

**DELAWARE WORKERS
COMPENSATION MANUAL**

OF

**RULES, CLASSIFICATIONS AND
RATING VALUES**

FOR

**WORKERS COMPENSATION AND
FOR EMPLOYERS LIABILITY
INSURANCE**

Effective June 1, 2013

DELAWARE COMPENSATION RATING BUREAU, INC.

Manual Information Page

June 1, 2013 Manual

Section 1

Effective: June 1, 2013

- Delaware Construction Classification Premium Adjustment Program (DCCPAP) Updates
- Revisions to Rule VIII – Table for Increased Limits
- Housekeeping revisions to Rules II, VIII, XIII

Any questions, suggestions or comments about this Manual should be directed to Bruce Decker at bdecker@dcrb.com

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., **June 1, 2013**, with respect to all policies, the effective date of which is **June 1, 2013** 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.

B. Organization of Manual

This Manual has six sections:

- Section 1 – Underwriting Rules
- Section 2 – Rating Values **and** Classifications/General Auditing and Classification Information
- Section 3 – Endorsements
- Section 4 – Retrospective Rating Plans
- Section 5 – Experience Rating Plan
- Section 6 – 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.	Chubb Indemnity Insurance Company
Accident Fund General Insurance Company.	Chubb National Insurance Company
Accident Fund Insurance Company of America.	Church Mutual Insurance Company.
Accident Fund National Insurance Company.	Cincinnati Casualty Company.
ACE American Insurance Company.	Cincinnati Indemnity Company.
ACE Fire Underwriters Insurance Company.	Cincinnati Insurance Company.
ACE Property & Casualty Insurance Company.	Citizens Insurance Company of America
ACIG Insurance Company.	Clarendon National Insurance Company.
ACUITY, A Mutual Insurance Company.	Clermont Insurance Company.
Advantage Workers Compensation Insurance Company.	Commerce and Industry Insurance Company.
AIU Insurance Company.	Commercial Casualty Insurance Company.
Alea North America Insurance Company.	Companion Commercial Insurance Company.
Allied Eastern Indemnity Company.	Companion Property & Casualty Insurance Company.
Allied Property and Casualty Insurance Company.	Continental Casualty Company.
Allmerica Financial Benefit Insurance Co.	Continental Indemnity Company.
Allstate Indemnity Company.	Continental Insurance Company, The (New Hampshire).
Allstate Insurance Company.	Crum & Forster Indemnity.
AMCO Insurance Company.	Cumberland Insurance Company, Inc.
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.
American European Insurance Company.	Donegal Mutual Insurance Company.
American Fire & Casualty Company.	Eastern Advantage Assurance Company.
American Guarantee and Liability Insurance Company.	Eastern Alliance Insurance Company.
American Home Assurance Company.	Eastguard Insurance Company.
American Insurance Company, The.	Electric Insurance Company.
American Interstate Insurance Company.	Employers' Fire Insurance Company, The.
American Manufacturers' Mutual Insurance Company.	Employers' Insurance Company of Wausau.
American Mining Insurance Company	Employers' Mutual Casualty Company.
American Motorists Insurance Company.	Everest National Insurance Company.
American Safety Casualty Insurance Company.	Excelsior Insurance Company.
American Select Insurance Company.	Fairfield Insurance Company.
American States Insurance Company.	Fairmont Insurance Company.
American Zurich Insurance Company.	Fairmont Premier Insurance Company.
AmeriHealth Casualty Insurance Company.	Fairmont Specialty Insurance Company.
Amerisure Mutual Insurance Company.	Farm Family Casualty Insurance Company.
Amguard Insurance Company.	Farmers Insurance Exchange
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 Specialty Insurance Company.	Fidelity and Guaranty Insurance Underwriters, Inc.
Atlantic States Insurance Company.	Fireman's Fund Insurance Company.
Automobile Insurance Company of Hartford, Connecticut.	Firemen's Insurance Company of Washington, D.C.
BancInsure, Inc.	First Liberty Insurance Corp.
Bankers Standard Fire and Marine Company.	First Nonprofit Insurance Company.
Bankers Standard Insurance Company.	Firstline National Insurance Company.
Benchmark Insurance Company.	Florists Mutual Insurance Company.
Berkley National Insurance Company.	Frank Winston Crum Insurance Company
Berkley Regional Insurance Company.	Frontier Insurance Company.
Berkshire Hathaway Homestate Insurance Company.	General Casualty Co. of Wisconsin.
Bituminous Casualty Corporation.	General Insurance Company of America.
Bituminous Fire and Marine Insurance Company.	Genesis Insurance Company.
Brotherhood Mutual Insurance Company.	Granite State Insurance Company.
Carolina Casualty Insurance Company	Graphic Arts Mutual Insurance Company.
CastlePoint National Insurance Company.	Gray Insurance Company (The).
Century Indemnity Company.	Great American Assurance Company.
Charter Oak Fire Insurance Company.	Great American Insurance Company.
Chartis Property Casualty Company.	Great American Insurance Company of New York.
Cherokee Insurance Company.	Great Divide Insurance Company.

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 American Insurance Company, The
Hanover Insurance Company, The (New Hampshire).
Harbor Specialty Insurance Company.
Harco National Insurance Company.
Harleysville Insurance Company.
Harleysville Preferred Insurance Company.
Harleysville Worcester 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.
HDI-Gerling America Insurance Company.
Highlands Insurance Company.
Imperium Insurance Company.
Indemnity Insurance Company of North America.
Insurance Company of Greater New York.
Insurance Company of North America.
Insurance Company of the Americas.
Insurance Company of the State of Pennsylvania.
Insurance Company of the West.
Lancer Insurance Company.
Liberty Insurance Corporation.
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.
Motorists Commercial Mutual Insurance Company.
National Casualty Company.
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.
New York Marine and General Insurance Company.
NGM Insurance Company.
NIPPONKOA Insurance Company Ltd. US Branch.
Norguard Insurance Company.
North American Specialty Company.
North Pointe Insurance 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 Security 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 Indemnity Company.
Peninsula Insurance Company.
Penn National Security Insurance Company.
Penn-America Insurance Company.
Pennsylvania 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.
Property and Casualty Insurance Company of Hartford.
Protective Insurance Company.
Public Service Insurance Company.
QBE Insurance Corporation.
Redwood Fire and Casualty Insurance Company.
Regent Insurance Company.
Republic-Franklin Insurance Company.
Riverport Insurance Company.
RLI 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 Casualty Company.
Sentry Insurance, A Mutual Company.
Sentry Select Insurance Company.
Sompo Japan Insurance Company of America.
Southern Insurance Company.
Southern Insurance Company of Virginia.
Southern States Insurance Exchange.
SPARTA Insurance Company.
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.
Starr Indemnity & Liability Company.
State Automobile Mutual Insurance Company.
State Farm Fire and Casualty Company.
State National Insurance Company, Inc.
Stonewood National Insurance Company
Stonington Insurance Company
Strathmore Insurance Company.
SUNZ Insurance Company.
Technology Insurance Company.
T.H.E. Insurance Company.
TIG Insurance Company.
Tokio Marine & Nichido Fire Insurance Company, Ltd.
Torus National Insurance Company
Tower Insurance Company of New York.
Tower National 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.
Tri-State Insurance Company of Minnesota.

Truck Insurance Exchange
Trumbull Insurance Company.
Twin City Fire Insurance Company.
U.S. Specialty Insurance Company.
Ullico Casualty Company.
Union Insurance Company.
United National Specialty 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.
Valley Forge Insurance Company.
Vanliner Insurance Company.
Vigilant Insurance Company.
Wausau Business Insurance Company.
Wausau Underwriters' Insurance Company.
Wesco Insurance Company.
West American Insurance Company.
Westchester Fire Insurance Company.
Westfield Insurance Company.
Westfield National Insurance Company.
Westport Insurance Corporation.
Williamsburg National Insurance Company.
Work First Casualty Company.
XL Insurance America, Inc.
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Zenith Insurance Company.
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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.

2. Policy Writing Procedures**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

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.

3. 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.

4. 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 3.
- b. Non Standard Endorsements filing procedure, refer to Section 3.

5. 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. 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.

J. 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.

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 **not** provided by the Standard Policy. Refer to Rule XII for rules and endorsements to cover **or** limit **---** this exposure.

4. Employers Liability Insurance With Workers Compensation Insurance

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

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. 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.

2. 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.

3. 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.

6. 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:

- a. 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.

- b. 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.
- c. If the annual rating endorsement being filed replaces an annual rating endorsement covering the same period, indicate that it is a rewrite.
- d. Show the date of its inception and expiration.
- e. 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.
- f. 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.

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.

