER 1, 2007**

**EXPERIENCE RATING PLAN**

<b>DELAWARE EXPERIENCE RATING PLAN</b>				
<b>Expected Losses</b>	<b>Credibility</b>	<b>Accident "C"</b>	<b>Maximum Value of one Charge</b>	<b>Weighted Maximum Value "L" * "C"</b>
<b>(1)</b>		<b>(2)</b>	<b>(3)</b>	<b>(4)</b>
189,710	193,800	0.6250	76,702	0.241
193,801	198,002	0.6300	77,739	0.241
198,003	202,320	0.6350	78,804	0.241
202,321	206,758	0.6400	79,898	0.241
206,759	211,323	0.6450	81,024	0.241
211,324	216,019	0.6500	82,182	0.241
216,020	220,852	0.6550	83,373	0.241
220,853	225,828	0.6600	84,599	0.240
225,829	230,954	0.6650	85,862	0.240
230,955	236,236	0.6700	87,163	0.240
236,237	241,683	0.6750	88,504	0.239
241,684	247,300	0.6800	89,887	0.239
247,301	253,098	0.6850	91,314	0.238
253,099	259,084	0.6900	92,787	0.238
259,085	265,268	0.6950	94,308	0.237
265,269	271,660	0.7000	95,880	0.237
271,661	278,270	0.7050	97,506	0.236
278,271	285,111	0.7100	99,187	0.235
285,112	292,193	0.7150	100,928	0.235
292,194	299,531	0.7200	102,730	0.234
299,532	307,137	0.7250	104,598	0.233
307,138	315,029	0.7300	106,536	0.232
315,030	323,221	0.7350	108,546	0.231
323,222	331,731	0.7400	110,634	0.230
331,732	340,578	0.7450	112,804	0.228
340,579	349,782	0.7500	115,060	0.227
349,783	359,366	0.7550	117,409	0.226
359,367	369,354	0.7600	119,856	0.224
369,355	379,771	0.7650	122,406	0.223
379,772	390,646	0.7700	125,068	0.221
390,647	402,010	0.7750	127,848	0.219
402,011	413,897	0.7800	130,754	0.217
413,898	426,342	0.7850	133,796	0.215
426,343	439,388	0.7900	136,983	0.213
439,389	453,077	0.7950	140,325	0.211
453,078	467,460	0.8000	143,834	0.209
467,461	482,590	0.8050	147,524	0.207
482,591	498,527	0.8100	151,407	0.204
498,528	515,338	0.8150	155,501	0.202

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 6**

**EFFECTIVE: DECEMBER 1, 2007**

**EXPERIENCE RATING PLAN**

<b>DELAWARE EXPERIENCE RATING PLAN</b>				
<b>Expected Losses</b>	<b>Credibility</b>	<b>Accident "C"</b>	<b>Maximum Value of one Charge</b>	<b>Weighted Maximum Value "L" * "C"</b>
<b>(1)</b>		<b>(2)</b>	<b>(3)</b>	<b>(4)</b>
515,339	533,095	0.8200	159,822	0.199
533,096	551,882	0.8250	164,391	0.196
551,883	571,790	0.8300	169,228	0.193
571,791	592,923	0.8350	174,358	0.190
592,924	615,398	0.8400	179,810	0.187
615,399	639,347	0.8450	185,613	0.184
639,348	664,920	0.8500	191,804	0.181
664,921	692,287	0.8550	198,422	0.177
692,288	721,645	0.8600	205,514	0.174
721,646	753,218	0.8650	213,131	0.170
753,219	787,268	0.8700	221,334	0.167
787,269	824,097	0.8750	230,195	0.163
824,098	864,060	0.8800	239,795	0.159
864,061	907,576	0.8850	250,231	0.155
907,577	955,140	0.8900	261,618	0.151
955,141	1,007,344	0.8950	274,090	0.147
1,007,345	1,064,903	0.9000	287,812	0.143
1,064,904	1,128,684	0.9050	302,982	0.138
1,128,685	1,199,754	0.9100	319,841	0.134
1,199,755	1,279,439	0.9150	338,688	0.130
1,279,440	1,369,406	0.9200	359,898	0.125
1,369,407	1,471,782	0.9250	383,945	0.121
1,471,783	1,589,324	0.9300	411,439	0.117
1,589,325	1,725,674	0.9350	443,182	0.112
1,725,675	1,885,737	0.9400	460,000	0.110
1,885,738	2,076,287	0.9450	460,000	0.111
2,076,288	2,306,954	0.9500	460,000	0.112
2,306,955	2,588,387	0.9550	460,000	0.112
2,588,388	2,896,618	0.9600	460,000	0.113
2,896,619	3,226,180	0.9650	460,000	0.113
3,226,181	3,582,230	0.9700	460,000	0.114
3,582,231	3,972,413	0.9750	460,000	0.114
3,972,414	4,408,961	0.9800	460,000	0.115
4,408,962	4,913,822	0.9850	460,000	0.116
4,913,823	5,534,932	0.9900	460,000	0.116
5,534,933	6,437,054	0.9950	460,000	0.117
6,437,055	and over	1.0000	460,000	0.117

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**GENERAL RULES  
SECTION I – INSTRUCTIONS**

1. The Experience Rating Plan is intended to determine whether a specific risk presents a hazard for future insurance which is better or worse than the hazard of the average risk in the classification to which the risk has been assigned.
2. The rules of this Plan shall govern the experience rating procedure to be followed in connection with Workers Compensation and Employers' Liability Insurance.

These rules have been prepared as applicable to policies written or issued for a period not in excess of one year. When, however, policies are written for periods of more than one year, such policies shall be considered as consisting of consecutive units of twelve months, or if the period of coverage is not a multiple of twelve months the first or last unit shall be considered as though it were a short term policy. If, however, coverage is written for a period that is more than one year but not more than one year and sixteen days, such entire period shall be considered as a unit of coverage. Each unit as defined above shall be subject separately to all of the rules and procedures specified in the Plan to the same degree as if it actually constituted a separate policy.

In the event the policy period for a long term policy is more than one year and sixteen days, and is not made up of complete twelve-month periods, an endorsement shall be attached to the policy specifying whether the first or last unit shall be considered as though it were a short term policy.

3. This Plan and all amendments thereto, unless otherwise specifically provided, shall be applied as of the first normal anniversary rating date of the risk, as established by the Bureau, which is on or after the effective date of any change in the rules or rating values of this Plan, but shall not otherwise be available to outstanding ratings.
4. It shall not be permissible by cancellation, or rewriting, or by the extension of the policy term, to alter an existing policy for the purpose of enabling the risk to qualify for, or avoid, application of this Plan.
5. **Appeals.** Any determination or decision of the Bureau for an individual risk under the Delaware Experience Rating Plan may be appealed pursuant to Rule XVI, APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE, Section 1 of this Manual.

**SECTION II – DEFINITIONS**

1. **Risk.** The term "risk" as used in this Plan shall mean
  - (a) A single legal entity.
  - (b) Two or more affiliates which qualify for combination under the rules of Section III of this Plan.
2. **Legal Entity.** The term "legal entity" or "entity" shall mean an individual, partnership, corporation, unincorporated association or fiduciary (e.g., trustee, receiver, executor or administrator).
3. **Affiliate.** The term "affiliate" shall mean entities in each of which the same entity or group of entities own a majority interest.
4. **Experience.** For the purpose of this Plan experience shall mean the record established by a risk under Workers Compensation and Employers' Liability Insurance, as disclosed by the losses incurred by the insurance carrier or carriers and the payrolls or other exposures segregated according to classification of operations. Losses incurred shall be on a gross basis, before the application of the deductible when such coverage is provided.

If the classification assigned to a risk is revised or modified, for the purpose of this Plan the Bureau shall similarly reassign the classification of the experience period except that, if the revision is due to a change in operations, no part of the experience period prior to such operations change shall be affected.

**Note:** For special provisions applicable to self-insurers' data see Rule 6 of Section III.

**SECTION III – GENERAL PROVISIONS**

1. **Eligibility Requirements.** A risk shall qualify for rating under this Plan if the premium developed by the audited payrolls or other exposures of the policy terminating two (2) years prior to the date for which the modification is to be established, extended at current **Residual Market Rates**, is **\$3,161 or more**.

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- (a) Eligibility requirements will be determined without consideration of Maritime Liability, Liability under the Federal Employers' Liability Act, Excess Limits and Additional Medical Coverage, the non-ratable element and seat surcharge for Aircraft Operation, the non-ratable element for Explosives Manufacturing, and Atomic Energy Projects.
  - (b) Risks shall be disqualified by a lapse of insurance of two years or more until they again qualify for experience rating following the lapse.

The application of Rules 2 and 3 of this section is subject to the provisions of Section V "Tabulation of Experience" of this Plan.

- 3. **Experience Period.** The experience period, except as otherwise provided in Rules 3 and 4 of this Section, shall be not more than three (3) years, commencing four (4) years prior and terminating one (1) year prior to the date for which an experience modification is to be established, but in no event shall be less than the one policy year (twelve months) commencing two (2) years prior and terminating one (1) year prior to the date for which an experience modification is to be established. Completed policy periods only shall be used and all such periods wholly within the experience period shall be used.
- 3. **Experience Period Extension.** If for any reason a part of the earliest policy period falls outside of the normal three (3) year maximum period, such earliest policy period shall be retained in full provided the entire experience period does not then exceed three and three-quarters (3¾) years, and shall be rejected in full if its retention serves to increase the experience period beyond three and three-quarters (3¾) years.

If the policy period immediately preceding the earliest policy period completely within the normal three year experience period is less than a twelve month period and has been used in only two previous ratings, then such short term policy period shall be retained in full provided the entire experience period does not then exceed three and three-quarters (3¾) years, and shall be rejected in full if its retention serves to increase the experience period beyond three and three-quarters (3¾) years.

- 4. **Multiple Policy Experience.** If the experience used in rating a risk involves two or more policies varying in expiration date, the experience period shall be determined for each entity separately in accordance with the foregoing rules, except that the experience for each non-controlling entity shall close with the completed policy period beginning more than one year and terminating not less than six months prior to the date for which an experience modification is to be established.
- 5. **Experience to be Used.** The entire experience of the risk (except as otherwise provided in Rule 1 of Section V of this Plan) incurred within the experience period on all its operations, whether such operations are normal to the business or otherwise, shall be reported and used in determining the experience modification. The Bureau may, at its discretion, verify any or all the data from which the experience modification is to be determined.
- 6. **Self-Insurers' Data.** The experience of self-insurers may be accepted by the Bureau provided the experience on self-insured operations is submitted on the approved form, giving the required information with respect to payrolls and losses. Such statement shall be secured, verified and submitted by an interested carrier.

Self-insured experience shall not be used in rating a risk unless the operations that produced such experience are to be insured under a Standard Workmen's Compensation and Employers' Liability Policy.

- 7. **Administration of Property (Fiduciary and Non-Fiduciary).** Ownership interest shall be deemed to be vested in a fiduciary when a fiduciary is involved. However, "Fiduciary" shall not include a debtor in possession or a trustee under a revocable trust or a franchisor. Ownership interest held by an entity in a fiduciary capacity and ownership interest held by the same entity in a non-fiduciary capacity shall be deemed to be ownership by the same entity.

**COMBINATIONS OR CHANGES OF STATUS**

**8. Combination of Entities.**

- (a) Affiliates shall not be combined for rating purposes if: provided, however, that combination shall be made as respects entities in each of which the same person, or group of persons, or corporation owns a majority interest and
  - (i) The affiliates involved constitute the component parts of an enterprise performing a continuous and/or integrated process or operation, or
  - (ii) There is interchange of employment (other than office and salesmen) between two or more of the affiliates involved in the combination.

Separate policies may not be issued to affiliates, which are required to be combined under this Rule.

# DELAWARE WORKERS COMPENSATION MANUAL

## SECTION 7

EFFECTIVE: DECEMBER 1, 2007

Page 3

## MERIT RATING PLAN

- (b) Affiliates which are not required to be combined under Rule 8(a) may be combined upon the mutual agreement of the risk and the carrier(s) involved. If such combination is agreed to, insurance may be provided either by a single policy insuring all affiliates, or by separate policies for each affiliate issued by one or more insurance carriers. In the latter case, the experience modification established for the entire risk shall apply on each policy to each affiliate. If all affiliates are not combined, then each affiliate not otherwise subject to Rule 8(a) shall be insured under a separate policy and rated on its own experience, providing it meets the qualifications for experience rating as specified in Rule 1 of this Section.
- (c) When one or more mandatory combinations of affiliates under Rule 8(a) exist, insurance for each such combination may be provided by a single policy. Each mandatory combination and any other affiliates which are not required to be a part of any mandatory combination pursuant to Rule 8(a) may be separately rated and separately insured. Exception: If any one or more affiliates not required to be combined under Rule 8(a) or mandatory combinations voluntarily choose to be insured under a single policy, then all affiliates shall be insured under a single policy and the experience modification established for the entire risk shall apply to each affiliate.

### Example

Five legal entities are commonly owned. Company A and Company B have an interchange of employees. Company C and Company D have a continuity of operations. Company E is unrelated except through ownership.

By Rule 8(a), Company A and Company B must be combined for rating and must be covered by a single policy. Similarly, by Rule 8(a), Company C and Company D must be combined for rating and must be covered by a single policy. Company E may be separately rated and covered by a separate policy.

Company	Rating	Policy #
Company A ≥	Combined	Combined
Company B ≥	A & B	Policy 1
Company C ≥	Combined	Combined
Company D ≥	C & D	Policy 2
Company E	Separate	Policy 3

If any combination of these separate policy coverages is elected, then all commonly owned entities must be combined for rating and must be covered by a single policy. Thus, if Companies A and B desire to be combined with Company E, they must also combine with Companies C and D, and all must be covered by a single policy.

- (d) If an entity owns a majority interest in another entity which, in turn, owns the majority interest in another entity, all entities so related shall be considered as being under the same ownership for the purposes of this rule, regardless of the number of entities in succession.
- (e) Separate legal entities organized for religious purposes within the same religious denomination shall not be combined for rating purposes; provided, however, that combination may be made as respects all such entities in each of which the same central authority appoints or controls the appointment of the board of trustees or similar body and exercises direct, complete and active control over the finances, properties, operations and activities.