Office employees shall be separately classified except in connection with those classes which specifically include Office Employees.

If any clerical office employee (including a drafting 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.

- b. **SALESPERSONS – OUTSIDE, Code 951** – are employees either exclusively engaged in sales or collection work away from the employer's premises or who are regularly and frequently (as defined elsewhere in this Manual) engaged in sales or collection work away from their employer's premises 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.

Mobile, self-propelled factory, farm or construction equipment Salespersons – Code 819 are employees engaged in selling such equipment, or auctioning automobiles or instructing persons how to drive an automobile or truck on and away from the insured's premises. The separate Code 819 shall be treated as Salespersons – Outside, Code 951 for the purposes of this rule.

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, redrilling 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.
 - (16) Counter personnel
 - (17) Cashiers
- 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, Part-Time Aircraft Operations or if the business' basic and major operations are described by the Standard Exception classifications and there are employees whose job duties are not assignable to the Standard Exceptions, 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.

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 insuring carrier's or the residual market's 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 insuring carrier's or the residual market's highest-valued 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 Definitions, Section 2.

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.
- (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 misclassification 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 2 of this Manual, Classification Underwriting 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 Federal minimum wage as reported by the United States Department of Labor 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 Section 1, Rule V, F., 1. – 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 General Auditing and Classification Information in Section 2 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.
 - n. Board of Directors fees

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.

F. BASIS OF PREMIUM – Additional Information

1. 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:

- a. The reimbursed expenses paid were incurred upon the business of the employer, and
- b. The amount of each employee's expense payment is shown separately in the records of the employer, and
- c. The amount of each expense reimbursement reflects the actual expenses incurred by the employee in the conduct of his or her work.

2. 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).

3. 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.

4. 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.

5. 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.

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.

3. Terrorism

Premium for 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 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 Terrorism.

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

4. Catastrophe (other than Certified Acts of Terrorism)

Premium for Catastrophe (other than Certified Acts of 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 Catastrophe (other than Certified Acts of 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 Catastrophe (other than Certified Acts of Terrorism).

Catastrophe (other than Certified Acts of Terrorism) 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.

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 follow-ing:

- 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.

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SECTION 1
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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

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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)	Terrorism	9740	(70)	(Total payroll/100) x carrier rating value
(71)	Catastrophe (other than Certified Acts of Terrorism)	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 ~~--- after~~ application of any carrier rate but before application of experience rating modification or retrospective 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	0.1%
---	---	/	---	---
9805	100	/	100 / 5,000	0.5%
9806	100	/	100 / 10,000	1.0%
9807	500	/	500 / 500	0.8%
9808	500	/	500 / 1,000	0.9%
---	---	/	---	---
9810	500	/	500 / 5,000	1.3%
9811	500	/	500 / 10,000	1.8%
9812	1,000	/	1,000 / 1,000	1.1%
---	---	/	---	---
9814	1,000	/	1,000 / 5,000	1.5%
9815	1,000	/	1,000 / 10,000	2.0%
9816	1,000	/	1,000 / 10,000	(a)
9837	All other			Refer to Table 1
(a) Apply to --- DCRB for higher limit charges.				

Table 1

Bodily Injury by Accident Each Limit and Bodily Injury by Disease Each Employee Limit (\$000 Omitted)	Loss Limits	Minimum* Premiums	500	1,000	2,000	3,000	4,000	5,000	6,000	7,000	8,000	9,000	10,000
	100		0.00%	0.10%	0.20%	0.30%	0.40%	0.50%	0.60%	0.70%	0.80%	0.90%	1.00%
	200	\$75	0.20%	0.30%	0.40%	0.50%	0.60%	0.70%	0.80%	0.90%	1.00%	1.10%	1.20%
	300	\$75	0.40%	0.50%	0.60%	0.70%	0.80%	0.90%	1.00%	1.10%	1.20%	1.30%	1.40%
	400	\$75	0.60%	0.70%	0.80%	0.90%	1.00%	1.10%	1.20%	1.30%	1.40%	1.50%	1.60%
	500	\$75	0.80%	0.90%	1.00%	1.10%	1.20%	1.30%	1.40%	1.50%	1.60%	1.70%	1.80%
	1,000	\$120		1.10%	1.20%	1.30%	1.40%	1.50%	1.60%	1.70%	1.80%	1.90%	2.00%
	2,000				1.40%	1.50%	1.60%	1.70%	1.80%	1.90%	2.00%	2.10%	2.20%
	3,000					1.60%	1.70%	1.80%	1.90%	2.00%	2.10%	2.20%	2.30%
	4,000						1.80%	1.90%	2.00%	2.10%	2.20%	2.30%	2.40%
	5,000							2.00%	2.10%	2.20%	2.30%	2.40%	2.50%
	6,000								2.20%	2.30%	2.40%	2.50%	2.60%
	7,000									2.40%	2.50%	2.60%	2.70%
	8,000										2.60%	2.70%	2.80%
	9,000											2.80%	2.90%
	10,000												3.00%

*Increased limits of employers liability are available under the Delaware Insurance Plan upon request, subject to maximum limits of \$1million/\$1million/\$1million. Minimum premiums displayed with Table 1 are applicable to Delaware Residual Market. The same minimum premium applies for all the Bodily Injury by Disease policy limits within the same row.

- (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

- a. The standard limits under Part Two Employers Liability for employees subject to Voluntary Compensation insurance may be increased.
- b. The premium for the increased limits shall be determined --- by using the --- Table in --- Rule A. 2. B.

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 maintained 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**.

As a general rule, executive officers 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.

- 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. 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.

4. 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.
 - (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.

5. 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 **\$500** per week.
- c. The maximum individual payroll for an executive officer is **\$2,400** 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.

6. 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.

7. 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. If an executive officer's non-flying duties in such a week are subject to a higher-valued - classification, that insuring carrier's or the residual market's higher-valued 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, 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 insuring carrier's or the residual market's highest-valued classification which applies to any of their operations.

8. Professional Employer Organization (PEO) – Corporate and Limited Liability Clients

The full remuneration of an executive officer(s) or owner member(s) of a Limited Liability Company (LLC) shall be included in the payroll of the PEO without payroll limitation. Executive officers or member owners of an LLC may elect to not be subject to the Delaware Workers Compensation Law. Refer to Rule 2. – Law and Status of this section for officer exclusion procedure. The corporate entity or LLC may also obtain a separate policy of insurance for their officer(s) or LLC member owners.

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 payroll.
- b. Rules to set payroll for sole proprietors or partners are the same as for executive officers. (See Rule IX A. 5. 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 sports 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 policy year.
3. When a player, coach or manager works for two or more teams in the same sport during the policy year, the maximum shall be pro-rated.
4. The remuneration of an individual player, coach, manager or sports official is subject to a minimum of \$600 per week of the policy 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 Workplace 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	
9880	Safety Program Credit 19%			2,709	Credit
	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:

$$\frac{20\% \times [1.0000 - C]}{1}$$

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 PROCEDURE, Section 1 of this Manual.

G. TRUCKERS – INTERSTATE

The payroll of a trucker shall be assigned to a state in which it has a terminal or base of operations. These guidelines are not applicable to dispatching or broker operations.

Example:

A driver/employee resides in State A. His employer/trucker base of operations is in State B. If the driver/employee regularly travels to the terminal or base of operations in State B to load or unload freight or perform other regular work functions, i.e., mechanic, the driver/employee payroll shall be assigned to State B.

When the trucker does not operate from a terminal or base of operations, the state to which the payroll is assigned shall be determined in accordance with the following procedures.

If it can be established that the trucker does a significant portion of its business in a single state, the payrolls, other than those payrolls which can be attributed to specific work functions in a specific state, should be assigned to that state. Factors such as driving time, number of pickups and deliveries, revenue and tonnage, should be considered in determining the state of payroll assignment. If a state payroll assignment cannot be made on these factors, then the trucker's payroll shall be assigned to his state of residence.

For the purposes of the guidelines the following definitions apply:

TRUCKER – A trucker is the holder of operating authority from a government agency.

TERMINAL OR BASE OF OPERATIONS – A permanent location owned, leased or used by the trucker at which loading, unloading and other related non-clerical work functions, such as maintenance and transfers, are performed and from which the driver/employee is assigned work on a regular basis.

STATE OF RESIDENCE – The state in which the trucker resides, as evidenced by the location used for filing of federal income taxes.

REGULAR – A pattern of 40 hours per week or any other pattern that appears on a continuing basis.

H. 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**

June 1, 2009	- May 31, 2010
June 1, 2010	- May 31, 2011
June 1, 2011	--- May 31, 2012
June 1, 2012	--- May 31, 2013
June 1, 2013 and later	

**Reporting
Period for
Qualifying Wages**

	Third calendar quarter of 2008
	Third calendar quarter of 2009
	Third calendar quarter of 2010
	Third calendar quarter of 2011
	Third calendar quarter of 2012

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 June 1, 2010 - through May 31, 2011

<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>	<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>
\$17.44 or less	0%	\$22.41 \$23.00	15%
\$17.45 \$17.85	5%	\$23.01 \$23.60	16%
\$17.86 \$18.30	6%	\$23.61 \$24.20	17%
\$18.31 \$18.75	7%	\$24.21 \$24.85	18%
\$18.76 \$19.20	8%	\$24.86 \$25.50	19%
\$19.21 \$19.70	9%	\$25.51 \$26.20	20%
\$19.71 \$20.20	10%	\$26.21 \$26.90	21%
\$20.21 \$20.70	11%	\$26.91 \$27.65	22%
\$20.71 \$21.25	12%	\$27.66 \$28.40	23%
\$21.26 \$21.80	13%	\$28.41 \$29.20	24%
\$21.81 \$22.40	14%	Over \$29.20	25%

DCCPAP Wage Table
Effective June 1, 2011 through May 31, 2012

<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>	<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>
\$17.14 or less	0%	\$21.91 22.45	15%
\$17.15 17.55	5%	\$22.46 23.00	16%
\$17.56 18.00	6%	\$23.01 23.60	17%
\$18.01 18.45	7%	\$23.61 24.20	18%
\$18.46 18.90	8%	\$24.21 24.85	19%
\$18.91 19.35	9%	\$24.86 25.50	20%
\$19.36 19.80	10%	\$25.51 26.15	21%
\$19.81 20.30	11%	\$26.16 26.85	22%
\$20.31 20.80	12%	\$26.86 27.55	23%
\$20.81 21.35	13%	\$27.56 28.30	24%
\$21.36 21.90	14%	Over \$28.30	25%

DCCPAP Wage Table
Effective June 1, 2012 --- through May 31, 2013

<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>	<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>
\$17.64 or less	0%	\$22.61 23.20	15%
\$17.65 18.05	5%	\$23.21 23.80	16%
\$18.06 18.50	6%	\$23.81 24.40	17%
\$18.51 18.95	7%	\$24.41 25.05	18%

\$18.96	19.45	8%	\$25.06	25.70	19%
\$19.46	19.95	9%	\$25.71	26.40	20%
\$19.96	20.45	10%	\$26.41	27.10	21%
\$20.46	20.95	11%	\$27.11	27.85	22%
\$20.96	21.50	12%	\$27.86	28.60	23%
\$21.51	22.05	13%	\$28.61	29.40	24%
\$22.06	22.60	14%	Over \$29.40		25%

DCCPAP Wage Table
Effective June 1, 2013 and later

Average Hourly Wage	Credit From Manual Premium	Average Hourly Wage	Credit From Manual Premium
\$18.84 or less	0%	\$23.96	15%
\$18.85	5%	\$24.56	16%
\$19.26	6%	\$25.21	17%
\$19.71	7%	\$25.86	18%
\$20.21	8%	\$26.51	19%
\$20.71	9%	\$27.21	20%
\$21.21	10%	\$27.91	21%
\$21.71	11%	\$28.61	22%
\$22.26	12%	\$29.36	23%
\$22.81	13%	\$30.16	24%
\$23.36	14%	Over \$30.96	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

a. <u>Policy Anniversary Date</u>	<u>Quarter Used</u>
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.

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

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 17th Street PHILADELPHIA, PA 19103-4007.

I. 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:

$$\begin{array}{rcl} \$55,500 & \times & \frac{365}{185} \\ & & = \$109,500. \end{array}$$

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 =

$$\$548 \times .61 = \$334$$

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 TABLES 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

Short Rate Cancellation Table

Days In Policy	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy In Effect	Days In Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy In Effect
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)

Days in Policy Period	Short Rate Percentages	Factors to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factors to Apply to Earned Premium for Period Policy in Effect
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

Short Rate Cancellation Table(Continued)

Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect
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)

Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect
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

F. 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			

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

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. 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**

	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 normal 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" in Section 2 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**

The resident owner, the estate of the owner or family member(s) 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. Terrorism **(9740)** and Catastrophe (other than Certified Acts of Terrorism **(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.

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

Only the classifications shown on a Data Card issued by the DCRB shall be used in auditing the payroll of that employer. The insuring carrier shall contact the DCRB in writing in any instance where the authorized classifications do not describe the employer's operations as delineated in Section 1, Rule IV, Paragraph C., 2., c. of this Manual.

RULE XVI – APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE

- A. Any policyholder (e.g., a person, a corporation or otherwise), aggrieved by an application of the rating system of the Delaware Compensation Rating Bureau, Inc. (DCRB), as approved by the Insurance Commissioner pursuant to Title 18, Chapter 26 of the Delaware Code, may appeal such application to the DCRB in accordance with this Procedure. "Rating system" is defined herein to include but is not necessarily limited to the following: the assignment by the DCRB 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 DCRB 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 DCRB 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 5 and 6 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 DCRB 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 DCRB 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 DCRB 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 DCRB'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 DCRB'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 DCRB 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 DCRB, together with all information in support of its appeal. The DCRB staff shall review the request and supporting information. To make certain the facts of an appeal are fully agreed upon by the DCRB and the appellant, the DCRB staff may make written inquiries to the appellant and/or (as circumstances warrant) visit the appellant's Delaware workplace(s). The DCRB shall notify the appellant in writing that staff's Paragraph F. review has been completed and that this letter is the DCRB's final decision. If the appellant is still aggrieved by the rating system application following completion of the DCRB staff's review and final decision, the appellant shall have the right to present its appeal to the DCRB'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 DCRB staff pursuant to Paragraph F. shall have the right to appeal to the Classification and Rating Committee of the DCRB. 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 DCRB no later than 90 days from the date of the DCRB 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 DCRB 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 DCRB 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 DCRB 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 DCRB 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 DCRB 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 DCRB in connection with the appeal.
 3. DCRB staff members or consultants to the DCRB may present testimony and other information to the Committee relating to the matter under consideration.
 4. The appellant or the DCRB may also present witnesses and documentary evidence relevant to the appeal, and the appellant and the DCRB 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 DCRB.
 9. The minutes of the Classification and Rating Committee meeting shall be kept by the DCRB staff. As hearings before the Classification and Rating Committee are as informal as possible there shall be no stenographic, audio or video record thereof.
 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 DCRB in writing and shall also furnish the DCRB with the attorney's name and mailing address. After the DCRB 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 DCRB (to the DCRB's office – United Plaza Building – Suite 1500, 30 South 17th 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 DCRB.

- 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 DCRB or the Classification and Rating Committee.

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MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS FOR DELAWARE COMPENSATION INSURANCE							
CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE**			HAZARD GRP A-G
				A-1	A-2	A-3	
005	17.94	25.59	2,000	6.20	7.88	8.40	F
0006	4.12	5.87	985	1.42	1.81	1.93	D
007	5.43	7.75	2,000	1.88	2.38	2.54	C
0008	2.53	3.61	1,145	0.87	1.11	1.18	D
009	27.29	38.92	2,000	9.44	11.98	12.77	G
0011	3.66	5.22	1,535	1.27	1.61	1.71	B
0012	4.27	6.09	1,740	1.48	1.88	2.00	D
0013	4.78	6.81	1,915	1.65	2.10	2.24	C
015	17.39	24.82	2,000	6.02	7.64	8.14	E
0016	3.37	4.81	855	1.17	1.48	1.58	C
0034	4.35	6.21	1,025	1.51	1.91	2.04	C
0036	4.38	6.26	1,030	1.52	1.93	2.05	C
055	4.65	6.64	1,875	1.30	1.71	1.90	F
059	4.88	6.96	1,950	1.36	1.79	1.99	E
0083	5.27	7.53	1,185	1.83	2.32	2.47	C
101	3.73	5.33	1,560	1.26	1.60	1.73	E
104	4.01	5.72	1,655	1.35	1.72	1.86	B
105	3.97	5.67	1,640	1.34	1.70	1.84	D
106	5.76	8.21	2,000	1.94	2.47	2.67	C
107	2.82	4.02	1,245	0.95	1.21	1.31	B
108	4.36	6.23	1,775	1.47	1.87	2.02	C
109	4.99	7.12	1,990	1.68	2.14	2.32	C
110	3.65	5.21	1,530	1.23	1.57	1.69	B
111	3.82	5.45	1,590	1.29	1.64	1.77	C
112	10.39	14.83	2,000	3.50	4.46	4.82	C
113	2.73	3.90	1,215	0.92	1.17	1.27	C
114	8.39	11.96	2,000	2.82	3.59	3.89	E
115	2.12	3.02	1,005	0.71	0.91	0.98	D
119	5.17	7.37	2,000	1.74	2.22	2.40	C

* 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.