In the term "majority interest," as used in this rule, "majority" shall mean more than 50%.

If an entity other than a partnership

- i. has issued voting stock, majority interest shall mean a majority of the issued voting stock;
- ii. has not issued voting stock, majority interest shall mean a majority of the members;
- iii. has not issued voting stock and has no members, majority interest shall mean a majority of the board of directors or comparable governing body.

If an entity is a partnership, majority interest shall be determined in accordance with the participation of each general partner in the profits of the partnership.

**Note:** If a combination of entities is required or has been elected, and if two or more different combinations are possible in accordance with the provisions of this rule, the combination involving the greatest number of entities shall be made. The experience of any entity used in such a combination shall not otherwise be used in combination with any other entity.

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The experience to be used in a rating combination shall be subject to the provisions of the rule "Change of Ownership" of this Section.

- (f) Affiliates combined for rating voluntarily (i.e., not a mandatory combination), which wish to change their rating option and have each affiliate separately rated based on its individual experience, may petition the Bureau to do so. Upon Bureau approval, separate policies must be issued for each affiliate. Unless the Bureau is provided with the segregated experience needed to produce separate ratings for each affiliate in an acceptable format, each affiliate will continue to be rated using combined experience for any policy period(s) for which segregated experience is not available and its own separately reported experience for policy period(s) subsequent to the separation.

**9. Ownership Changes.**

- (a) For purposes of this Plan, a change in ownership includes any of the following:
    - (i) sale, transfer or conveyance of all or a portion of an entity's ownership interest
    - (ii) sale, transfer or conveyance of an entity's physical assets to a purchasing entity which takes over the operation of the selling entity and wherein the selling entity
      - (a) becomes entirely inactive with no employees or
      - (b) retains a few employees for the purpose of closing out its affairs prior to dissolution as a legal entity or
      - (c) retains a few clerical employees for the purpose of carrying on operations in connection with investment of its financial assets
    - (iii) merger or consolidation of two or more entities
    - (iv) formation of a new entity subsequent to the dissolution or non-operative capacity of an entity
    - (v) voluntary or court mandated establishment of a trustee or receiver, excluding a debtor in possession, a trustee under a revocable trust or franchisor.
  - (b) Continuation of Experience. Unless excluded under paragraph (c), the experience for any entity undergoing a change in ownership shall be transferred to the experience of the acquiring, surviving or new entity. The date of revision will be the later of the following two dates: 1) the anniversary rating date in effect at the time the Bureau receives a completed ERM-14 form outlining the ownership change or 2) the date on which the change in ownership occurred.
    - (i) Partial Sale: If an entity disposes of a part of its assets or operations but otherwise continues to operate its business, all experience incurred prior to the sale shall be used in future ratings of the entity.
- NOTE:** Future experience ratings of a risk shall retain all experience for any part of its operations which may have been discontinued or self-insured.
- (c) Exclusion of Experience. The experience of any entity undergoing a change in ownership shall be retained and used in future experience ratings unless one or both of the following requirements (i) and (ii) are met at the same time of the ownership change:
    - (i) A change in majority interest occurs and the change in majority interest is accompanied by a complete change in operation and function sufficient to result in a change of governing classification and the change in majority interest is accompanied by a change in the process and hazard of the operation
    - (ii) A change in majority interest occurs and the change in majority interest is accompanied by a change in employees such that all or a substantial portion of the employees of the new ownership are not retained from the prior ownership.
  - (d) If the experience of an entity undergoing a change in ownership is to be excluded from future experience ratings for the entity, the experience modification no longer applies as of the date of the ownership change unless the entity is acquired by another entity which has an existing experience modification. In that case, the modification of the acquiring entity shall apply.

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(e) *Multiple Entities.* When two entities under substantially the same ownership have been insured under a single policy, and the ownership of one or both of them is changed so that there is no longer any connection between them, the procedure shall be as follows:

- (i) If the experience of the entities has been combined for rating purposes during the entire experience period, the experience incurred prior to the change shall not be used for future ratings, unless
  - (a) the insurance carrier or carriers request that new modifications be established, and
  - (b) the Bureau is furnished with the experience required for the calculation of such modifications submitted in an acceptable format.
- (ii) If the experience of the entities has been combined for less than two years at the time of the change, so that the experience for each entity is available during the period they were separately insured, the experience for each entity shall be used for the purpose of calculating new experience modifications.

When three or more entities under substantially the same ownership have been insured under a single policy, and the ownership of one of the entities has been changed so that there is no longer any connection between it and the remaining entities, the existing experience modification shall continue to apply to the entities whose ownership has not changed. The entity whose ownership has changed shall not be subject to experience modification unless it has been purchased by an entity which has an applicable experience modification.

When three or more entities under substantially the same ownership have been insured under a single policy and the ownership of two or more of the entities has been changed so that common ownership no longer is present, the experience incurred prior to the date of the change shall not be used for future ratings, unless

- (i) the insurance carrier or carriers request that new modifications be established, and
- (ii) the Bureau is furnished with the experience required for the calculation of such modifications submitted in an acceptable format.

**10. Joint Ventures.** When two or more risks associate for the purpose of undertaking one or more projects as a joint venture, the premium for the operation involved shall not be subject to experience modification until such time as the joint venture qualifies for experience rating in accordance with the provisions of Rule 1 of this Section, subject, however, to the following conditions:

- (1) The contracts shall be awarded in the name of the associated risks as a joint venture.
- (2) The joint ventures shall share responsibility for, and participate in the control, direction and supervision of all work undertaken.
- (3) The joint ventures shall maintain a common bank account, payroll and business records.
- (4) When the joint venture becomes subject to experience rating, all applicable experience modifications shall be based exclusively on the experience of the joint venture. The experience developed under a joint venture shall be excluded from the future rating of the individual ventures.

**SECTION IV  
APPLICATION OF EXPERIENCE MODIFICATION**

**1. Experience Modification.** An experience modification for a qualified risk shall be determined annually (except as provided in Rules 3 and 4 of this Section) and shall be effective as of the normal anniversary rating date of the risk. No more than one experience modification shall apply to a risk at the same time. Subject to the exceptions noted below, the experience modification shall be applied to the premium developed by the use of carrier rates in force on the effective date of the experience modification.

EXCEPTION (a):

Classifications with Non-Ratable Elements:

Only the ratable portion of the manual rate is eligible for experience modification. The ratable portion is equal to the manual rate less the non-ratable element.

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EXCEPTIONS:

Premiums Not Subject to Experience Rating:  
The following are not subject to experience rating:

- i. Expense Constants.
- ii. The policy minimum premium.
- iii. Premium under the National Defense Projects Rating Plan.
- iv. Premium under Rule 1 of the Atomic Energy Procedure.
- ix. The surcharge premium under Rule 2 of the Atomic Energy Procedure.
- x. The seat surcharge premium for Aircraft Operation.
- xi. Premium developed under Code 9740- Foreign Terrorism.
- xii. Premium developed under Domestic Terrorism, Earthquakes and Catastrophic Accidents.

2. **Period and Operations Affected.** The experience modification shall be effective for a period of twelve months (except as provided in Rules 3 and 4 of this Section) and shall apply to all the operations of the risk, regardless of whether the current or any new operations are assigned to the same classifications as were used in establishing such modification.
3. **Single Policy Risk.** If a risk is covered by a single policy, the following procedure shall apply:
  - (a) The experience modification effective as of the normal anniversary rating date shall apply for the full term of the policy which becomes effective on such date and also for the full term of any policy which becomes effective within three months after such date.
  - (b) If a policy is written for a period of one year, but is extended for a period of not more than 16 days, the carrier rates and experience modification in effect as of the normal termination date shall remain in effect until the termination date of the extended policy. The carrier rates and experience modification which would have become effective as of the normal anniversary rating date shall apply for a period of one year from the effective date of the renewal policy.
  - (c) If a policy is written for a period of one year, but is extended for a period of more than 16 days but not in excess of 60 days, the authorized rates and experience modification shall apply as of the normal anniversary rating date for the unexpired portion of the extended policy period, and shall also apply for a period of one year from the effective date of the renewal policy.
  - (d) If a policy becomes effective on a date more than three months after the normal anniversary rating date:
    - i. the outstanding experience modification shall apply to the new policy for the period corresponding to the unexpired term of the rating.
    - ii. a new experience modification then shall apply for the unexpired term of the outstanding policy.
    - iii. thereafter, a new modification shall apply annually as of a new normal anniversary rating date. The new normal anniversary rating date shall be the date twelve months after the effective date of the outstanding policy.
4. **Multiple Policy Risk.** If a risk is covered by several policies (as provided in Rule 8 of Section III of this Plan) which differ as to inception dates, the following procedure shall apply:

A single experience modification shall be computed to be effective for a period of twelve months beginning on a normal anniversary rating date to be established by the Bureau. The Bureau may, however, authorize the application of an existing experience modification for a period not to exceed fifteen months or a new experience modification for a period greater than three months and less than twelve months for the purpose of establishing a new normal anniversary rating date. Any policy effective prior to the normal anniversary rating date established by the Bureau shall be cancelled as of such date and rewritten for a period of twelve months. Any policy effective subsequent to the normal anniversary rating date established by the Bureau shall be written to expire concurrently with the next ensuing normal anniversary rating date or shall be cancelled as of that date.

Any policies subject to this rule which are extended beyond the normal period of twelve months shall be subject to the provisions of Rules 3(b) and 3(c) of this Section.

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**SECTION V  
TABULATION OF EXPERIENCE**

1. **Experience Used for Rating.** The experience used for rating purposes shall be the individual risk experience valued at least three months prior to the rating date and reported in accordance with the provisions of the Delaware Workers' Compensation Statistical Plan. It shall include Voluntary Compensation insurance, but shall exclude Maritime Employments and Employments under the Federal Employers' Liability Act. It shall also exclude the exposure and any losses under **Code 9108 Passenger Seat Surcharge**.

4. **Rating Forms.** To determine the experience modification the prescribed experience shall be tabulated by the Bureau on approved rating forms.

5. **Payrolls.** The audited payrolls or other exposures for each classification for the experience period.

4. **Losses.** Incurred losses shall be tabulated by policy years in the manner indicated below.

(a) Losses as reported (indemnity, medical and total) shall be shown for each policy year. Losses incurred shall be on a gross basis, before the application of the deductible when such coverage is provided.

(d) Losses which are subject to average or limiting values, as provided in Rule 5 of this Section, shall be listed individually, showing the total cost of each case as reported and as used for rating purposes. Multiple injury accidents shall be identified in the appropriate column of the rating form.

**Exception:** All claims reported with Catastrophe Code No. 48 shall be excluded from experience rating calculations. Refer to Delaware Workers Compensation Statistical Plan Manual, Section 2, C. 11. for definition of losses included under Catastrophe Code No. 48.

5. **Limitation on Total Losses Employed in a Rating.** To prevent unreasonable increases in rate for accidents whose occurrence or severity is a matter of chance, a scale of values has been determined and is to be used in place of the actual cost of such accidents when the actual cost exceeds the limiting value. No single accident, whether to one or more persons, shall be used for rating purposes at a value greater than that shown in Table B, column (3).

**Exceptions:** Multiple injury accidents in the Explosives and Ammunitions Mfg. Classifications (Exception: Code 4777, Explosives Distribution), shall be used for rating purposes at not more than twice the value of Table B, column (3) if two persons are injured, at not more than three times if three persons are injured and at not more than four times if four or more persons are injured.

6. **Moral Responsibility.** No loss shall be excluded from the experience of a risk on the ground that the employer was not morally responsible for the accident that caused such loss.

7. **Revision of Losses.** It shall not be permissible to revise values because of department or judicial decision or because of developments in the nature of injury between two valuation dates. Provided, however, that:

(a) in cases where loss values are included or excluded through mistake other than error of judgment

(b) where a claim is declared non-compensable (see note below)

(e) where the claimant or carrier has recovered in an action against a third party it shall be permissible to submit a revised reporting requesting adjustment of the affected rating or ratings, provided such request is made within 24 months of the expiration of the period to which the experience modification applied.

(d) where a claim should have been reported with Catastrophe Code No. 48.

If a case is expected to be open longer than 24 months, upon written application, properly filed with the Bureau by the insured, a further extension of 24 months may be granted, provided such request is made within 24 months of the expiration of the period to which the experience modification applied. Such application shall give notice to the Bureau that one of the allowable conditions (see above) for loss revision is still pending a final decision. In this event, the Bureau's files for the risk involved will be preserved.

**Note:** For purposes of this rule, the term "non-compensable" refers to:

- I. an official ruling specifically holding that a claimant is not entitled to benefits under the provisions of the Delaware Workers' Compensation Law.

- ii. a case where no claim was filed during the period of limitation provided by the Delaware Workers' Compensation Law for the filing of such claim and the carrier therefore closes the case.
- iii. a case where the carrier contends, prior to the valuation date, that a claimant is not entitled to benefits under the Delaware Workers' Compensation Law and the claim is officially closed because of the claimant's failure to prosecute his claim.

**8. Third Party Cases.**

- (a) **Pending Cases.** When a negligence claim or suit has been instituted by a claimant against a third party, the procedure shall be as follows:  
If the claim or suit against the third party has not been settled or finally adjudicated, the incurred loss shall be included in the rating, since failure to recover against a third party is no bar to compensation and the insurance carrier may eventually be obliged to indemnify the claimant in whole or in part for the loss sustained.
- (b) **Settled Cases.** In cases where the carrier has received reimbursement under subrogation rights, or where the injured employee or his dependents have recovered from a third party, the procedure shall be as follows:  
In cases where the total incurred cost prior to recovery is less than the accident limitation value shown in Table B, column (3), only the net loss shall be used in the rating. In cases where the total incurred cost prior to recovery exceeds the accident limitation value shown in Table B, column (3), the amount to be used in the rating shall be such proportion of the limiting value as the net loss bears to the total incurred cost prior to recovery.