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MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS FOR DELAWARE COMPENSATION INSURANCE							
CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE**			HAZARD GRP A-G
				A-1	A-2	A-3	
130	5.94	8.47	2,000	2.00	2.54	2.75	E
132	1.83	2.61	905	0.61	0.78	0.85	C
134	3.82	5.45	1,590	1.29	1.64	1.77	C
135	3.10	4.43	1,345	1.04	1.33	1.44	C
136	2.87	4.11	1,265	0.97	1.23	1.33	C
139	4.72	6.73	1,895	1.59	2.02	2.19	C
141	5.20	7.41	2,000	1.75	2.23	2.41	B
142	2.30	3.28	1,065	0.77	0.98	1.07	C
161	2.50	3.57	1,135	0.84	1.07	1.16	C
163	4.24	6.05	1,730	1.43	1.82	1.97	C
165	5.12	7.30	2,000	1.72	2.19	2.37	B
166	3.27	4.66	1,400	1.10	1.40	1.52	C
185	4.01	5.72	1,655	1.35	1.72	1.86	B
187	2.82	4.02	1,245	0.95	1.21	1.31	B
191	2.50	3.57	1,135	0.84	1.07	1.16	C
201	4.52	6.44	1,825	1.52	1.94	2.09	D
204	2.82	4.03	1,245	0.95	1.21	1.31	B
205	3.20	4.56	1,375	1.08	1.37	1.48	B
221	2.93	4.18	1,285	0.99	1.26	1.36	C
222	4.37	6.24	1,780	1.47	1.87	2.03	C
225	3.56	5.08	1,500	1.20	1.53	1.65	C
227	3.13	4.47	1,355	1.05	1.34	1.45	C
255	2.80	3.99	1,240	0.94	1.20	1.30	E
257	3.05	4.35	1,325	1.03	1.31	1.41	C
259	2.55	3.64	1,155	0.86	1.09	1.18	C
261	3.84	5.47	1,595	1.29	1.64	1.78	C
263	3.16	4.51	1,360	1.06	1.35	1.47	C
265	3.32	4.74	1,420	1.12	1.42	1.54	C
275	2.93	4.18	1,285	0.99	1.26	1.36	C
276	4.37	6.24	1,780	1.47	1.87	2.03	C

* 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****EFFECTIVE DATE: JUNE 1, 2013****Page A5****CLASSIFICATIONS & RATING VALUES**

MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS FOR DELAWARE COMPENSATION INSURANCE							
CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN <u>EXPECTED LOSS FACTORS TABLE**</u>			HAZARD GRP A-G
				A-1	A-2	A-3	
281	2.55	3.64	1,155	0.86	1.09	1.18	B
282	5.74	8.18	2,000	1.93	2.46	2.66	D
285	2.90	4.13	1,270	0.97	1.24	1.34	B
287	2.89	4.12	1,270	0.97	1.24	1.34	B
297	2.55	3.64	1,155	0.86	1.09	1.18	B
301	6.24	8.89	2,000	2.10	2.67	2.89	F
305	7.59	10.83	2,000	2.55	3.25	3.52	D
306	4.41	6.29	1,790	1.48	1.89	2.04	B
309	3.43	4.89	1,455	1.15	1.47	1.59	B
311	4.60	6.57	1,855	1.55	1.97	2.13	C
319	5.04	7.18	2,000	1.69	2.16	2.33	A
323	3.11	4.44	1,345	1.05	1.33	1.44	C
327	3.84	5.47	1,595	1.29	1.64	1.78	C
402	5.64	8.05	2,000	1.90	2.42	2.61	E
403	3.20	4.56	1,375	1.08	1.37	1.48	C
404	4.64	6.63	1,870	1.56	1.99	2.15	E
406	5.45	7.78	2,000	1.83	2.34	2.53	E
407	4.18	5.96	1,710	1.41	1.79	1.94	C
411	10.03	14.31	2,000	3.38	4.30	4.65	E
413	7.16	10.21	2,000	2.41	3.07	3.32	E
415	3.69	5.26	1,540	1.24	1.58	1.71	E
416	5.47	7.80	2,000	1.84	2.34	2.53	C
421	6.62	9.44	2,000	2.23	2.84	3.07	E
425	8.59	12.26	2,000	2.89	3.68	3.99	E
427	4.26	6.08	1,740	1.43	1.83	1.98	E
429	5.22	7.45	2,000	1.76	2.24	2.42	D
431	6.70	9.57	2,000	2.26	2.87	3.11	C
433	3.74	5.35	1,565	1.26	1.61	1.74	C
435	5.13	7.31	2,000	1.73	2.20	2.38	C
441	1.59	2.26	820	0.53	0.68	0.74	C

* 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.

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MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS FOR DELAWARE COMPENSATION INSURANCE							
CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE**			HAZARD GRP A-G
				A-1	A-2	A-3	
442	4.77	6.79	1,910	1.60	2.04	2.21	C
443	4.77	6.79	1,910	1.60	2.04	2.21	C
445	4.77	6.79	1,910	1.60	2.04	2.21	C
446	2.05	2.92	980	0.69	0.88	0.95	B
447	5.36	7.64	2,000	1.80	2.30	2.48	E
449	3.14	4.48	1,355	1.06	1.35	1.46	D
451	4.16	5.93	1,705	1.40	1.78	1.93	D
454	6.48	9.24	2,000	2.18	2.78	3.00	C
456	4.01	5.72	1,655	1.35	1.72	1.86	D
457	5.09	7.26	2,000	1.71	2.18	2.36	C
458	2.59	3.69	1,165	0.87	1.11	1.20	B
459	1.47	2.09	780	0.49	0.63	0.68	C
461	3.91	5.57	1,615	1.32	1.67	1.81	D
463	2.59	3.69	1,165	0.87	1.11	1.20	D
464	3.45	4.92	1,460	1.16	1.48	1.60	C
465	3.58	5.10	1,505	1.20	1.53	1.66	D
467	4.03	5.76	1,660	1.36	1.73	1.87	B
471	1.29	1.84	720	0.43	0.55	0.60	B
472	1.90	2.72	935	0.64	0.82	0.88	B
473	2.34	3.34	1,080	0.79	1.00	1.09	B
474	0.94	1.34	600	0.32	0.40	0.44	C
475	3.26	4.64	1,395	1.10	1.40	1.51	D
476	1.44	2.05	770	0.48	0.62	0.67	C
477	2.65	3.77	1,185	0.89	1.13	1.23	C
483	1.44	2.05	770	0.48	0.62	0.67	B
485	1.47	2.10	785	0.50	0.63	0.68	B
486	2.16	3.08	1,020	0.73	0.93	1.00	C
487	1.25	1.78	705	0.42	0.53	0.58	C

* 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.

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MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS FOR DELAWARE COMPENSATION INSURANCE							
CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN <u>EXPECTED LOSS FACTORS TABLE**</u>			HAZARD GRP A-G
				A-1	A-2	A-3	
488	0.91	1.30	590	0.31	0.39	0.42	B
489	1.95	2.79	950	0.66	0.84	0.91	B
491	3.20	4.56	1,375	1.08	1.37	1.48	C
495	4.16	5.93	1,705	1.40	1.78	1.93	D
497	1.90	2.72	935	0.64	0.82	0.88	B
499	3.26	4.64	1,395	1.10	1.40	1.51	D
501	3.22	4.58	1,380	1.08	1.38	1.49	E
502	3.91	5.57	1,615	1.32	1.67	1.81	A
506	2.98	4.25	1,300	1.00	1.28	1.38	C
507	3.14	4.49	1,360	1.06	1.35	1.46	F
509	6.90	9.84	2,000	2.32	2.96	3.20	G
511	6.67	9.51	2,000	2.24	2.86	3.09	E
512	5.90 a	8.43 b	2,000	1.99	2.53	2.74	E
513	3.64 c	5.19 d	1,525	1.22	1.56	1.69	B
535	3.38	4.83	1,440	1.14	1.45	1.57	C
536	5.62	8.01	2,000	1.89	2.41	2.60	C
544	6.97	9.94	2,000	2.34	2.99	3.23	E
551	1.76	2.51	880	0.59	0.76	0.82	F
553	4.28	6.10	1,745	1.44	1.83	1.98	G
555	1.00	1.44	625	0.34	0.43	0.47	B
563	1.72	2.45	870	0.58	0.74	0.80	C
571	2.90	4.13	1,270	0.97	1.24	1.34	C
573	4.16	5.93	1,705	1.40	1.78	1.93	F
581	1.96	2.80	950	0.66	0.84	0.91	E
587	1.72	2.45	870	0.58	0.74	0.80	C

a OD: \$1.18 Supplementary is not subject to experience or retrospective rating. Code as 0175.

b OD: \$1.69 Supplementary is not subject to experience or retrospective rating. Code as 0175.

c OD: \$0.36 Supplementary is not subject to experience or retrospective rating. Code as 0176.

d OD: \$0.52 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.

** 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.

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MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS FOR DELAWARE COMPENSATION INSURANCE							
CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN <u>EXPECTED LOSS FACTORS TABLE**</u>			HAZARD GRP A-G
				A-1	A-2	A-3	
601	10.53	15.02	2,000	2.73	3.59	4.00	G
602	6.70	9.56	2,000	1.74	2.29	2.55	F
603	11.11	15.85	2,000	2.89	3.81	4.25	F
605	7.99	11.40	2,000	2.08	2.74	3.05	E
607	8.51	12.14	2,000	2.25	2.96	3.30	F
608	6.17	8.80	2,000	1.55	2.04	2.27	F
609	5.40	7.70	2,000	1.41	1.86	2.07	F
611	10.53	15.03	2,000	2.74	3.61	4.02	E
615	12.55	17.90	2,000	3.26	4.29	4.79	G
617	6.92	9.86	2,000	1.79	2.36	2.63	F
625	6.63	9.45	2,000	1.72	2.27	2.53	F
643	12.11	17.28	2,000	2.10	2.77	3.09	G
645	7.09	10.11	2,000	1.76	2.31	2.58	F
646	5.77	8.24	2,000	1.52	2.00	2.23	E
647	7.99	11.41	2,000	2.10	2.77	3.09	D
648	5.20	7.42	1,960	1.37	1.80	2.01	E
649	3.96	5.65	1,530	1.02	1.34	1.49	E
651	6.96	9.93	2,000	1.79	2.35	2.62	F
652	8.74	12.46	2,000	2.37	3.12	3.48	F
653	8.08	11.53	2,000	2.12	2.79	3.11	F
654	7.06	10.07	2,000	1.87	2.46	2.74	F
655	16.31	23.27	2,000	4.25	5.60	6.24	G
656	8.18	11.67	2,000	2.13	2.80	3.12	G
657	9.61	13.70	2,000	2.50	3.29	3.67	F
658	9.22	13.16	2,000	2.41	3.18	3.54	F
659	18.73	26.71	2,000	4.95	6.52	7.27	G
660	2.73	3.90	1,215	0.76	1.00	1.12	E
661	3.18	4.53	1,240	0.78	1.03	1.15	E
662	4.57	6.51	1,840	1.27	1.67	1.87	E
663	4.63	6.60	1,755	1.20	1.58	1.76	E

* 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.

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MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS FOR DELAWARE COMPENSATION INSURANCE							
	BUREAU*	ASSIGNED RISK	ASSIGNED	EXPERIENCE RATING PLAN			HAZARD GRP
CODE	ADVISORY LOSS COSTS	MANUAL	RISK MIN	<u>EXPECTED LOSS FACTORS TABLE**</u>			
NO		RATE	PREM.	A-1	A-2	A-3	
664	4.73	6.75	1,770	1.21	1.60	1.78	E
665	9.38	13.39	2,000	2.49	3.28	3.66	F
666	6.83	9.75	2,000	1.79	2.36	2.63	E
667	2.09	2.99	950	0.54	0.72	0.80	F
668	5.61	8.00	2,000	1.48	1.94	2.17	E
669	7.64	10.90	2,000	1.98	2.60	2.90	F
670	5.39	7.68	2,000	1.50	1.97	2.20	E
673	5.67	8.09	2,000	1.58	2.08	2.32	F
674	5.34	7.62	1,985	1.39	1.83	2.04	E
675	4.34	6.19	1,745	1.19	1.57	1.75	F
676	5.55	7.92	2,000	1.45	1.91	2.14	E
677	4.33	6.17	1,675	1.13	1.49	1.66	G
679	8.67	12.37	2,000	2.41	3.18	3.54	F
681	5.39	7.68	2,000	1.50	1.97	2.20	F
682	15.05	21.47	2,000	4.19	5.51	6.15	E
691	5.40	7.70	2,000	1.41	1.86	2.07	F
693	6.96	9.93	2,000	1.79	2.35	2.62	F
695	3.18	4.53	1,240	0.78	1.03	1.15	E
709	2.12	3.02	1,005	0.59	0.78	0.86	G
716	2.99	4.26	1,300	0.83	1.09	1.22	E
718	3.15	4.50	1,360	0.88	1.16	1.29	E
721	11.10	15.83	2,000	3.74	4.76	5.15	F
744	1.37	1.94	745	0.46	0.58	0.63	D
751	2.75	3.93	1,225	0.93	1.18	1.28	E
752	1.14	1.62	670	0.38	0.49	0.53	G
753	4.18	5.97	1,715	1.41	1.79	1.94	C
755	2.22	3.16	1,040	0.75	0.95	1.03	F
757	1.76	2.50	880	0.59	0.75	0.81	E
759	3.85	5.48	1,595	1.29	1.65	1.78	E
801	7.00	9.99	2,000	2.42	3.08	3.28	E

* 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

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MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS FOR DELAWARE COMPENSATION INSURANCE							
CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE**			HAZARD GRP A-G
				A-1	A-2	A-3	
803	19.10	27.25	2,000	6.61	8.39	8.94	E
804	3.06	4.36	1,325	1.06	1.34	1.43	E
805	5.58	7.96	2,000	1.93	2.45	2.61	E
806	9.34	13.32	2,000	3.23	4.10	4.37	E
807	5.96	8.50	2,000	2.06	2.62	2.79	E
808	8.53	12.17	2,000	2.95	3.75	3.99	E
809	4.26	6.08	1,740	1.47	1.87	2.00	F
811	7.80	11.13	2,000	2.70	3.43	3.65	E
812	6.61	9.42	2,000	2.28	2.90	3.09	F
813	4.89	6.98	1,955	1.69	2.15	2.29	D
814	4.27	6.09	1,740	1.48	1.88	2.00	C
815	2.86	4.08	1,260	0.99	1.26	1.34	D
816	2.32	3.31	1,075	0.80	1.02	1.09	D
817	7.15	10.19	2,000	2.47	3.14	3.34	E
818	1.63	2.34	840	0.57	0.72	0.77	D
819	0.83	1.18	565	0.29	0.36	0.39	D
820	3.10	4.43	1,345	1.07	1.36	1.45	D
821	6.46	9.21	2,000	2.23	2.84	3.02	C
825	3.26	4.65	1,395	1.13	1.43	1.53	C
828	7.99	11.41	2,000	2.77	3.51	3.74	E
855	5.83	8.31	2,000	2.02	2.56	2.73	E
857	7.07	10.09	2,000	2.45	3.11	3.31	E
858	8.14	11.60	2,000	2.81	3.57	3.81	F
859	8.84	12.61	2,000	3.06	3.88	4.14	E
860	9.00	12.83	2,000	3.11	3.95	4.21	E
862	8.30	11.84	2,000	2.87	3.65	3.88	E
865	2.12	3.03	1,005	0.73	0.93	0.99	C
867	4.89	6.98	1,955	1.69	2.15	2.29	D
871	6.34	9.05	2,000	2.19	2.79	2.97	D
877	2.92	4.16	1,280	1.01	1.28	1.36	B
879	2.96	4.22	1,295	1.02	1.30	1.38	B
880	4.89	6.98	1,955	1.69	2.15	2.29	C

* 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.