**SECTION VI  
RATING PROCEDURE**

- 1. **Actual Losses.** Actual Losses (A), as tabulated in accordance with the provisions of Rules 4 and 5 of Section V, shall be used in the rating.
- 2. **Expected Losses.** Expected Losses (E) shall be determined from the application of the appropriate Expected Loss Factors, shown in Table A, to the payrolls or other exposures for each classification for the experience period.
- 3. **Credibility.** The Credibility (C) of the experience of the risk shall correspond to Expected Losses (E), as shown in Table B.
- 4. **Maximum Value Charge.** A limitation charge (L) reflecting the loss dollars eliminated by the Maximum Value placed on One Accident, shall be included in calculating the modification. The Charge times Credibility, or L x C, shall be determined by entering Table B at the level of Expected Losses for the experience period.
- 5. **Experience Modification.** The Experience Modification (M) shall be determined from the formula:

$$M = \frac{AC + ELC + E(1.000 - C)}{E}$$

The experience modification shall be rounded to three decimal places.

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**GENERAL RULES**

**SECTION I – INSTRUCTIONS**

1. The Merit Rating Plan is intended to grant premium discounts or assess premium surcharges to employers which do not qualify under the uniform Experience Rating Plan. Premium discounts or surcharges under this Plan shall be based on the number of compensable employee lost-time injuries incurred by each risk during the Merit Rating Plan experience period as defined in Section III - General Provisions. Claims to be counted under this Plan are defined in Section V - Tabulation of Experience.
2. The rules of this Plan shall govern the merit rating procedure to be followed in connection with workers compensation and employers' liability insurance. These rules have been prepared as applicable to policies written or issued for a period not in excess of one year. When, however, policies are written for periods of more than one year, such policies shall be considered as consisting of consecutive units of 12 months, or, if the period of coverage is not a multiple of 12 months, the first or last unit shall be considered as though it were a short term policy. If, however, coverage is written for a period that is more than one year but not more than one year and 16 days, such entire period shall be considered as a unit of coverage. Each unit as defined above shall be subject separately to all of the rules and procedures specified in the Plan to the same degree as if it actually constituted a separate policy.

In the event the policy period for a long-term policy is more than one year and 16 days and is not made up of complete 12-month periods, an endorsement shall be attached to the policy specifying whether the first or last unit shall be considered as though it were a short term policy.

3. This Plan and all amendments thereto, unless otherwise specifically provided, shall be applied as of the first normal anniversary rating date of the risk, as established by the Bureau, which is on or after the effective date of any change in the rules or rating values of this Plan but shall not otherwise be available to outstanding ratings.
4. It shall not be permissible by cancellation or rewriting or by the extension of the policy term to alter an existing policy for the purpose of enabling the risk to qualify for or avoid application of this Plan.
5. **Appeals.** Any determination or decision of the Bureau for an individual risk under the Delaware Merit Rating Plan may be appealed pursuant to Rule XVI, APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE, Section 1 of this Manual.

**SECTION II – DEFINITIONS**

1. **Risk.** The term "risk" as used in this Plan shall mean
  - a) A single legal entity.
  - b) Two or more affiliates which qualify for combination under the rules of Section III of this Plan.
2. **Legal Entity.** The term "legal entity" or "entity" shall mean an individual, partnership, corporation, unincorporated association or fiduciary (e.g., trustee, receiver, executor or administrator). Divisions or similar units of a legal entity do not qualify as separate entities.
3. **Affiliate.** The term "affiliate" shall mean entities in each of which the same entity or group of entities owns a majority interest.
4. **Experience.** For the purpose of this Plan experience shall mean the record established by a risk under Workers Compensation and Employers' Liability Insurance, as disclosed by the losses incurred by the insurance carrier or carriers and the payrolls or other exposures segregated according to classification of operations. If the classification assigned to a risk is revised or modified, for the purpose of this Plan the Bureau shall similarly reassign the classification of the experience period except that, if the revision is due to a change in operations, no part of the experience period prior to such operations change shall be affected.
5. **Compensable Employee Lost-Time Injury.** The term "compensable employee lost-time injury" for purposes of this Plan shall mean any claim having either an indemnity benefit payment or a case reserve for future indemnity benefit payments.

All claims reported with Catastrophe Code No. 48 shall be excluded from merit rating calculations.

6. **Merit Rating Plan Discount.** The term "Merit Rating Plan discount" for purposes of this Plan shall mean a reduction in the subject premium developed by the use of the carrier rates in force on the normal anniversary rating date applicable to the policy to which the Merit Rating Plan is applied.
7. **Merit Rating Plan Surcharge.** The term "Merit Rating Plan surcharge" for purposes of this Plan shall mean an increase in the subject premium developed by the use of the carrier rates in force on the normal anniversary rating date applicable to the policy to which the Merit Rating Plan is applied.
8. **Merit Rating Plan Adjustment.** The term "Merit Rating Plan adjustment" for purposes of this Plan shall mean either a Merit Rating Plan discount or a Merit Rating Plan surcharge.
9. **Subject Premium.** The term "subject premium" for purposes of this Plan shall mean the premium developed by the use of carrier rates in force on the normal anniversary rating date of the policy to which the Merit Rating Plan is applied, exclusive of exceptions listed in Section IV, Paragraph 1.

Note: For special provisions applicable to self-insurers' data see Rule 5 of Section III.

**SECTION III – GENERAL PROVISIONS**

1. **Eligibility Requirements.** A risk shall qualify for application of the Merit Rating Plan if **BOTH** of the following conditions are met:
  - a) The risk does not qualify for experience rating, and
  - b) The risk has exposure greater than zero during each year of the Merit Rating Plan experience period as defined herein.
    - i) Eligibility requirements will be determined without consideration of maritime liability, liability under the Federal Employers' Liability Act, excess limits and additional medical coverage, the non-rateable element and seat surcharge for aircraft operation, the non-rateable element for explosives manufacturing, and atomic energy projects.
    - ii) Risks shall be disqualified by a lapse of insurance of two years or more until they again qualify for merit rating following the lapse.

The application of Rules 2 and 3 of this section is subject to the provisions of Section V "Tabulation of Experience" of this Plan.

2. **Merit Rating Plan Experience Period.** The experience period for purposes of the Merit Rating Plan shall be not more than three (3) years, commencing four (4) years prior and terminating one (1) year prior to the date for which a Merit Rating Plan adjustment is to be established but in no event shall be less than one policy year (12 months) commencing three (3) years prior and terminating one (1) year prior to the date for which merit rating is to be established. Completed policy periods only shall be used, and all such periods wholly within the experience period shall be used.
3. **Multiple Policy Experience.** If the experience used in rating a risk involves two or more policies varying in expiration date, the experience period shall be determined for each entity separately in accordance with the foregoing rules, except that the experience for each non-controlling entity shall close with the completed policy period beginning more than one year and terminating not less than six months prior to the date for which a Merit Rating Plan adjustment is to be established.
4. **Experience to be Used.** The entire experience of the risk (except as otherwise provided in Rule I of Section V of this Plan) incurred within the experience period on all its operations, whether such operations are normal to the business or otherwise, shall be reported and used in determining the Merit Rating Plan adjustment. The Bureau may, at its discretion, verify any or all the data from which the Merit Rating Plan adjustment is to be determined.
5. **Self-Insurers' Data.** The experience of self-insurers may be accepted by the Bureau provided the experience on self-insured operations is submitted on the approved form, giving the required information with respect to payrolls and losses. Such statement shall be secured, verified and submitted by an interested carrier.

Self-insured experience shall not be used in applying the Merit Rating Plan to a risk unless the operations that produced such experience are to be insured under a Standard Workers Compensation and Employers' Liability Policy.

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6. **Administration of Property (Fiduciary and Non-Fiduciary).** Ownership interest shall be deemed to be vested in a fiduciary when a fiduciary is involved. However, "Fiduciary" shall not include a debtor in possession or a trustee under a revocable trust or a franchisor. Ownership interest held by an entity in a fiduciary capacity and ownership interest held by the same entity in a non-fiduciary capacity shall be deemed to be ownership by the same entity.

**COMBINATIONS OR CHANGES OF STATUS**

7. Combination of Entities

- a) Affiliates shall be combined for merit rating purposes if:
- i) The affiliates involved constitute the component parts of an enterprise performing a continuous and/or integrated process or operation, or
  - ii) There is interchange of employment (other than office and salesmen) between two or more of the affiliates.

Separate policies may not be issued to affiliates which are required to be combined under this rule.

- b) Affiliates which are not required to be combined under Rule 7. (a) may be combined upon the mutual agreement of the risk and the carrier(s) involved. If such combination is agreed to, insurance may be provided either by a single policy insuring all affiliates or by separate policies for each affiliate issued by one or more insurance carriers. In the latter case the Merit Rating Plan adjustment established for the entire risk shall apply on each policy to each affiliate. If all affiliates are not combined, then each affiliate not otherwise subject to Rule 7 (a) shall be insured under a separate policy and merit-rated based on its own experience, providing it meets the qualification for merit rating as specified in Rule 1 of this section.
- c) When one or more mandatory combinations of affiliates under Rule 7. (a) exist, insurance for each such combination may be provided by a single policy. Each mandatory combination and any other affiliates which are not required to be a part of any mandatory combination pursuant to Rule 7. (a) may be separately merit-rated and separately insured. Exception: If any one or more affiliates not required to be combined under Rule 7. (a) or mandatory combinations voluntarily choose to be insured under a single policy, then all affiliates shall be insured under a single policy and the Merit Rating Plan adjustment established for the entire risk shall apply to each affiliate.

**Example**

Five legal entities are commonly owned. Company A and Company B have an interchange of employees. Company C and Company D have a continuity of operations. Company E is unrelated except through ownership.

By Rule 7. (a) Company A and Company B must be combined for merit rating and must be covered by a single policy. Similarly, by Rule 7. (a) Company C and Company D must be combined for merit rating and must be covered by a single policy. Company E may be separately merit-rated and covered by a separate policy.

<u>Company</u>	<u>Merit Rating</u>	<u>Policy</u>
Company A	Combined	Combined
Company B	A & B	Policy 1
Company C	Combined	Combined
Company D	C & D	Policy 2
Company E	Separate	Policy 3

If any combination of these separate policy coverages is elected, then all commonly-owned entities must be combined for merit rating and must be covered by a single policy. Thus, if Companies A and B desire to be combined with Company E, they must also combine with Companies C and D, and all must be covered by a single policy.

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- d) If an entity owns a majority interest in another entity which, in turn, owns the majority interest in another entity, all entities so related shall be considered as being under the same ownership for the purposes of this rule, regardless of the number of entities in succession.
  - e) Separate legal entities organized for religious purposes within the same religious denomination shall not be combined for merit rating purposes, provided, however, that combination may be made as respects all such entities in each of which the same central authority appoints or controls the appointment of the board of trustees or similar body and exercises direct, complete and active control over the finances, properties, operations and activities.

In the term "majority interest," as used in this rule, "majority" shall mean more than 50 percent.

If an entity other than a partnership

- i) has issued voting stock, majority interest shall mean a majority of the issued voting stock.
- ii) has not issued voting stock, majority interest shall mean a majority of the members.
- iii) has not issued voting stock and has no members, majority interest shall mean a majority of the board of directors or comparable governing body.

If an entity is a partnership, majority interest shall be determined in accordance with the participation of each general partner in the profits of the partnership.

**Note:** If a combination of entities is required or has been elected and if two or more different combinations are possible in accordance with the provisions of this rule, the combination involving the greatest number of entities shall be made. The experience of any entity used in such a combination shall not be used in combination with any other entity. The experience to be used in any combination for purposes of the Merit Rating Plan shall be subject to the provisions of the Rule 8, "Ownership Changes," of this section.

- f) Affiliates, combined for purposes of merit rating voluntarily (i.e., not a mandatory combination), which wish to change their merit rating option and have each affiliate separately merit-rated based on its individual experience, may petition the Bureau to do so. Upon Bureau approval, separate policies must be issued for each affiliate. Unless the Bureau is provided with the segregated experience needed to produce separate Merit Rating Plan adjustments for each affiliate in an acceptable format, each affiliate will continue to be subject to the Merit Rating Plan using combined experience for any policy period(s) for which segregated experience is not available and its own separately reported experience for policy period(s) subsequent to the separation.

## **8. Ownership Changes.**

- a) For purposes of this Plan a change in ownership includes any of the following:
  - i) sale, transfer or conveyance of all or a portion of an entity's ownership interest.
  - ii) sale, transfer or conveyance of an entity's physical assets to a purchasing entity which takes over the operation of the selling entity and wherein the selling entity
    - a) becomes entirely inactive with no employees or
    - b) retains a few employees for the purpose of closing out its affairs prior to dissolution as a legal entity or
    - c) retains a few clerical employees for the purpose of carrying on operations in connection with investment of its financial assets.
  - iii) merger or consolidation of two or more entities.
  - iv) formation of a new entity subsequent to the dissolution or non-operative capacity of an entity

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- v) voluntary or court-mandated establishment of a trustee or receiver, excluding a debtor in possession, a trustee under a revocable trust or franchiser.
  - b) *Continuation of Experience.* Unless excluded under paragraph (c), the experience for any entity undergoing a change in ownership shall be transferred to the experience of the acquiring, surviving or new entity. The date of revision will be the later of the following two dates: 1) the anniversary rating date in effect at the time the Bureau receives a completed ERM-14 Form outlining the ownership change or 2) the date on which the change in ownership occurred.
    - i) *Partial Sale.* If an entity disposes of a part of its assets or operations but otherwise continues to operate its business, all experience incurred prior to the sale shall be used in future Merit Rating Plan adjustments of the entity.

**Note:** Future Merit Rating Plan adjustments of a risk shall retain all experience for any part of its operations which may have been discontinued or self-insured.

- c) *Exclusion of Experience.* The experience of any entity undergoing a change in ownership shall be retained and used in future Merit Rating Plan adjustments unless one or both of the following requirements (i) and (ii) are met at the same time of the ownership change.
  - i) A change in majority interest occurs, and the change in majority interest is accompanied by a complete change in operation and function sufficient to result in a change of governing classification, and the change in majority interest is accompanied by a change in the process and hazard of the operation.
  - ii) A change in majority interest occurs, and the change in majority interest is accompanied by a change in employees such that all or a substantial portion of the employees of the new ownership are not retained from the prior ownership.
- d) If the experience of an entity undergoing a change in ownership is to be excluded from future Merit Rating Plan adjustments for the entity, the Merit Rating Plan adjustment no longer applies as of the date of the ownership change unless the entity is acquired by another entity which has an existing Merit Rating Plan adjustment. In that case the Merit Rating Plan adjustments of the acquiring entity shall apply.
- e) *Multiple Entities.* When two entities under substantially the same ownership have been insured under a single policy and the ownership of one or both of them is changed so that there is no longer any connection between them, the merit rating procedure shall be as follows:
  - i) If the experience of the entities has been combined for merit rating purposes during the entire experience period, the experience incurred prior to the change shall not be used for future merit rating plan adjustment, unless
    - a) the insurance carrier or carriers request that a new Merit Rating Plan adjustment be established, and
    - b) the Bureau is furnished with the experience required for the calculation of a Merit Rating Plan adjustment submitted in an acceptance format.
  - ii) If the experience of the entities has been combined for less than two years at the time of the change, so that the experience for each entity is available during the period they were separately insured, the experience for each entity shall be used for the purpose of calculating a new Merit Rating Plan adjustment.

When three or more entities under substantially the same ownership have been insured under a single policy and the ownership of one of the entities has been changed so that there is no longer any connection between it and the remaining entities, the existing Merit Rating Plan adjustment shall continue to apply to the entities whose ownership has not changed. The entity whose ownership has changed shall not be subject to merit rating unless it has been purchased by an entity which has an applicable Merit Rating plan adjustment.

When three or more entries under substantially the same ownership have been insured under a single policy and the ownership of two or more of the entities has been changed so that common ownership is no longer present, the experience incurred prior to the date of the change shall not be used for future Merit Rating Plan adjustments, unless

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- a) the insurance carrier or carriers request that a new Merit Rating Plan adjustment be established, and
  - b) the Bureau is furnished with the experience required for the calculation of a Merit Rating Plan adjustment submitted in an acceptable format.
9. **Joint Ventures.** When two or more risks associate for the purpose of undertaking one or more projects as a joint venture, the premium for the operation involved shall not be subject to merit rating until such time as the joint venture qualifies in accordance with the provisions of Rule 1 of this section, subject, however, to the following conditions:
- a) The contracts shall be awarded in the name of the associated risks as a joint venture.
  - b) The joint ventures shall share responsibility for and participate in the control, direction and supervision of all work undertaken.
  - c) The joint ventures shall maintain a common bank account, payroll and business records.
  - d) When the joint venture becomes subject to merit rating, all applicable Merit Rating Plan adjustments shall be based exclusively on the experience of the joint venture. The experience developed under a joint venture shall be excluded from the future Merit Rating Plan adjustments of the individual ventures.

**SECTION IV  
APPLICATION OF MERIT RATING PLAN ADJUSTMENT**

1. **Merit Rating Plan Adjustment.** A Merit Rating Plan adjustment for a qualified risk shall be determined annually (except as provided in Rules 3 and 4 of this section) and shall be effective as of the normal anniversary rating date of the risk. No more than one Merit Rating Plan adjustment shall apply to a risk at the same time. Subject to the exceptions noted below, the Merit Rating Plan adjustment shall be applied to the premium developed by the use of carrier rates in force on the effective date of the Merit Rating Plan adjustment.

**EXCEPTIONS:**

- a) Premiums Not Subject to the Merit Rating Plan:

The following are not subject to the Merit Rating Plan:

- i) Expense constants
- ii) The policy minimum premium
- iii) Premium under the National Defense Projects Rating Plan
- iv) Premium under Rule 1 of the Atomic Energy Procedure
- v) The surcharge premium under Rule 2 of the Atomic Energy Procedure
- vi) The seat surcharge premium for aircraft operation
- vii) Premium developed under Code 9740 - Foreign Terrorism.
- viii) Premium developed under Domestic Terrorism, Earthquakes and Catastrophic Accidents.

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2. **Period and Operations Affected.** The Merit Rating Plan adjustment shall be effective for a period of 12 months (except as provided in Rules 3 and 4 of this section) and shall apply to all the operations of the risk, regardless of whether the current or any new operations are assigned to the same classifications as were used in establishing the Merit Rating Plan adjustment.
  3. **Single Policy Risk.** If a risk is covered by a single policy, the following procedure shall apply:
    - a) The Merit Rating Plan adjustment effective as of the normal anniversary rating date shall apply for the full term of the policy which becomes effective on such date and also for the full term of any policy which becomes effective within three months after such date.
    - b) If a policy is written for a period of one year but is extended for a period of not more than 16 days, the carrier rates and Merit Rating Plan adjustment in effect as of the normal termination date shall remain in effect until the termination date of the extended policy. The carrier rates and Merit Rating Plan adjustment which would have become effective as of the normal anniversary rating date shall apply for a period of one year from the effective date of the renewal policy.
    - c) If a policy is written for a period of one year but is extended for a period of more than 16 days but not in excess of 60 days, the carrier rates and the Merit Rating Plan adjustment shall apply as of the normal anniversary rating date for the unexpired portion of the extended policy period and shall also apply for a period of one year from the effective date of the renewal policy.
    - d) If a policy becomes effective on a date more than three months after the normal anniversary rating date,
      - i) the outstanding Merit Rating Plan adjustment shall apply to the new policy for the period corresponding to the unexpired term of the rating.
      - ii) a new Merit Rating Plan adjustment then shall apply for the unexpired term of the outstanding policy.
      - iii) thereafter, a new Merit Rating Plan adjustment shall apply annually as of a new normal anniversary rating date. The new normal anniversary rating date shall be the date 12 months after the effective date of the outstanding policy
  4. **Multiple Policy Risk.** If a risk is covered by several policies (as provided in Rule 8. of Section III of this Plan) which differ as to inception dates, the following procedure shall apply:

A single Merit Rating Plan adjustment shall be computed to be effective for a period of 12 months beginning on a normal anniversary rating date to be established by the Bureau. The Bureau may, however, authorize the application of an existing Merit Rating Plan adjustment for a period not to exceed 15 months or a new Merit Rating Plan adjustment for a period greater than three months and less than 12 months for the purpose of establishing a new normal anniversary rating date. Any policy effective prior to the normal anniversary rating date established by the Bureau shall be canceled as of such date and rewritten for a period of 12 months. Any policy effective subsequent to the normal anniversary rating date established by the Bureau shall be written to expire concurrently with the next ensuing normal anniversary rating date or shall be canceled as of that date. Any policies subject to this rule which are extended beyond the normal period of 12 months shall be subject to the provisions of Rules 3(b) and 3(c) of this section.

**SECTION V  
TABULATION OF EXPERIENCE**

1. **Experience Used for the Merit Rating Plan.** The experience used for purposes of the Merit Rating Plan shall be the individual risk experience valued at least three months prior to the rating date and reported in accordance with the provisions of the Delaware Workers' Compensation Statistical Plan. It shall include voluntary compensation insurance but shall exclude maritime employments and employments under the Federal Employees' Liability Act. It shall also exclude the exposure and any losses under Code 9108, Passenger Seat Surcharge.
2. **Merit Rating Plan Forms.** To determine the Merit Rating Plan adjustment the prescribed experience shall be tabulated by the Bureau on approved Merit Rating Plan forms.

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3. **Payrolls.** The audited payrolls or other exposures for each classification for the experience period shall be tabulated by policy years.
  4. **Losses.** Incurred losses or claims reported for all policy periods considered in qualifying a risk for the Merit Rating Plan shall be tabulated in the following manner:
    - a) Claims having no indemnity benefit payment or case reserve for indemnity benefit payment shall be excluded from the experience tabulation for purposes of the Merit Rating Plan. Losses as reported (indemnity, medical and total) shall be shown for each policy year. Losses incurred shall be on a gross basis, before the application of the deductible when such coverage is provided.
    - b) All claims not excluded from the experience tabulation for purposes of the Merit Rating Plan by virtue of sections (a) above shall be listed in the experience tabulation with the following information:
      - Policy number
      - Policy effective date
      - Claim number or number of claims
      - Indemnity loss amount
      - Date of loss

All claims reported with Catastrophe Code No. 48 shall be excluded from merit rating calculations.

5. **Moral Responsibility.** No loss shall be excluded from the experience of a risk on the ground that the employer was not morally responsible for the accident that caused such loss.
6. **Revision of Losses.** It shall not be permissible to revise values because of department or judicial decision or because of developments in the nature of injury between two valuation dates. Provided, however, that
  - a) in cases where loss values are included or excluded through mistake other than error of judgment
  - b) where a claim is declared non-compensable (see note below)
  - c) where the claimant or carrier has recovered in an action against a third party
  - d) where a claim should have been reported with Catastrophe Code No. 48

It shall be permissible to submit a revised reporting requesting adjustment of the affected Merit Rating Plan adjustment or adjustments, provided such request is made within 24 months of the expiration of the period to which the merit rating applied.

If a case is expected to be open longer than 24 months upon written application, properly filed with the Bureau by the insured, a further extension of 24 months may be granted, provided such request is made within 24 months of the expiration of the period to which the merit rating applied. Such application shall give notice to the Bureau that one of the allowable conditions (see above) for loss revision is still pending a final decision. In this event, the Bureau's files for the risk involved will be preserved.

**Note:** For purposes of this rule, the term "non-compensable" refers to:

- i) an official ruling specifically holding that a claim is not entitled to benefits under the provisions of the Delaware Workers Compensation Law.
- ii) a case where no claim was filed during the period of limitation provided by the

Delaware Workers Compensation Law for the filing of such claim and the carrier therefore closes the case.

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- iii) a case where the carrier contends prior to the evaluation date that a claimant is not entitled to benefits under the Delaware Workers Compensation or Law and the claim is officially closed because of the claimant's failure to prosecute his claim.

**SECTION VI  
MERIT RATING PLAN PROCEDURE**

1. **Merit Rating Plan Adjustments.** For each risk qualified under Section III of Merit Rating Plan claims listed in the experience tabulation under Section V, Paragraph 4 of the Merit Rating Plan shall be counted. Merit Rating Plan adjustments shall apply based on the following criteria:
- a) No compensable employee lost-time injuries — 5 percent (5.0%) discount.
  - b) One (1) compensable employee lost-time injury — No discount or surcharge. Manual rates apply.
  - c) Two (2) or more compensable employee lost-time injuries — 5 percent (5.0%) surcharge.

The Rating Bureau will determine the appropriate Merit Rating Plan adjustment factors and notify the carrier.

**EXAMPLES**

**EXAMPLE A**

<b>Merit Rating Plan Adjustment Effective Date 08/09/99</b>		
(1) <u>Experience Period to be used for qualifying</u>	(2) <u>Employer's Policy History</u>	(3) <u>Period used to determine Merit Rating Adjustment</u>
08/09/97 to 08/09/98	08/09/98 to 08/09/99	
08/09/96 to 08/09/97	08/09/97 to 08/09/98	08/09/97
08/09/95 to 08/09/96	08/09/96 to 08/09/97	08/09/96
	06/11/95 to 06/11/96	

This employer's merit rating effective date has been established to be 8/09/99. This anniversary rating date requires the experience period begin as of 8/09/95 as shown in Column 1. The employer's policy history shows that the risk has experience data within only two years of the experience period as shown in Column 2. Though a portion of the 06/11/95 policy period falls within the 08/09/95 to 08/09/96 experience period, the 6/11/95 policy extends beyond the experience period and thus cannot be used in the determination of the merit rating plan adjustment, per Column 3. Thus this risk does not qualify for merit rating adjustment effective 08/09/99.

-

**EXAMPLE B**

<b>Merit Rating Plan Adjustment Effective Date 12/09/99</b>		
(1) <u>Experience Period to be used for qualifying</u>	(2) <u>Employer's Policy History</u>	(3) <u>Period used to determine Merit Rating Adjustment</u>
12/09/97 to 12/09/98	12/09/98 to 12/09/99	
12/09/96 to 12/09/97	12/09/97 to 12/09/98	12/09/97
12/09/95 to 12/09/96	12/09/96 to 12/09/97	12/09/96
	01/03/95 to 01/03/96	

This employer's merit rating effective date has been established to be 12/09/99. This anniversary rating date requires the experience period begin as of 12/09/95 as shown in Column 1. The employer's policy history shows that the risk has experience data within only two years of the experience period as shown in Column 2. Thus this risk does not qualify for merit rating plan adjustment effective 12/09/99.

**DELAWARE WORKERS COMPENSATION MANUAL**

**SECTION 7**

**EFFECTIVE: DECEMBER 1, 2007**

**Page 19**

**MERIT RATING PLAN**

---

**EXAMPLE C**

<b>Merit Rating Plan Adjustment Effective Date 10/17/99</b>		
<b>(1)</b> <u>Experience Period to be used for qualifying</u>	<b>(2)</b> <u>Employer's Policy History</u>	<b>(3)</b> <u>Period used to determine Merit Rating Adjustment</u>
10/17/97 to 10/17/98	10/17/98 to 10/17/99	10/17/97 to 10/17/98
10/17/96 to 10/17/97	10/17/97 to 10/17/98	10/17/96 to 10/17/97
10/17/95 to 10/17/96	10/17/96 to 10/17/97	09/28/96 to 10/17/97
	09/28/95 to 09/28/96	

This employer's merit rating effective date has been established to be 10/17/99. This anniversary rating date requires that the experience period begin as of 10/17/95 as shown in Column 1. The employer's policy history shows that the risk has experience data within each year of the experience periods required for eligibility as shown in Column 2. Thus, merit rating plan adjustment will be based on the three policies which fall within the experience period per Column 3. The risk qualifies for merit rating adjustment effective 10/17/99.