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MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS FOR DELAWARE COMPENSATION INSURANCE							
CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE**			HAZARD GRP A-G
				A-1	A-2	A-3	
881	3.07	4.37	1,330	1.06	1.35	1.44	B
882	7.29	10.40	2,000	2.52	3.20	3.41	B
883	2.62	3.73	1,175	0.91	1.15	1.22	B
884	0.86	1.23	575	0.30	0.38	0.40	B
885	3.11	4.45	1,350	1.08	1.37	1.46	C
886	2.51	3.58	1,140	0.87	1.10	1.17	B
887	1.29	1.85	725	0.45	0.57	0.61	C
889	0.25	0.35	365	0.09	0.11	0.12	B
890	0.62	0.88	490	0.21	0.27	0.29	C
891	1.20	1.72	695	0.42	0.53	0.56	B
895	0.47	0.66	440	0.16	0.20	0.22	B
896	2.20	3.14	1,035	0.76	0.97	1.03	A
897	2.22	3.17	1,040	0.77	0.98	1.04	A
898	3.96	5.65	1,635	1.37	1.74	1.85	C
899	1.54	2.19	805	0.53	0.68	0.72	C
903	0.50	0.71	450	0.17	0.22	0.23	E
904	1.56	2.22	815	0.54	0.68	0.73	E
907	5.16	7.36	2,000	1.78	2.27	2.42	B
910	7.12	10.17	2,000	2.46	3.13	3.34	C
911	4.87	6.95	1,950	1.68	2.14	2.28	B
914	2.92	4.16	1,280	1.01	1.28	1.36	B
915	3.26	4.65	1,395	1.13	1.43	1.53	C
916	1.74	2.48	875	0.60	0.76	0.81	B
917	3.60	5.14	1,515	1.25	1.58	1.69	C
918	2.95	4.21	1,290	1.02	1.30	1.38	C
919	2.37	3.37	1,090	0.82	1.04	1.11	B
920	0.65	0.93	505	0.23	0.29	0.31	C
921	5.73	8.17	2,000	1.98	2.52	2.68	D
922	3.43	4.89	1,455	1.19	1.51	1.60	D
923	2.96	4.22	1,295	1.02	1.30	1.38	B

* 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.

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MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS FOR DELAWARE COMPENSATION INSURANCE							
CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE**			HAZARD GRP A-G
				A-1	A-2	A-3	
924	2.89	4.12	1,270	1.00	1.27	1.35	B
925	2.17	3.10	1,025	0.75	0.96	1.02	B
926	3.07	4.37	1,330	1.06	1.35	1.44	B
927	1.10	1.56	655	0.38	0.48	0.51	B
928	2.62	3.73	1,175	0.91	1.15	1.22	B
929	3.56	5.08	1,500	1.23	1.56	1.67	C
932	0.80	1.14	555	0.28	0.35	0.37	C
933	4.79	6.83	1,920	1.65	2.10	2.24	C
934	2.86	4.08	1,260	0.99	1.26	1.34	C
935	1.66	2.37	850	0.57	0.73	0.78	C
936	0.47	0.66	440	0.16	0.20	0.22	D
937	10.67	15.22	2,000	3.69	4.69	4.99	D
939	5.70	8.13	2,000	1.97	2.50	2.67	F
940	4.49	6.40	1,815	1.55	1.97	2.10	C
941	2.66	3.78	1,185	0.92	1.17	1.24	C
942	2.64	3.76	1,180	0.91	1.16	1.24	C
943	5.64	8.05	2,000	1.95	2.48	2.64	C
944	3.00	4.28	1,305	1.04	1.32	1.40	B
945	2.87	4.11	1,265	1.00	1.26	1.35	A
946	3.33	4.76	1,420	1.15	1.46	1.56	C
947	5.13	7.32	2,000	1.77	2.25	2.40	B
948	1.52	2.16	800	0.52	0.67	0.71	A
949	0.86	1.23	575	0.30	0.38	0.40	C
951	0.43	0.62	430	0.15	0.19	0.20	E
952	0.70	1.00	520	0.24	0.31	0.33	C
953	0.25	0.35	365	0.09	0.11	0.12	C
954	3.26	4.64	1,395	1.13	1.43	1.52	E
955	0.52	0.74	460	0.18	0.23	0.24	D
956	0.13	0.20	330	0.05	0.06	0.06	D
957	0.54	0.77	465	0.19	0.24	0.25	C

* 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****EFFECTIVE DATE: JUNE 1, 2013****Page A13****CLASSIFICATIONS & RATING VALUES**

MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS FOR DELAWARE COMPENSATION INSURANCE							
	BUREAU*	ASSIGNED RISK MANUAL	ASSIGNED RISK MIN	EXPERIENCE RATING PLAN			
CODE	ADVISORY LOSS COSTS			<u>EXPECTED LOSS FACTORS TABLE**</u>			HAZARD GRP
NO		RATE	PREM.	A-1	A-2	A-3	A-G
958	1.19	1.70	690	0.41	0.52	0.56	C
959	1.57	2.24	820	0.54	0.69	0.74	C
960	3.85	5.49	1,600	1.33	1.69	1.80	C
961	0.97	1.39	615	0.34	0.43	0.45	C
962	0.12	0.18	325	0.04	0.05	0.06	F
963	0.52	0.74	460	0.18	0.23	0.24	B
964	2.59	3.68	1,165	0.89	1.13	1.21	B
965	0.47	0.66	440	0.16	0.20	0.22	B
966	2.32	3.31	1,075	0.65	0.85	0.95	E
967	0.84	1.19	565	0.29	0.37	0.39	D
968	1.74	2.48	875	0.60	0.76	0.81	B
969	4.69	6.69	1,885	1.62	2.06	2.20	C
970	7.83	11.17	2,000	2.71	3.44	3.66	B
971	3.97	5.67	1,640	1.37	1.74	1.86	C
973	2.93	4.17	1,280	1.01	1.28	1.37	B
974	3.09	4.42	1,340	1.07	1.36	1.45	C
975	1.89	2.70	930	0.65	0.83	0.89	A
976	1.55	2.21	810	0.54	0.68	0.73	B
977	0.53	0.75	460	0.18	0.23	0.25	A
978	2.74	3.91	1,220	0.95	1.20	1.28	C
979	4.02	5.74	1,660	1.39	1.77	1.88	C
980	3.58	5.10	1,505	1.24	1.57	1.67	E
981	2.82	4.03	1,245	0.98	1.24	1.32	A
983	7.69	10.98	2,000	2.66	3.38	3.60	C
984	0.29	0.41	380	0.10	0.13	0.14	C
985	4.16	5.94	1,705	1.44	1.83	1.95	E
986	1.60	2.29	830	0.55	0.70	0.75	C
988	0.23	0.33	360	0.08	0.10	0.11	C
991	7.83	11.17	2,000	2.71	3.44	3.66	A
992	4.26	6.08	1,740	1.47	1.87	2.00	E

* 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.

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CLASSIFICATIONS & RATING VALUES

MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS FOR DELAWARE COMPENSATION INSURANCE							
	BUREAU*	ASSIGNED RISK	ASSIGNED	EXPERIENCE RATING PLAN			
CODE	ADVISORY LOSS COSTS	MANUAL	RISK MIN	<u>EXPECTED LOSS FACTORS TABLE**</u>			HAZARD GRP
NO		RATE	PREM.	A-1	A-2	A-3	A-G
995	8.28	11.82	2,000	2.87	3.64	3.88	F
997	1.00	1.43	625	0.35	0.44	0.47	D
999	4.96	7.08	1,980	1.72	2.18	2.32	D
4771	3.09	4.41	1,600	1.04	1.32	1.43	G
0771	0.77	1.10					G
4777	7.80	11.13	2,000	2.70	3.43	3.65	E
7405	1.39	1.98	915	0.48	0.61	0.65	E
7445	0.47	0.66					G
7413	1.25	1.79	800	0.43	0.55	0.59	G
7453	0.26	0.37					G
7421	1.53	2.18	805	0.53	0.67	0.72	F
7424	3.60	5.13	1,510	1.24	1.58	1.68	G
7428	1.73	2.46	870	0.60	0.76	0.81	E
9108	72.49	103.41					A
9740	0.01	0.02					
9741	0.01	0.01					
Per capita							
0908	198.24	282.77	563	68.55	87.07	92.78	C
0909	82.92	118.29	398	28.68	36.42	38.81	B
0912	284.74	406.17	686	98.47	125.06	133.27	B
0913	491.36	700.91	981	169.92	215.81	229.98	C
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****EFFECTIVE DATE: JUNE 1, 2013****Page A15****CLASSIFICATIONS & RATING VALUES****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	\$ 10,000	None
Next	\$ 190,000	9.1%
Next	\$ 1,550,000	11.3%
Over	\$ 1,750,000	12.3%

**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	A-G	1-4
6824F	7.16	5.54	1,945	3.51	3.51	3.51	F	3
6826F	7.25	5.60	1,965	3.55	3.55	3.55	E	3
6843F	8.15	6.30	2,175	3.99	3.99	3.99	G	4
6872F	10.25	7.92	2,670	5.02	5.02	5.02	G	4
7309F	28.51	22.04	3,000	13.97	13.97	13.97	G	4
7313F	10.38	8.02	2,700	5.09	5.09	5.09	G	4
7317F	22.06	17.05	3,000	10.81	10.81	10.81	G	4
7327F	11.77	9.10	3,000	5.77	5.77	5.77	G	4
7366F	5.52	4.27	1,555	2.70	2.70	2.70	G	4
8709F	2.21	1.71	780	1.08	1.08	1.08	G	4
8726F	3.00	2.32	965	1.47	1.47	1.47	E	3

* 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..... **58.00%** (1.5800 X Carrier Rate)

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

Residual Market Expense Constant **\$280**

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>Assigned Risk Premium Credit</u>
\$500	0.015	0.010
1,000	0.030	0.020
1,500	0.040	0.030
2,000	0.050	0.040
2,500	0.060	0.045
3,000	0.065	0.050
3,500	0.075	0.055
4,000	0.080	0.060
4,500	0.085	0.065
5,000	0.090	0.070

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

Delaware Residual Market Premium Discount

<u>Total Workers Compensation Standard Premium</u>		<u>Discounts Applicable to Delaware Portion Assigned Risks</u>
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	=	0.6506
Second Adjustment	RDF	=	0.5239
Third Adjustment	RDF	=	0.4479

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 C ELF = 0.686

First Adjustment RDF = $(1 - 0.686) \times 0.6506 = 0.2043$

*The use of retrospective development factors is optional.