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**EXAMPLE D**

<b>Merit Rating Plan Adjustment Effective Date 11/01/99</b>		
<b>(1)</b> <u>Experience Period to be used for qualifying</u>	<b>(2)</b> <u>Employer's Policy History</u>	<b>(3)</b> <u>Period used to determine Merit Rating Adjustment</u>
11/01/97 to 11/01/98	11/01/98 to 11/01/99	11/01/97 to 11/01/98
11/01/96 to 11/01/97	11/01/97 to 11/01/98	11/01/96 to 11/01/97
11/01/95 to 11/01/96	11/01/96 to 11/01/97	11/01/95 to 11/01/96
	11/01/95 to 11/01/96	

This employer's merit rating effective date has been established to be 11/01/99. This anniversary rating date requires that the experience period begin as of 11/01/95 as shown in Column 1. The employer's policy history shows that the risk has separate policy periods which have experience data within each year of the experience period required for eligibility as shown in Column 2. Thus, merit rating plan adjustment will be based on 36 months of experience per Column 3. The risk qualifies for merit rating adjustment effective 11/01/99.

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**WC 07 04 08**

**DELAWARE MERIT RATING PLAN ENDORSEMENT**

This endorsement applies to the insurance provided by this policy because Delaware is shown in Item 3.A of the Information Page.

The premium for this insurance may be subject to merit rating plan adjustments because your premium may be less than the amount necessary to be eligible for the Uniform Experience rating Plan.

The following premium discount or surcharge will be applied to your manual premium based on your claims during the most recent three year period for which statistics are available.

1. A 5% credit (**discount**) will be applied if you had no compensable employee lost-time injuries – **Statistical Code 9885.**
2. No credit or debit will be applied if you had one (1) compensable employee lost-time injuries – **Statistical Code 9884.**
3. A 5% debit (**surcharge**) will be applied if you had two (2) or more compensable employee lost-time injuries – **Statistical Code 9886.**

**NOTES:**

1. This endorsement should be attached to a policy showing Delaware in Item 3.A of the Information Page.
2. Show any merit rating discount or surcharges in item 4 of the Information Page.

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**EXAMPLE – EMPLOYER NOT SUBJECT TO MERIT RATING PLAN**

**DELAWARE COMPENSATION RATING BUREAU  
MERIT RATING CALCULATION**

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Carrier: Any Insurance Co.  
Insured: ABC Associates  
Bureau File No. . 2299XXX  
Policy No. WCxx1200311  
Effective Period 09/08/99 – 09/08/00

**CODE 9884 – Neutral**

Based on the lost-time claims indicated below, the risk is not subject to a Merit Rating Plan adjustment.

<b><u>Policy Number</u></b>	<b><u>Policy Effective Date</u></b>	<b><u>Claim Number</u></b>	<b><u>Date of Injury</u></b>	<b><u>Indemnity Amount</u></b>
WC00199920001	090896	29991100	091596	1,870

**EXAMPLE – EMPLOYER SUBJECT TO MERIT RATING PLAN**

**DELAWARE COMPENSATION RATING BUREAU  
MERIT RATING CALCULATION**

---

Carrier:	Any Insurance Co.
Insured:	ABC Associates
Bureau File No. .	2299XXX
Policy No.	WCxx1200311
Effective Period	09/08/99 – 09/08/00

**CODE 9885 – Credit**

No lost-time claims. This risk qualifies for a Merit Rating Plan discount of 5%.

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**EXAMPLE – EMPLOYER SUBJECT TO MERIT RATING PLAN SURCHARGE**

**DELAWARE COMPENSATION RATING BUREAU  
MERIT RATING CALCULATION**

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Carrier: Any Insurance Co.  
Insured: ABC Associates  
Bureau File No. . 2299XXX  
Policy No. WCxx1200311  
Effective Period 09/08/99 – 09/08/00

**CODE 9886 – Surcharge**

Based on the lost-time claims indicated below, the risk is not subject to a Merit Rating Plan surcharge of 5 percent.

<b><u>Policy Number</u></b>	<b><u>Policy Effective Date</u></b>	<b><u>Claim Number</u></b>	<b><u>Date of Injury</u></b>	<b><u>Indemnity Amount</u></b>
WC00199920001	090896	29991100	091596	1,870
WC00199920001	090896	29991101	121196	2,991
WC00199920002	090895	39991100	100195	15,019

**The Bureau's electronic Manual highlights all changes from previous language. For changes previously announced by Bureau Circular, highlighted language in the electronic Manual provides a link(s) to the pertinent Bureau Circular announcement(s). No Circular announcement accompanied the change linked to this message.**



November 15, 2007

**BUREAU CIRCULAR NO. 828**

To All Members of the Bureau:

Re: **WORKERS COMPENSATION RESIDUAL MARKET RATES  
AND VOLUNTARY MARKET LOSS COSTS  
EFFECTIVE DECEMBER 1, 2007  
AMENDED BUREAU FILING NO. 0703**

**NOTE APPLICABLE PROVISIONS FOR CARRIER RATE FILINGS**

Bureau Filing No. 0703, as originally submitted, proposed average decreases of 19.28 percent in residual market rates and 15.57 percent in voluntary market loss costs to be effective on a new and renewal basis as of December 1, 2007.

The Department of Insurance performed an extensive review of Bureau Filing No. 0703. At the conclusion of that review, the Department of Insurance and the Bureau exchanged opinions and perspectives concerning a limited number of technical issues related to the filing and reviews of the filing that had been done by two consulting actuaries. At the conclusion of that exchange, it was agreed that the Bureau would make and the Department of Insurance would approve an amended filing requesting average decreases of 22.00 percent in residual market rates and 17.75 percent in voluntary market loss costs to be effective on a new and renewal basis as of December 1, 2007.

All members are advised that the amended filing as agreed has now been submitted and approved by the Department of Insurance.

**Members are hereby reminded that they must file an amended (or re-file their existing) Insurer Adoption of DCRB Workers' Compensation Loss Costs form with the Delaware Department of Insurance to adopt the revised loss costs on a new and renewal basis on or after December 1, 2007. A copy of the Department of Insurance's "FORMS AND RATES BULLETIN 14 INCORPORATED," which includes forms applicable to these filings, is attached for member reference and use. The Department of Insurance has informed the Bureau that it expects carrier filings adopting the rating values approved under Bureau Filing No. 0703 to be effective as of December 1, 2007. For carrier filings applicable to Bureau Filing No. 0703, the Department of Insurance will allow carrier filings proposing effective dates of December 1, 2007 to be submitted, otherwise prevailing filing and/or notice requirements to the contrary notwithstanding.**

The following chart indicates the approved overall average changes in rating values:

<u>Rating Value(s)</u>	<u>Approved Overall Average Change</u>
Residual Market Rates – Collectible	-22.00%
Residual Market Rates - Manual	-24.12%

<u>Rating Value(s)</u>	<u>Approved Overall Average Change</u>
Voluntary Market Loss Costs - Collectible	-17.75%
Voluntary Market Loss Costs - Manual	-19.99%
Voluntary Market Loss Costs - Manual after Surcharge Offset	-19.43%

The approved residual market rates and voluntary market loss costs share common loss provisions based on the same loss development and trend analysis applied to statewide Delaware experience. The differences between residual market rate changes and voluntary market loss cost changes result from revisions in expense provisions based on recent indications as compared to currently approved values, as well as effects of the compromise adjudication of the filing.

The implied loss cost multiplier reflecting expense considerations for current residual market rates is approximately 1.3714. On a comparable basis the implied loss cost multiplier for approved residual market rates effective December 1, 2007 is 1.3111. (Note: Because voluntary market loss costs in the approved filing are nominally reduced to offset effects of the ongoing Delaware Insurance Plan surcharge program and due to the effects of the compromise adjudication, calculation of residual market rates from approved voluntary market loss costs requires an effective multiplier of approximately 1.3227.)

A comparison of current and approved December 1, 2007 residual market expense provisions is shown below:

**RESIDUAL MARKET RATES**  
Expense Loading

	<u>Current Percentage</u>	<u>Approved December 1, 2007 Percentage</u>
<b>LOSS AND LOSS ADJUSTMENT EXPENSE</b>		
Losses	63.32	66.35
Loss Adjustment Expense	7.19	7.41 a
Loss & Loss Adjustment	70.51	73.76
<b>UNDERWRITING EXPENSES</b>		
Commission	7.49	7.39
Other Acquisition	2.81	2.57
General Expenses	3.35	3.06
Premium Discount	11.05	8.89
State Premium Tax	2.00	2.00
Other State Tax	0.32	0.33
Uncollectible Premium	1.00	1.25
Administrative Assessment	2.41	2.51 b
Workers Compensation Fund	3.00	2.00
Deviations	0.00	0.00
Policyholder Dividends	0.00	0.00
Underwriting Profit	-3.94	-3.76
Underwriting Expense Total	29.49	26.24

a As ratio to loss, loss adjustment expense = 0.1117

b As ratio to loss, administrative assessment = 0.0379

**Attached for member reference is a table of rates, loss costs and expected loss factors by classification consistent with the Insurance Commissioner's approval of Filing No. 0703.**

Other components of the filing were also approved as filed effective December 1, 2006. In particular, each of the following components of the filing were approved as originally presented:

- Updates to corporate officer payroll minimums and maximums for premium computation purposes
- Continuation of the existing DIP surcharge program
- DCCPAP revisions to qualifying wage table **effective June 1, 2008**
- Residual market expense constant
- Residual market minimum premium formula
- Excess loss factors
- Excess loss premium factors
- Retrospective rating
- Small Deductible Program
- State and hazard group relativities
- Workplace Safety Program
- Merit Rating Plan

**ADDITIONAL REVISIONS TO RATING VALUES**

Bureau Filing No. 0703 proposed revision to various rating values in addition to residual market rates and voluntary market loss costs. For ease of reference and to confirm the approved values for those items they are reproduced below.

Corporate Officer Payrolls

The minimum individual payroll for an executive officer is unchanged at **\$450** per week.

The maximum individual payroll for an executive officer is increased from \$2,150 per week to **\$2,200** per week.

Residual Market Premium Discount Table

<u>Premium Range</u>	<u>Schedule Y</u>
First \$ 10,000	0.0%
Next \$ 190,000	9.1%
Next \$1,550,000	11.3%
Over \$1,750,000	12.3%

Residual Market Expense Constant

The expense constant is increased from \$260 to **\$270**.

Retrospective Rating Values (Other than USL&HW Coverages)

Residual Market Tax Multiplier

The residual market tax multiplier is **1.1078**.

Optional Loss Development Factors (unlimited basis)

First Adjustment	0.6662
Second Adjustment	0.5530
Third Adjustment	0.4795

State & Hazard Group Relativities

Hazard Group I	1.283
II	0.977
III	0.718
IV	0.515

Small Deductible Program Loss Elimination Ratios and Premium Credits

These loss elimination ratios and premium credits respectively are changed from current levels consistent with Bureau Filing No. 0703. The values are presented below for ease of reference.

<u>Deductible Level</u>	<u>Loss Elimination Ratio</u>	<u>Premium Credit</u>
500	0.020	0.015
1,000	0.035	0.030
1,500	0.045	0.040
2,000	0.055	0.045
2,500	0.065	0.055
3,000	0.070	0.060
3,500	0.080	0.065
4,000	0.085	0.070
4,500	0.090	0.075
5,000	0.095	0.080

Delaware Construction Classification Premium Adjustment Program: **Effective June 1, 2008**

<u>Average Hourly Wage</u>		<u>DCCPAP Credit</u>
\$17.64	or less	0%
\$17.65	\$18.05	5%
\$18.06	\$18.50	6%
\$18.51	\$18.95	7%
\$18.96	\$19.45	8%
\$19.46	\$19.95	9%
\$19.96	\$20.45	10%
\$20.46	\$20.95	11%
\$20.96	\$21.50	12%
\$21.51	\$22.05	13%
\$22.06	\$22.65	14%
\$22.66	\$23.25	15%
\$23.26	\$23.85	16%

Delaware Construction Classification Premium Adjustment Program: **Effective June 1, 2008**  
Average Hourly Wage DCCPAP Credit

\$23.86	\$24.45	17%
\$24.46	\$25.10	18%
\$25.11	\$25.75	19%
\$25.76	\$26.45	20%
\$26.46	\$27.20	21%
\$27.21	\$27.95	22%
\$27.86	\$28.70	23%
\$28.71	\$29.50	24%
Over \$29.50		25%

In addition to the above rating values, the filing included Excess Loss Premium Factors and Excess Loss Pure Premium Factors, both including and excluding Loss Adjustment Expense. Tables of the approved values are attached to this circular.

Complete Manual pages consistent with the Insurance Commissioner's approval of Bureau Filing No. 0703 will be available on the Bureau website ([www.dcrb.com](http://www.dcrb.com)) as soon as possible.

Any questions concerning this circular may be addressed to Michael J. Doyle, Chief Actuary, at Extension 4480 or [mjdoyle@dcrb.com](mailto:mjdoyle@dcrb.com) or me at Extension 4413 or [twisecarver@dcrb.com](mailto:twisecarver@dcrb.com).

Timothy L. Wisecarver  
President

kg  
D Circ  
Attachments

***Remember to visit our web site at [www.dcrb.com](http://www.dcrb.com) for more information about this and other topics.***

**STATE OF DELAWARE  
DEPARTMENT OF INSURANCE**

**FORMS AND RATES BULLETIN 14 INCORPORATED**

Submission Date: \_\_\_\_\_

DCRB Reference Filing No.: \_\_\_\_\_

Applicable to policies effective on and after: \_\_\_\_\_

INSURER NAME: \_\_\_\_\_

INSURER NAIC NO.: \_\_\_\_\_ INDICATED MULTIPLIER: \_\_\_\_\_

The above insurer hereby declares that it is a member or subscriber of the Delaware Compensation Rating Bureau ("DCRB"). The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned reference filing.

The insurer's rates will be the combination of the DCRB loss costs approved by the Delaware Insurance Department and the company's indicated multiplier, as shown above, along with any expense contract, premium discount table, size-of-premium expense table for retrospective rating plans, and minimum premium formula specified in the company's attached manual exception pages.

The indicated multiplier, along with any expense constant, premium discount table and the minimum premium formula filed, represent a rate level increase \_\_\_\_\_ or decrease \_\_\_\_\_ of \_\_\_\_\_ % and a premium level increase \_\_\_\_\_ or decrease \_\_\_\_\_ of \_\_\_\_\_ %.

The indicated multiplier and the attached exception pages apply only to the DCRB reference filing indicated above. The insurer understands that this will necessitate the submission of a new adoption form and exception pages prior to the effective date of any future loss costs reference filing.

**CHECK ALL THAT APPLY:**

**Manual exception pages attached for:**

\_\_\_\_\_ **Minimum Premium Formula**

\_\_\_\_\_ **Expense Constant**

\_\_\_\_\_ **Discount Table**

\_\_\_\_\_ **Retro Expense Table**

**SUMMARY OF SUPPORTING INFORMATION  
WORKERS' COMPENSATION LOSS COST MULTIPLIER**

Insurer: \_\_\_\_\_ NAIC No.: \_\_\_\_\_  
 DCRB Reference Filing No.: \_\_\_\_\_  
 Effective Date of Multiplier: \_\_\_\_\_

Development of Expected Loss Ratio (Expressed as a percent of standard premium at company rate):

		AVERAGE
A.	Commission	_____ %
B.	Other Acquisition	_____ %
C.	General Expense	_____ %
D.	Taxes, Licenses and Fees	_____ %
E.	Underwriting Profit & Contingencies	_____ %
F.	Residual Market Costs	_____ %
G.	Premium Discount	_____ %
H.	Insurance Fund Assessment (Second Injury Fund)	_____ %
I.	Dividend Provision (Participating Plan)	_____ %
J.	Other (Explain)	_____ %
K.	Total	_____ %
Expected Loss Ratio (100%-K)		_____ %

Actual Incurred Expense Ratios for three (3) most recent available years. (Commission and General Expense expressed as a percent of written premium at company rates. Other components expressed as percents of standard earned premium at company rates).

	CY _____	CY _____	CY _____	AVERAGE
A.	Commission	_____	_____	_____
B.	Other Acquisition	_____	_____	_____
C.	General Expense	_____	_____	_____
D.	Taxes, Licenses & Fees	_____	_____	_____
E.	Underwriting Profit & Contingencies	_____	_____	_____
F.	Residual Market Costs	_____	_____	_____
G.	Premium Discount	_____	_____	_____
H.	Insurance Fund Assessment	_____	_____	_____
I.	(Second Injury Fund)	_____	_____	_____
J.	Dividend Plan (Participating Plan)	_____	_____	_____
K.	Other (Explain)	_____	_____	_____
L.	Total	_____	_____	_____

Indicated Company Loss Cost Multiplier: \_\_\_\_\_

Example: Assume Loss and Loss Adjustment Ratio is 0.650.  
 Loss Cost Multiplier with no deviation is  $1.0/0.650 = 1.5385$ .  
 Loss Cost Multiplier with 15% downward deviation is  $0.85/0.650 = 1.3077$ .  
 Loss Cost Multiplier with 15% upward deviation is  $1.15/0.650 = 1.7692$ .

COMPLETED BY: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

NOTE: If an insurer wishes to make any modifications to the loss costs led by DCRB (other than the application of a multiplier to represent the insurer's expenses, profit and contingencies), the resulting rates will be considered to be independent rates, and shall be subject to the 30 day review provision of Title 18 Del. C., Section 2610.

**REVISED LOSS COST MULTIPLIER CALCULATION  
SPREADSHEET TO BE INCORPORATED WITH  
BULLETIN 14**

Workers' Compensation Insurance  
Loss Cost Multiplier  
General Instructions

Commissions, premium tax and other state tax provisions are to reflect the ratio of commissions paid, premium tax paid and other state tax paid to company manual premium.

Other acquisition and general expense are to reflect the ratio of other acquisition expense paid and general expense paid to company standard earned premium. Standard earned premium is to reflect adjustment for expense constant premium schedule rating premium.

Dividend Provision (Participating Plan)

Loss cost multipliers for use with participating policies shall contain a provision for policyholder dividends. Policyholder dividends shall reflect the ratio of policyholder dividends paid to company standard earned premium adjusted to reflect expense constant premium and schedule rating premium.

Standard earned premium shall be adjusted reflecting an assumed underlying expense constant equal to the most recently filed expense constant by Delaware Compensation Rating Bureau.

Deviations

Deviation from indicated manual rates shall reflect adjusted company losses compared to Delaware Compensation Rating Bureau to the extent credible. Losses shall be provided separately for indemnity and medical coverages. Losses may be either calendar year losses with all IBNR or policy year incurred losses developed to ultimate settlement. If the company elects to submit policy year loss data, it is required to provide underlying loss development triangles for indemnity and medical coverages separately.

Insurance Fund Assessment (Second Injury Fund)

Insurance Fund Assessment to be used with revised rates will be provided by Delaware Compensation Rating Bureau in its circular letter detailing changes to loss costs and other rating elements.

Administrative Assessment

Administration Assessment will continue to be built into voluntary market loss costs.

Expense Exhibits identified as (I) or (II) shall be completed and underlying supporting data shall accompany the company loss cost multiplier filing. Multipliers shall be filed reflecting most recent expense data, with each Delaware Compensation Rating Bureau loss cost revision. Failure to provide complete expense exhibits and provide underlying support shall result in disapproval of the proposed company filing and company(s) will be filed by reference for residual market rates and rating elements. All reference filings of this type shall remain in effect until the next subsequent Delaware Compensation Rating Bureau revision of loss costs.

**NOTES:** (1) Commissions, premium tax, license and fees are to be calculated as a percentage of company manual premium. Other acquisition and general administrative expense are to be calculated as a percentage of standard earned premium and standard earned premium is required to be adjusted to reflect schedule rating and expense constant.

(2) Insurers having previously filed and are currently using rating tiers within the same company or have company rate differentials in effect may continue to use them until further notice.

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS  
FOR DELAWARE COMPENSATION INSURANCE**

Approved Effective December 1, 2007 on New and Renewal Business

CODE NO	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ GRP
	ADVISORY	RISK MANUAL	RISK MIN	EXPECTED LOSS FACTORS TABLE**			
	LOSS COSTS	RATE	PREM.	A-1	A-2	A-3	
005	22.19	29.36	3,550	5.47	6.83	7.46	III
0006	6.30	8.33	1,230	1.55	1.94	2.12	II
007	7.46	9.87	2,540	1.84	2.30	2.51	III
0008	2.87	3.80	1,145	0.71	0.88	0.97	II
009	35.26	46.64	3,550	8.69	10.86	11.86	III
0011	4.55	6.01	1,650	1.12	1.40	1.53	II
0012	6.28	8.31	2,180	1.55	1.93	2.11	II
0013	5.28	6.99	1,880	1.30	1.63	1.78	II
015	25.26	33.41	3,550	6.22	7.78	8.49	III
0016	4.51	5.96	955	1.11	1.39	1.52	I
028	5.54	7.32	1,955	1.28	1.51	1.57	III
0034	6.43	8.51	1,250	1.59	1.98	2.16	II
0036	6.14	8.13	1,205	1.51	1.89	2.07	II
055	6.64	8.78	2,290	1.53	1.81	1.88	III
059	5.54	7.33	1,955	1.28	1.51	1.57	III
0083	7.45	9.85	1,405	1.83	2.29	2.50	III
101	5.12	6.77	1,825	1.19	1.42	1.51	III
104	4.16	5.51	1,535	0.97	1.15	1.23	II
105	5.66	7.48	1,990	1.31	1.56	1.67	III
106	7.37	9.75	2,515	1.71	2.04	2.18	II
107	4.32	5.71	1,585	1.00	1.19	1.28	II
108	5.69	7.53	2,000	1.32	1.58	1.68	II
109	7.11	9.41	2,435	1.65	1.97	2.10	III
110	4.97	6.58	1,785	1.15	1.38	1.47	II
111	6.02	7.97	2,105	1.40	1.67	1.78	II
112	11.96	15.82	3,550	2.77	3.31	3.53	II
113	4.73	6.26	1,710	1.10	1.31	1.40	II
114	12.23	16.17	3,550	2.83	3.38	3.61	III
115	2.69	3.55	1,085	0.62	0.74	0.79	II
119	8.02	10.60	2,710	1.86	2.22	2.37	II
130	7.15	9.46	2,445	1.66	1.98	2.11	III
132	3.03	4.00	1,190	0.70	0.84	0.89	II
134	3.13	4.14	1,220	0.73	0.87	0.92	II
135	4.11	5.43	1,520	0.95	1.14	1.21	II
136	3.50	4.63	1,335	0.81	0.97	1.03	II
139	6.74	8.91	2,320	1.56	1.86	1.99	II
141	6.71	8.88	2,310	1.56	1.86	1.98	II
142	3.41	4.51	1,305	0.79	0.94	1.01	II
161	3.78	4.99	1,420	0.87	1.04	1.12	II
163	4.35	5.76	1,595	1.01	1.21	1.29	II
165	6.51	8.60	2,250	1.51	1.80	1.92	II
166	3.92	5.19	1,465	0.91	1.08	1.16	II
185	4.16	5.51	1,535	0.97	1.15	1.23	II
187	4.32	5.71	1,585	1.00	1.19	1.28	II
191	3.78	4.99	1,420	0.87	1.04	1.12	II

\* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

\*\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS  
FOR DELAWARE COMPENSATION INSURANCE**

Approved Effective December 1, 2007 on New and Renewal Business

CODE NO	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ GRP
	ADVISORY	RISK MANUAL	RISK MIN	EXPECTED LOSS FACTORS TABLE**			
	LOSS COSTS	RATE	PREM.	A-1	A-2	A-3	
201	5.43	7.18	1,920	1.26	1.50	1.60	II
204	4.00	5.29	1,485	0.93	1.11	1.18	II
205	4.36	5.77	1,595	1.01	1.21	1.29	II
221	5.23	6.92	1,860	1.21	1.45	1.54	II
222	6.18	8.17	2,150	1.43	1.71	1.83	II
225	5.17	6.83	1,840	1.20	1.43	1.53	II
227	5.14	6.79	1,830	1.19	1.42	1.52	II
255	4.47	5.91	1,630	1.04	1.24	1.32	II
257	5.60	7.40	1,970	1.30	1.55	1.65	II
259	4.00	5.29	1,485	0.93	1.11	1.18	II
261	7.18	9.50	2,455	1.67	1.99	2.12	II
263	4.78	6.32	1,725	1.11	1.32	1.41	II
265	4.69	6.21	1,700	1.09	1.30	1.39	II
275	5.23	6.92	1,860	1.21	1.45	1.54	II
276	6.18	8.17	2,150	1.43	1.71	1.83	II
281	3.58	4.73	1,360	0.83	0.99	1.06	II
282	6.81	9.02	2,345	1.58	1.89	2.01	III
285	3.87	5.12	1,450	0.90	1.07	1.14	II
287	5.12	6.76	1,825	1.19	1.41	1.51	II
297	3.58	4.73	1,360	0.83	0.99	1.06	II
301	8.98	11.88	3,000	2.08	2.48	2.65	III
305	9.89	13.08	3,280	2.29	2.74	2.92	II
306	5.91	7.81	2,065	1.37	1.63	1.74	II
309	4.81	6.36	1,735	1.11	1.33	1.42	II
311	5.25	6.95	1,870	1.22	1.45	1.55	II
319	7.22	9.54	2,465	1.67	1.99	2.13	II
323	3.79	5.01	1,420	0.88	1.05	1.12	I
327	4.83	6.38	1,735	1.12	1.33	1.43	II
402	8.07	10.67	2,725	1.87	2.23	2.38	III
403	4.19	5.55	1,545	0.97	1.16	1.24	II
404	6.35	8.40	2,200	1.47	1.76	1.88	III
406	7.00	9.25	2,400	1.62	1.93	2.07	III
407	5.72	7.58	2,015	1.33	1.58	1.69	II
411	12.74	16.86	3,550	2.95	3.52	3.77	III
413	9.88	13.07	3,275	2.29	2.73	2.92	III
415	5.61	7.42	1,975	1.30	1.55	1.66	III
416	11.08	14.65	3,550	2.57	3.06	3.27	II
421	9.04	11.96	3,020	2.10	2.50	2.67	III
425	11.21	14.82	3,550	2.60	3.10	3.31	III
427	5.69	7.53	2,000	1.32	1.58	1.68	III
429	7.33	9.70	2,500	1.70	2.03	2.17	III
431	9.40	12.42	3,125	2.18	2.60	2.77	II
433	5.47	7.23	1,935	1.27	1.51	1.61	II
435	7.03	9.30	2,410	1.63	1.95	2.08	II
441	2.12	2.81	915	0.49	0.59	0.63	II

\* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

\*\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS  
FOR DELAWARE COMPENSATION INSURANCE**