RETROSPECTIVE RATING PLANS
Rating Values

Residual Market Expected Loss Ratio	0.5723
Residual Market Tax - Multiplier	1.1351

DELAWARE STATE & HAZARD GROUP RELATIVITIES
HAZARD GROUP FACTOR

A	1.791
B	1.229
C	1.006
D	0.972
E	0.819
F	0.674
G	0.588

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Loss Limit	Hazard Group						
	A	B	C	D	E	F	G
\$10,000	0.506	0.518	0.522	0.526	0.534	0.545	0.551
\$15,000	0.489	0.503	0.509	0.512	0.522	0.536	0.543
\$20,000	0.475	0.491	0.497	0.501	0.512	0.528	0.536
\$25,000	0.463	0.480	0.487	0.491	0.503	0.520	0.529
\$30,000	0.453	0.469	0.477	0.482	0.495	0.513	0.522
\$35,000	0.442	0.461	0.469	0.475	0.487	0.506	0.517
\$40,000	0.433	0.452	0.461	0.467	0.480	0.500	0.511
\$50,000	0.418	0.438	0.448	0.452	0.467	0.489	0.502
\$75,000	0.386	0.408	0.418	0.424	0.441	0.465	0.479
\$100,000	0.362	0.384	0.396	0.402	0.419	0.445	0.461
\$125,000	0.342	0.366	0.377	0.383	0.400	0.429	0.445
\$150,000	0.325	0.348	0.361	0.367	0.385	0.412	0.430
\$175,000	0.309	0.334	0.346	0.353	0.371	0.399	0.416
\$200,000	0.295	0.321	0.333	0.340	0.358	0.387	0.404
\$225,000	0.282	0.307	0.320	0.327	0.346	0.376	0.394
\$250,000	0.269	0.295	0.309	0.316	0.336	0.366	0.384
\$275,000	0.257	0.283	0.298	0.306	0.325	0.356	0.374
\$300,000	0.245	0.272	0.287	0.296	0.315	0.346	0.365
\$325,000	0.234	0.260	0.276	0.286	0.305	0.336	0.356
\$350,000	0.223	0.250	0.265	0.276	0.296	0.327	0.347
\$375,000	0.213	0.241	0.256	0.266	0.287	0.319	0.339
\$400,000	0.204	0.231	0.247	0.257	0.278	0.310	0.330
\$425,000	0.194	0.222	0.238	0.248	0.269	0.302	0.322
\$450,000	0.186	0.213	0.229	0.239	0.260	0.293	0.314
\$475,000	0.177	0.204	0.221	0.230	0.253	0.286	0.307
\$500,000	0.169	0.197	0.212	0.222	0.245	0.278	0.299
\$600,000	0.141	0.168	0.185	0.193	0.216	0.250	0.272
\$700,000	0.118	0.145	0.160	0.169	0.192	0.225	0.247
\$800,000	0.101	0.125	0.139	0.149	0.169	0.204	0.226
\$900,000	0.086	0.109	0.123	0.131	0.152	0.185	0.206
\$1,000,000	0.0739	0.0961	0.1091	0.1162	0.1354	0.1683	0.1899
\$2,000,000	0.0384	0.0500	0.0573	0.0630	0.0752	0.0993	0.1172
\$3,000,000	0.0266	0.0342	0.0395	0.0438	0.0527	0.0713	0.0871
\$4,000,000	0.0206	0.0263	0.0302	0.0339	0.0410	0.0558	0.0693
\$5,000,000	0.0172	0.0218	0.0247	0.0278	0.0336	0.0459	0.0575
\$6,000,000	0.0148	0.0187	0.0210	0.0235	0.0286	0.0390	0.0492
\$7,000,000	0.0123	0.0163	0.0186	0.0207	0.0248	0.0339	0.0429
\$8,000,000	0.0105	0.0146	0.0167	0.0184	0.0221	0.0302	0.0383
\$9,000,000	0.0092	0.0128	0.0151	0.0167	0.0200	0.0270	0.0344
\$10,000,000	0.0083	0.0113	0.0134	0.0154	0.0184	0.0246	0.0313

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 2****EFFECTIVE DATE: JUNE 1, 2013****Page A19****CLASSIFICATIONS & RATING VALUES****EXCESS LOSS PURE PREMIUM FACTORS**

Loss Limit	Hazard Group						
	A	B	C	D	E	F	G
\$10,000	0.714	0.730	0.736	0.741	0.753	0.769	0.777
\$15,000	0.689	0.709	0.718	0.722	0.736	0.755	0.765
\$20,000	0.669	0.692	0.700	0.706	0.722	0.744	0.755
\$25,000	0.653	0.676	0.686	0.692	0.709	0.733	0.746
\$30,000	0.638	0.661	0.672	0.680	0.698	0.723	0.737
\$35,000	0.623	0.649	0.661	0.668	0.686	0.714	0.729
\$40,000	0.610	0.637	0.649	0.658	0.676	0.705	0.721
\$50,000	0.588	0.617	0.631	0.637	0.658	0.689	0.707
\$75,000	0.543	0.575	0.589	0.598	0.621	0.655	0.676
\$100,000	0.510	0.541	0.558	0.566	0.591	0.627	0.649
\$125,000	0.481	0.515	0.531	0.540	0.564	0.604	0.626
\$150,000	0.457	0.490	0.508	0.517	0.542	0.581	0.605
\$175,000	0.435	0.469	0.487	0.497	0.522	0.562	0.587
\$200,000	0.415	0.450	0.469	0.478	0.503	0.545	0.569
\$225,000	0.397	0.431	0.451	0.460	0.487	0.529	0.554
\$250,000	0.378	0.415	0.434	0.445	0.472	0.515	0.541
\$275,000	0.361	0.398	0.419	0.430	0.457	0.501	0.527
\$300,000	0.344	0.382	0.403	0.416	0.443	0.487	0.514
\$325,000	0.329	0.366	0.388	0.401	0.430	0.473	0.501
\$350,000	0.313	0.352	0.373	0.387	0.417	0.460	0.489
\$375,000	0.299	0.338	0.360	0.373	0.404	0.448	0.477
\$400,000	0.286	0.325	0.346	0.361	0.391	0.436	0.465
\$425,000	0.272	0.312	0.334	0.348	0.378	0.425	0.454
\$450,000	0.260	0.299	0.321	0.336	0.366	0.413	0.442
\$475,000	0.248	0.287	0.310	0.324	0.355	0.402	0.432
\$500,000	0.236	0.276	0.298	0.312	0.344	0.391	0.421
\$600,000	0.198	0.236	0.259	0.271	0.304	0.351	0.384
\$700,000	0.165	0.203	0.224	0.237	0.269	0.316	0.347
\$800,000	0.141	0.175	0.195	0.208	0.236	0.286	0.318
\$900,000	0.120	0.151	0.172	0.183	0.212	0.259	0.289
\$1,000,000	0.1024	0.1338	0.1522	0.1622	0.1894	0.2359	0.2663
\$2,000,000	0.0522	0.0686	0.0789	0.0870	0.1042	0.1382	0.1636
\$3,000,000	0.0355	0.0463	0.0537	0.0599	0.0725	0.0988	0.1210
\$4,000,000	0.0271	0.0352	0.0406	0.0459	0.0559	0.0768	0.0959
\$5,000,000	0.0223	0.0287	0.0328	0.0372	0.0454	0.0628	0.0792
\$6,000,000	0.0192	0.0243	0.0277	0.0312	0.0383	0.0531	0.0675
\$7,000,000	0.0166	0.0209	0.0243	0.0272	0.0330	0.0459	0.0586
\$8,000,000	0.0149	0.0189	0.0215	0.0240	0.0292	0.0406	0.0520
\$9,000,000	0.0131	0.0170	0.0192	0.0215	0.0262	0.0361	0.0466
\$10,000,000	0.0117	0.0156	0.0176	0.0196	0.0240	0.0327	0.0421