Approved Effective December 1, 2007 on New and Renewal Business

CODE NO	BUREAU*		ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ GRP	
	ADVISORY LOSS COSTS	RISK MANUAL RATE	RISK MIN PREM.	EXPECTED LOSS FACTORS TABLE**					
				A-1	A-2	A-3			
442	2.91		3.85	1,155	0.67	0.80	0.86	II	
443	2.91		3.85	1,155	0.67	0.80	0.86	II	
445	8.65		11.44	2,900	2.00	2.39	2.55	II	
446	2.53		3.36	1,045	0.59	0.70	0.75	II	
447	6.82		9.03	2,345	1.58	1.89	2.02	III	
449	4.87		6.44	1,750	1.13	1.35	1.44	II	
451	5.94		7.85	2,075	1.38	1.64	1.75	II	
454	8.47		11.20	2,845	1.96	2.34	2.50	II	
456	5.16		6.82	1,840	1.20	1.43	1.52	II	
457	10.04		13.27	3,320	2.33	2.77	2.96	II	
458	3.45		4.56	1,320	0.80	0.95	1.02	II	
459	2.09		2.77	905	0.49	0.58	0.62	II	
461	5.23		6.92	1,860	1.21	1.45	1.54	II	
463	3.04		4.01	1,190	0.70	0.84	0.90	II	
464	4.83		6.39	1,740	1.12	1.34	1.43	II	
465	4.38		5.81	1,605	1.02	1.21	1.30	III	
467	4.84		6.40	1,740	1.12	1.34	1.43	II	
471	2.50		3.30	1,030	0.58	0.69	0.74	II	
472	2.74		3.62	1,105	0.64	0.76	0.81	II	
473	2.89		3.83	1,150	0.67	0.80	0.86	II	
474	1.14		1.51	615	0.27	0.32	0.34	II	
475	4.70		6.23	1,705	1.09	1.30	1.39	III	
476	2.06		2.73	900	0.48	0.57	0.61	II	
477	3.81		5.03	1,425	0.88	1.05	1.12	II	
483	1.72		2.27	790	0.40	0.48	0.51	II	
485	2.46		3.25	1,020	0.57	0.68	0.73	II	
486	3.08		4.07	1,205	0.71	0.85	0.91	II	
487	2.02		2.67	885	0.47	0.56	0.60	II	
488	1.24		1.64	645	0.29	0.34	0.37	II	
489	1.96		2.58	865	0.45	0.54	0.58	II	
491	4.19		5.55	1,545	0.97	1.16	1.24	II	
495	5.94		7.85	2,075	1.38	1.64	1.75	II	
497	2.74		3.62	1,105	0.64	0.76	0.81	II	
499	4.70		6.23	1,705	1.09	1.30	1.39	III	
501	4.52		5.98	1,645	1.05	1.25	1.34	III	
502	5.25		6.95	1,870	1.22	1.45	1.55	II	
506	3.01		3.97	1,185	0.70	0.83	0.89	II	
507	5.22		6.91	1,860	1.21	1.44	1.54	III	
509	8.78		11.61	2,940	2.03	2.43	2.59	III	
511	10.38		13.72	3,425	2.40	2.87	3.06	III	
512	6.81	a	9.01	b	2,340	1.58	1.88	2.01	III
513	4.91	c	6.49	d	1,765	1.14	1.36	1.45	I
535	4.29		5.68	1,575	1.00	1.19	1.27	II	

\* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

\*\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

a OD: \$1.36 Supplementary is not subject to experience or retrospective rating. Code as 0175.

b OD: \$1.80 Supplementary is not subject to experience or retrospective rating. Code as 0175.

c OD: \$0.49 Supplementary is not subject to experience or retrospective rating. Code as 0176.

d OD: \$0.65 Supplementary is not subject to experience or retrospective rating. Code as 0176.

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS  
FOR DELAWARE COMPENSATION INSURANCE**

Approved Effective December 1, 2007 on New and Renewal Business

CODE NO	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ GRP
	ADVISORY	RISK MANUAL	RISK MIN	EXPECTED LOSS FACTORS TABLE**			
	LOSS COSTS	RATE	PREM.	A-1	A-2	A-3	
536	7.67	10.14	2,600	1.78	2.12	2.26	II
544	9.35	12.36	3,115	2.17	2.58	2.76	III
551	2.42	3.20	1,005	0.56	0.67	0.71	III
553	5.78	7.66	2,030	1.34	1.60	1.71	III
555	1.11	1.47	610	0.26	0.31	0.33	II
563	2.79	3.70	1,120	0.65	0.77	0.83	II
571	4.01	5.31	1,490	0.93	1.11	1.19	II
573	5.22	6.91	1,860	1.21	1.44	1.54	III
581	3.78	5.00	1,420	0.88	1.05	1.12	III
587	2.79	3.70	1,120	0.65	0.77	0.83	II
601	13.04	17.24	3,550	2.80	3.31	3.44	III
602	8.86	11.73	2,820	1.93	2.29	2.38	IV
603	14.52	19.21	3,550	3.17	3.76	3.90	IV
605	10.35	13.69	3,240	2.25	2.67	2.77	III
607	11.79	15.60	3,550	2.60	3.08	3.20	III
608	7.18	9.49	2,290	1.53	1.81	1.88	IV
609	7.04	9.32	2,270	1.52	1.80	1.86	IV
611	14.17	18.75	3,550	3.10	3.67	3.80	IV
615	17.43	23.05	3,550	3.79	4.49	4.66	IV
617	8.89	11.76	2,820	1.93	2.29	2.37	IV
625	8.20	10.84	2,620	1.78	2.11	2.19	III
643	15.14	20.02	3,550	2.17	2.57	2.67	III
645	8.41	11.13	2,560	1.74	2.06	2.13	IV
646	6.31	8.35	2,095	1.38	1.64	1.70	III
647	9.92	13.11	3,135	2.17	2.57	2.67	II
648	6.35	8.40	2,135	1.42	1.68	1.74	III
649	4.83	6.40	1,645	1.04	1.23	1.28	III
651	8.67	11.46	2,785	1.91	2.26	2.34	IV
652	11.46	15.17	3,550	2.61	3.09	3.21	III
653	9.65	12.77	3,035	2.10	2.48	2.58	III
654	8.69	11.51	2,700	1.84	2.18	2.27	IV
655	20.24	26.77	3,550	4.49	5.32	5.52	IV
656	10.66	14.10	3,345	2.33	2.76	2.86	IV
657	13.47	17.81	3,550	2.93	3.47	3.60	IV
658	9.28	12.28	2,945	2.03	2.40	2.49	III
659	20.19	26.71	3,550	4.49	5.32	5.52	IV
660	3.22	4.26	1,250	0.74	0.88	0.91	III
661	4.45	5.89	1,470	0.91	1.08	1.12	III
662	3.98	5.27	1,480	0.92	1.09	1.13	II
663	5.95	7.87	1,945	1.27	1.51	1.56	III
664	5.34	7.05	1,750	1.12	1.33	1.38	III
665	11.46	15.16	3,550	2.59	3.07	3.18	IV
666	8.18	10.81	2,640	1.80	2.13	2.21	III
667	2.74	3.62	1,060	0.60	0.71	0.73	III
668	7.02	9.29	2,315	1.55	1.84	1.91	II

\* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

\*\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS  
FOR DELAWARE COMPENSATION INSURANCE**

Approved Effective December 1, 2007 on New and Renewal Business

CODE NO	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ GRP
	ADVISORY	RISK MANUAL	RISK MIN	EXPECTED LOSS FACTORS TABLE**			
	LOSS COSTS	RATE	PREM.	A-1	A-2	A-3	
669	9.91	13.11	3,110	2.16	2.55	2.65	IV
670	6.13	8.12	2,140	1.42	1.68	1.74	III
673	7.00	9.26	2,400	1.62	1.91	1.99	III
674	6.93	9.17	2,270	1.52	1.80	1.86	III
675	5.17	6.83	1,795	1.16	1.37	1.42	IV
676	7.39	9.78	2,410	1.62	1.92	1.99	IV
677	5.98	7.91	1,985	1.30	1.54	1.60	III
679	12.99	17.18	3,550	3.00	3.55	3.68	III
681	6.13	8.12	2,140	1.42	1.68	1.74	III
682	19.82	26.22	3,550	4.57	5.41	5.62	III
691	7.04	9.32	2,270	1.52	1.80	1.86	IV
693	8.67	11.46	2,785	1.91	2.26	2.34	IV
695	4.45	5.89	1,470	0.91	1.08	1.12	III
709	2.93	3.88	1,160	0.68	0.80	0.83	III
716	4.28	5.66	1,570	0.99	1.17	1.21	III
718	4.37	5.78	1,600	1.01	1.19	1.24	III
721	15.04	19.89	3,550	3.49	4.16	4.44	IV
744	2.38	3.14	990	0.55	0.66	0.70	II
751	2.41	3.18	1,000	0.56	0.66	0.71	III
752	1.22	1.63	645	0.29	0.34	0.36	III
753	5.81	7.68	2,035	1.35	1.61	1.72	III
755	3.39	4.48	1,300	0.78	0.94	1.00	III
757	1.89	2.51	845	0.44	0.53	0.56	III
759	5.12	6.76	1,825	1.19	1.41	1.51	III
801	8.68	11.48	2,910	2.14	2.67	2.92	II
803	23.00	30.43	3,550	5.67	7.08	7.74	III
804	3.81	5.04	1,430	0.94	1.17	1.28	III
805	6.39	8.46	2,215	1.58	1.97	2.15	III
806	10.42	13.77	3,435	2.56	3.21	3.50	III
807	7.49	9.91	2,550	1.85	2.31	2.52	III
808	10.99	14.54	3,550	2.71	3.39	3.70	III
809	5.70	7.54	2,005	1.41	1.76	1.92	III
811	10.22	13.51	3,375	2.52	3.15	3.44	III
812	8.21	10.86	2,770	2.02	2.53	2.76	III
813	5.95	7.87	2,080	1.47	1.83	2.00	II
814	5.59	7.39	1,970	1.38	1.72	1.88	II
815	5.12	6.76	1,825	1.26	1.57	1.72	III
816	2.87	3.80	1,145	0.71	0.88	0.97	II
817	9.22	12.20	3,075	2.27	2.84	3.10	III
818	3.54	4.68	1,345	0.87	1.09	1.19	III
819	1.04	1.37	585	0.25	0.32	0.35	III
820	3.57	4.72	1,355	0.88	1.10	1.20	III
821	7.73	10.23	2,625	1.91	2.38	2.60	III
825	4.77	6.31	1,720	1.18	1.47	1.60	II
855	7.44	9.84	2,535	1.83	2.29	2.50	III
857	10.43	13.79	3,440	2.57	3.21	3.51	III

\* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

\*\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS  
FOR DELAWARE COMPENSATION INSURANCE**

Approved Effective December 1, 2007 on New and Renewal Business

CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN			HAZ GRP
				EXPECTED LOSS FACTORS TABLE**			
				A-1	A-2	A-3	
858	10.06	13.30	3,330	2.48	3.10	3.38	III
859	11.58	15.32	3,550	2.85	3.57	3.89	III
860	9.56	12.65	3,180	2.36	2.94	3.22	III
862	10.52	13.92	3,470	2.59	3.24	3.54	II
865	2.81	3.72	1,125	0.69	0.86	0.94	II
867	5.95	7.87	2,080	1.47	1.83	2.00	II
877	3.50	4.63	1,335	0.86	1.08	1.18	I
879	4.33	5.73	1,590	1.07	1.33	1.46	II
880	5.72	7.57	2,010	1.41	1.76	1.92	II
881	3.65	4.84	1,385	0.90	1.13	1.23	II
882	8.87	11.73	2,970	2.19	2.73	2.98	II
883	2.74	3.62	1,105	0.67	0.84	0.92	II
884	1.16	1.53	620	0.29	0.36	0.39	II
885	4.09	5.40	1,510	1.01	1.26	1.37	II
886	3.33	4.41	1,285	0.82	1.03	1.12	II
887	1.65	2.17	770	0.40	0.51	0.55	II
889	0.45	0.60	410	0.11	0.14	0.15	II
890	0.66	0.86	470	0.16	0.20	0.22	II
891	1.50	1.99	730	0.37	0.46	0.51	II
895	0.65	0.85	465	0.16	0.20	0.22	II
896	3.26	4.31	1,260	0.80	1.00	1.10	II
897	3.02	3.98	1,185	0.74	0.93	1.01	I
898	4.35	5.76	1,595	1.07	1.34	1.47	II
899	2.31	3.05	970	0.57	0.71	0.77	II
903	0.62	0.81	455	0.15	0.19	0.21	III
904	2.79	3.70	1,120	0.69	0.86	0.94	III
907	7.24	9.57	2,470	1.78	2.23	2.43	II
910	12.18	16.11	3,550	3.00	3.75	4.10	II
911	6.30	8.34	2,190	1.55	1.94	2.12	II
914	3.50	4.63	1,335	0.86	1.08	1.18	I
915	4.90	6.47	1,760	1.21	1.51	1.65	II
916	1.90	2.52	850	0.47	0.59	0.64	II
917	4.35	5.76	1,595	1.07	1.34	1.47	I
918	3.60	4.77	1,365	0.89	1.11	1.21	II
919	3.25	4.30	1,260	0.80	1.00	1.09	II
920	0.65	0.85	465	0.16	0.20	0.22	II
921	6.24	8.25	2,170	1.54	1.92	2.10	II
922	4.07	5.38	1,505	1.00	1.25	1.37	II
923	4.33	5.73	1,590	1.07	1.33	1.46	II
924	3.91	5.17	1,460	0.96	1.20	1.31	II
925	2.35	3.11	985	0.58	0.72	0.79	II
926	3.65	4.84	1,385	0.90	1.13	1.23	II
927	1.36	1.79	680	0.33	0.42	0.46	II
928	2.74	3.62	1,105	0.67	0.84	0.92	II

\* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

\*\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS  
FOR DELAWARE COMPENSATION INSURANCE**

Approved Effective December 1, 2007 on New and Renewal Business

CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN			HAZ GRP
				EXPECTED LOSS FACTORS TABLE**			
				A-1	A-2	A-3	
929	5.63	7.45	1,985	1.39	1.73	1.89	II
932	1.24	1.64	645	0.30	0.38	0.42	II
933	4.61	6.10	1,675	1.14	1.42	1.55	II
934	3.32	4.40	1,280	0.82	1.02	1.12	II
935	2.11	2.79	910	0.52	0.65	0.71	II
936	0.73	0.97	495	0.18	0.23	0.25	II
937	16.90	22.36	3,550	4.16	5.20	5.68	II
939	6.79	8.99	2,340	1.67	2.09	2.28	III
940	6.56	8.68	2,265	1.62	2.02	2.21	II
941	3.37	4.45	1,295	0.83	1.04	1.13	II
942	3.50	4.63	1,335	0.86	1.08	1.18	II
943	8.16	10.80	2,755	2.01	2.51	2.75	II
944	3.60	4.77	1,365	0.89	1.11	1.21	II
945	3.97	5.26	1,480	0.98	1.22	1.34	I
946	4.91	6.49	1,765	1.21	1.51	1.65	II
947	7.37	9.75	2,515	1.82	2.27	2.48	II
948	2.00	2.65	880	0.49	0.62	0.67	II
949	1.22	1.62	645	0.30	0.38	0.41	II
951	0.72	0.96	490	0.18	0.22	0.24	III
952	0.96	1.27	560	0.24	0.29	0.32	III
953	0.45	0.60	410	0.11	0.14	0.15	II
954	4.22	5.58	1,555	1.04	1.30	1.42	III
955	1.02	1.35	580	0.25	0.31	0.34	III
956	0.27	0.35	350	0.07	0.08	0.09	III
957	0.62	0.82	460	0.15	0.19	0.21	III
958	1.51	2.00	730	0.37	0.46	0.51	III
959	2.22	2.94	945	0.55	0.69	0.75	II
960	5.55	7.34	1,960	1.37	1.71	1.87	II
961	1.12	1.48	610	0.28	0.35	0.38	III
962	0.19	0.25	330	0.05	0.06	0.06	III
963	0.78	1.04	510	0.19	0.24	0.26	II
964	2.92	3.86	1,160	0.72	0.90	0.98	I
965	0.65	0.85	465	0.16	0.20	0.22	II
966	3.70	4.89	1,395	0.85	1.01	1.05	III
967	1.07	1.41	595	0.26	0.33	0.36	III
968	2.84	3.76	1,135	0.70	0.87	0.96	II
969	6.00	7.94	2,095	1.48	1.85	2.02	III
970	10.52	13.92	3,470	2.59	3.24	3.54	II
971	5.15	6.80	1,835	1.27	1.58	1.73	II
973	3.22	4.26	1,250	0.79	0.99	1.08	II
974	4.18	5.53	1,540	1.03	1.29	1.41	II
975	2.96	3.92	1,170	0.73	0.91	1.00	I
976	2.09	2.77	905	0.52	0.64	0.70	II
977	0.72	0.95	490	0.18	0.22	0.24	II
978	4.01	5.31	1,490	0.99	1.24	1.35	III

\* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

\*\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS  
FOR DELAWARE COMPENSATION INSURANCE**

Approved Effective December 1, 2007 on New and Renewal Business

CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE**			HAZ GRP
				A-1	A-2	A-3	
979	5.53	7.31	1,950	1.36	1.70	1.86	II
980	4.67	6.19	1,695	1.15	1.44	1.57	III
981	3.64	4.82	1,380	0.90	1.12	1.22	II
983	8.56	11.32	2,875	2.11	2.64	2.88	II
984	0.43	0.57	400	0.11	0.13	0.14	II
985	5.74	7.60	2,020	1.41	1.77	1.93	III
986	1.72	2.27	790	0.42	0.53	0.58	II
988	0.24	0.32	345	0.06	0.07	0.08	II
991	10.52	13.92	3,470	2.59	3.24	3.54	II
992	5.70	7.54	2,005	1.41	1.76	1.92	III
995	10.84	14.34	3,550	2.67	3.34	3.65	III
997	1.07	1.41	595	0.26	0.33	0.36	II
999	6.53	8.63	2,255	1.61	2.01	2.19	II
4771	6.13	8.12	2,605	1.42	1.70	1.81	IV
0771	1.54	2.04					IV
4777	10.22	13.51	3,375	2.52	3.15	3.44	III
7405	1.52	2.02	890	0.38	0.47	0.51	III
7445	0.50	0.67					IV
7413	1.92	2.54	980	0.47	0.59	0.65	IV
7453	0.40	0.54					IV
7421	2.33	3.08	980	0.57	0.72	0.78	III
7424	5.50	7.27	1,940	1.35	1.69	1.85	IV
7428	2.20	2.91	940	0.54	0.68	0.74	II
9108	77.82	102.93					I
9740	0.02	0.03					
9741	0.01	0.01					
<b>Per capita</b>							
0908	127.83	169.08	439	31.49	39.36	42.99	II
0909	86.78	114.79	385	21.38	26.72	29.18	II
0912	298.11	394.30	664	73.44	91.79	100.25	II
0913	362.44	479.40	749	89.28	111.59	121.89	II
<b>A rated</b>							
9985	A	A	A	A	A	A	

\* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

\*\* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

Associated classes- both codes must be applied. The second code is not subject to experience rating and applies to the full payroll of the associated class.

DELAWARE  
Approved Effective: 12/1/2007

Excess Loss Pure Premium Factors including ALAE

Loss Limit	Hazard Group			
	I	II	III	IV
\$10,000	0.805	0.813	0.856	0.880
\$15,000	0.771	0.783	0.832	0.867
\$20,000	0.742	0.758	0.816	0.855
\$25,000	0.719	0.739	0.802	0.844
\$30,000	0.697	0.719	0.790	0.833
\$35,000	0.675	0.702	0.777	0.825
\$40,000	0.657	0.685	0.766	0.817
\$50,000	0.623	0.659	0.747	0.802
\$75,000	0.561	0.602	0.699	0.765
\$100,000	0.515	0.554	0.668	0.735
\$125,000	0.473	0.518	0.636	0.714
\$150,000	0.443	0.488	0.612	0.694
\$175,000	0.416	0.462	0.588	0.673
\$200,000	0.388	0.438	0.565	0.652
\$225,000	0.367	0.416	0.544	0.631
\$250,000	0.347	0.395	0.523	0.612
\$275,000	0.327	0.375	0.505	0.595
\$300,000	0.312	0.356	0.487	0.578
\$325,000	0.296	0.342	0.469	0.561
\$350,000	0.281	0.328	0.451	0.544
\$375,000	0.270	0.314	0.433	0.527
\$400,000	0.259	0.303	0.419	0.510
\$425,000	0.248	0.291	0.405	0.497
\$450,000	0.240	0.280	0.392	0.484
\$475,000	0.231	0.268	0.379	0.471
\$500,000	0.223	0.259	0.367	0.453
\$600,000	0.196	0.229	0.328	0.412
\$700,000	0.176	0.205	0.296	0.372
\$800,000	0.157	0.187	0.271	0.339
\$900,000	0.145	0.170	0.247	0.315
\$1,000,000	0.1333	0.1575	0.2295	0.2915
\$1,500,000	0.0982	0.1158	0.1685	0.2151
\$2,000,000	0.0786	0.0923	0.1347	0.1731
\$3,000,000	0.0575	0.0674	0.0982	0.1254
\$4,000,000	0.0464	0.0544	0.0781	0.0996
\$5,000,000	0.0398	0.0463	0.0658	0.0832
\$6,000,000	0.0350	0.0403	0.0570	0.0724
\$7,000,000	0.0312	0.0361	0.0509	0.0640
\$8,000,000	0.0284	0.0329	0.0461	0.0578
\$9,000,000	0.0264	0.0302	0.0420	0.0532
\$10,000,000	0.0246	0.0281	0.0393	0.0487

DELAWARE  
Approved Effective: 12/1/2007

Excess Loss Pure Premium Factors

Loss Limit	Hazard Group			
	I	II	III	IV
\$10,000	0.756	0.764	0.804	0.825
\$15,000	0.724	0.735	0.781	0.813
\$20,000	0.697	0.711	0.767	0.800
\$25,000	0.676	0.693	0.752	0.791
\$30,000	0.654	0.675	0.741	0.782
\$35,000	0.633	0.659	0.730	0.774
\$40,000	0.618	0.644	0.720	0.767
\$50,000	0.586	0.618	0.701	0.752
\$75,000	0.528	0.565	0.657	0.717
\$100,000	0.485	0.520	0.627	0.691
\$125,000	0.445	0.486	0.597	0.670
\$150,000	0.417	0.458	0.574	0.651
\$175,000	0.390	0.434	0.551	0.631
\$200,000	0.363	0.411	0.528	0.612
\$225,000	0.343	0.390	0.510	0.592
\$250,000	0.325	0.370	0.492	0.575
\$275,000	0.309	0.350	0.473	0.559
\$300,000	0.292	0.335	0.455	0.543
\$325,000	0.279	0.321	0.439	0.527
\$350,000	0.266	0.308	0.423	0.511
\$375,000	0.255	0.295	0.407	0.495
\$400,000	0.244	0.284	0.394	0.480
\$425,000	0.233	0.273	0.380	0.466
\$450,000	0.225	0.263	0.368	0.453
\$475,000	0.217	0.252	0.356	0.440
\$500,000	0.209	0.243	0.345	0.427
\$600,000	0.184	0.216	0.308	0.387
\$700,000	0.165	0.193	0.278	0.350
\$800,000	0.148	0.176	0.255	0.318
\$900,000	0.136	0.160	0.232	0.296
\$1,000,000	0.1254	0.1481	0.2157	0.2739
\$1,500,000	0.0924	0.1090	0.1585	0.2021
\$2,000,000	0.0741	0.0870	0.1267	0.1627
\$3,000,000	0.0542	0.0636	0.0924	0.1180
\$4,000,000	0.0439	0.0514	0.0736	0.0938
\$5,000,000	0.0376	0.0438	0.0621	0.0784
\$6,000,000	0.0332	0.0381	0.0538	0.0682
\$7,000,000	0.0296	0.0341	0.0481	0.0603
\$8,000,000	0.0269	0.0312	0.0435	0.0546
\$9,000,000	0.0251	0.0287	0.0397	0.0502
\$10,000,000	0.0234	0.0267	0.0372	0.0460

DELAWARE  
Approved Effective: 12/1/2007

Excess Loss Premium Factors including ALAE

Loss Limit	Hazard Group			
	I	II	III	IV
\$10,000	0.615	0.622	0.654	0.672
\$15,000	0.589	0.598	0.636	0.662
\$20,000	0.567	0.579	0.624	0.652
\$25,000	0.550	0.564	0.612	0.644
\$30,000	0.532	0.549	0.603	0.635
\$35,000	0.515	0.537	0.593	0.629
\$40,000	0.502	0.524	0.586	0.623
\$50,000	0.477	0.503	0.571	0.612
\$75,000	0.429	0.460	0.535	0.583
\$100,000	0.394	0.424	0.511	0.562
\$125,000	0.362	0.396	0.486	0.546
\$150,000	0.339	0.373	0.468	0.529
\$175,000	0.318	0.354	0.449	0.513
\$200,000	0.297	0.335	0.431	0.497
\$225,000	0.281	0.318	0.415	0.481
\$250,000	0.266	0.303	0.398	0.468
\$275,000	0.250	0.288	0.385	0.455
\$300,000	0.238	0.273	0.371	0.442
\$325,000	0.227	0.262	0.358	0.429
\$350,000	0.216	0.251	0.345	0.416
\$375,000	0.207	0.240	0.334	0.403
\$400,000	0.199	0.232	0.322	0.390
\$425,000	0.190	0.223	0.312	0.380
\$450,000	0.184	0.215	0.301	0.369
\$475,000	0.177	0.206	0.291	0.359
\$500,000	0.171	0.199	0.281	0.348
\$600,000	0.151	0.176	0.251	0.314
\$700,000	0.135	0.158	0.227	0.285
\$800,000	0.121	0.144	0.208	0.260
\$900,000	0.112	0.131	0.190	0.242
\$1,000,000	0.1028	0.1213	0.1762	0.2235
\$1,500,000	0.0761	0.0895	0.1297	0.1652
\$2,000,000	0.0611	0.0716	0.1039	0.1332
\$3,000,000	0.0450	0.0526	0.0761	0.0968
\$4,000,000	0.0366	0.0427	0.0608	0.0772
\$5,000,000	0.0315	0.0365	0.0514	0.0647
\$6,000,000	0.0279	0.0319	0.0447	0.0564
\$7,000,000	0.0250	0.0287	0.0400	0.0500
\$8,000,000	0.0228	0.0263	0.0363	0.0453
\$9,000,000	0.0213	0.0242	0.0332	0.0418
\$10,000,000	0.0199	0.0226	0.0312	0.0383

DELAWARE  
Approved Effective: 12/1/2007

Excess Loss Premium Factors

Loss Limit	Hazard Group			
	I	II	III	IV
\$10,000	0.578	0.584	0.615	0.632
\$15,000	0.553	0.562	0.597	0.623
\$20,000	0.533	0.544	0.586	0.615
\$25,000	0.517	0.530	0.575	0.608
\$30,000	0.500	0.516	0.566	0.600
\$35,000	0.484	0.504	0.557	0.594
\$40,000	0.472	0.492	0.550	0.589
\$50,000	0.448	0.473	0.536	0.577
\$75,000	0.403	0.433	0.502	0.549
\$100,000	0.370	0.398	0.480	0.530
\$125,000	0.340	0.372	0.457	0.514
\$150,000	0.318	0.351	0.440	0.499
\$175,000	0.299	0.332	0.422	0.483
\$200,000	0.279	0.316	0.404	0.468
\$225,000	0.264	0.299	0.389	0.452
\$250,000	0.250	0.285	0.374	0.440
\$275,000	0.236	0.271	0.361	0.428
\$300,000	0.225	0.257	0.348	0.416
\$325,000	0.214	0.246	0.336	0.403
\$350,000	0.203	0.236	0.324	0.391
\$375,000	0.195	0.226	0.312	0.379
\$400,000	0.187	0.218	0.302	0.367
\$425,000	0.179	0.210	0.292	0.357
\$450,000	0.173	0.202	0.283	0.347
\$475,000	0.167	0.194	0.273	0.338
\$500,000	0.161	0.187	0.265	0.328
\$600,000	0.142	0.166	0.237	0.296
\$700,000	0.127	0.148	0.213	0.268
\$800,000	0.114	0.135	0.196	0.244
\$900,000	0.105	0.123	0.178	0.227
\$1,000,000	0.0969	0.1142	0.1658	0.2102
\$1,500,000	0.0717	0.0843	0.1221	0.1555
\$2,000,000	0.0577	0.0675	0.0979	0.1254
\$3,000,000	0.0426	0.0497	0.0717	0.0913
\$4,000,000	0.0347	0.0404	0.0574	0.0728
\$5,000,000	0.0299	0.0346	0.0486	0.0610
\$6,000,000	0.0265	0.0303	0.0423	0.0533
\$7,000,000	0.0238	0.0272	0.0379	0.0472
\$8,000,000	0.0217	0.0250	0.0344	0.0428
\$9,000,000	0.0203	0.0231	0.0315	0.0395
\$10,000,000	0.0190	0.0215	0.0296	0.0363