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 2****EFFECTIVE DATE: JUNE 1, 2013****Page A20****CLASSIFICATIONS & RATING VALUES****EXCESS LOSS PREMIUM FACTORS INCLUDING ALAE**

Loss Limit	Hazard Group						
	A	B	C	D	E	F	G
\$10,000	0.572	0.585	0.590	0.594	0.603	0.616	0.622
\$15,000	0.553	0.568	0.575	0.578	0.589	0.605	0.613
\$20,000	0.536	0.554	0.561	0.566	0.578	0.596	0.606
\$25,000	0.523	0.542	0.550	0.554	0.568	0.587	0.598
\$30,000	0.511	0.530	0.539	0.545	0.559	0.580	0.591
\$35,000	0.499	0.520	0.530	0.535	0.550	0.572	0.584
\$40,000	0.489	0.510	0.520	0.527	0.542	0.565	0.578
\$50,000	0.472	0.494	0.506	0.510	0.527	0.552	0.567
\$75,000	0.435	0.461	0.472	0.479	0.498	0.525	0.542
\$100,000	0.409	0.434	0.447	0.454	0.474	0.503	0.520
\$125,000	0.386	0.413	0.426	0.433	0.452	0.484	0.502
\$150,000	0.367	0.393	0.408	0.415	0.435	0.466	0.485
\$175,000	0.349	0.376	0.391	0.398	0.419	0.450	0.470
\$200,000	0.333	0.361	0.376	0.384	0.404	0.437	0.456
\$225,000	0.318	0.346	0.362	0.369	0.391	0.424	0.444
\$250,000	0.303	0.333	0.348	0.357	0.379	0.413	0.433
\$275,000	0.290	0.320	0.336	0.345	0.367	0.402	0.422
\$300,000	0.276	0.307	0.323	0.334	0.356	0.391	0.412
\$325,000	0.264	0.294	0.311	0.322	0.345	0.380	0.401
\$350,000	0.252	0.283	0.299	0.311	0.334	0.369	0.392
\$375,000	0.241	0.272	0.289	0.299	0.324	0.360	0.382
\$400,000	0.230	0.261	0.278	0.289	0.313	0.350	0.373
\$425,000	0.219	0.250	0.268	0.279	0.303	0.341	0.364
\$450,000	0.209	0.240	0.258	0.270	0.294	0.331	0.355
\$475,000	0.199	0.230	0.249	0.260	0.285	0.323	0.347
\$500,000	0.190	0.222	0.239	0.251	0.276	0.314	0.338
\$600,000	0.159	0.189	0.208	0.218	0.244	0.282	0.307
\$700,000	0.133	0.164	0.180	0.191	0.216	0.254	0.279
\$800,000	0.114	0.141	0.157	0.167	0.190	0.230	0.255
\$900,000	0.097	0.122	0.139	0.147	0.171	0.208	0.232
\$1,000,000	0.0829	0.1080	0.1227	0.1308	0.1525	0.1897	0.2140
\$2,000,000	0.0427	0.0559	0.0641	0.0706	0.0843	0.1116	0.1319
\$3,000,000	0.0294	0.0381	0.0440	0.0489	0.0590	0.0800	0.0978
\$4,000,000	0.0227	0.0291	0.0335	0.0377	0.0457	0.0625	0.0777
\$5,000,000	0.0189	0.0240	0.0273	0.0308	0.0373	0.0512	0.0643
\$6,000,000	0.0163	0.0205	0.0231	0.0260	0.0317	0.0434	0.0550
\$7,000,000	0.0140	0.0177	0.0204	0.0227	0.0274	0.0377	0.0478
\$8,000,000	0.0119	0.0160	0.0182	0.0202	0.0244	0.0335	0.0426
\$9,000,000	0.0104	0.0144	0.0164	0.0182	0.0220	0.0299	0.0383
\$10,000,000	0.0093	0.0128	0.0151	0.0167	0.0202	0.0271	0.0347

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 2****EFFECTIVE DATE: JUNE 1, 2013****Page A21****CLASSIFICATIONS & RATING VALUES****EXCESS LOSS PURE PREMIUM FACTORS INCLUDING ALAE**

Loss Limit	Hazard Group						
	A	B	C	D	E	F	G
\$10,000	0.806	0.825	0.832	0.838	0.850	0.869	0.878
\$15,000	0.779	0.801	0.811	0.816	0.831	0.853	0.865
\$20,000	0.756	0.782	0.791	0.798	0.816	0.840	0.854
\$25,000	0.738	0.764	0.775	0.782	0.801	0.828	0.843
\$30,000	0.720	0.747	0.760	0.768	0.788	0.817	0.832
\$35,000	0.704	0.733	0.747	0.754	0.775	0.806	0.824
\$40,000	0.689	0.720	0.733	0.743	0.764	0.796	0.815
\$50,000	0.665	0.697	0.713	0.720	0.743	0.778	0.799
\$75,000	0.613	0.649	0.666	0.676	0.701	0.740	0.763
\$100,000	0.576	0.612	0.630	0.640	0.667	0.709	0.733
\$125,000	0.543	0.581	0.600	0.610	0.637	0.682	0.708
\$150,000	0.516	0.554	0.574	0.584	0.612	0.656	0.684
\$175,000	0.491	0.530	0.550	0.561	0.590	0.634	0.663
\$200,000	0.469	0.509	0.530	0.540	0.569	0.615	0.643
\$225,000	0.448	0.487	0.509	0.520	0.550	0.598	0.626
\$250,000	0.427	0.469	0.490	0.503	0.533	0.582	0.611
\$275,000	0.408	0.450	0.473	0.486	0.516	0.565	0.595
\$300,000	0.388	0.432	0.455	0.470	0.501	0.549	0.580
\$325,000	0.371	0.413	0.438	0.453	0.485	0.535	0.565
\$350,000	0.354	0.397	0.421	0.437	0.470	0.520	0.552
\$375,000	0.338	0.382	0.406	0.421	0.455	0.506	0.539
\$400,000	0.322	0.366	0.391	0.407	0.440	0.493	0.526
\$425,000	0.307	0.352	0.377	0.393	0.427	0.479	0.513
\$450,000	0.293	0.337	0.363	0.379	0.413	0.466	0.500
\$475,000	0.279	0.323	0.350	0.365	0.401	0.454	0.487
\$500,000	0.267	0.311	0.336	0.353	0.388	0.441	0.475
\$600,000	0.223	0.266	0.292	0.306	0.343	0.397	0.432
\$700,000	0.186	0.229	0.253	0.268	0.303	0.357	0.392
\$800,000	0.159	0.197	0.220	0.235	0.267	0.322	0.359
\$900,000	0.135	0.171	0.194	0.206	0.239	0.292	0.326
\$1,000,000	0.1152	0.1507	0.1714	0.1828	0.2135	0.2661	0.3005
\$2,000,000	0.0583	0.0769	0.0885	0.0978	0.1172	0.1557	0.1844
\$3,000,000	0.0395	0.0518	0.0601	0.0670	0.0813	0.1110	0.1362
\$4,000,000	0.0300	0.0391	0.0453	0.0512	0.0625	0.0862	0.1078
\$5,000,000	0.0246	0.0318	0.0365	0.0414	0.0507	0.0703	0.0889
\$6,000,000	0.0210	0.0269	0.0306	0.0346	0.0427	0.0593	0.0756
\$7,000,000	0.0182	0.0230	0.0268	0.0301	0.0367	0.0512	0.0656
\$8,000,000	0.0162	0.0207	0.0237	0.0265	0.0324	0.0453	0.0582
\$9,000,000	0.0147	0.0185	0.0211	0.0237	0.0290	0.0402	0.0520
\$10,000,000	0.0132	0.0170	0.0193	0.0216	0.0265	0.0363	0.0470

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 2****EFFECTIVE DATE: JUNE 1, 2013****Page A22****CLASSIFICATIONS & RATING VALUES****TABLE OF EXPECTED LOSS RANGES****(From NCCI ITEM R-1403)**

Expected Loss Group				Expected Loss Group				Expected Loss Group			
Expected Loss Range				Expected Loss Range				Expected Loss Range			
95	1,069	-	1,668	65	89,596	-	96,768	35	1,117,459	-	1,254,650
94	1,669	-	2,469	64	96,769	-	104,515	34	1,254,651	-	1,408,687
93	2,470	-	3,262	63	104,516	-	112,881	33	1,408,688	-	1,606,329
92	3,263	-	4,312	62	112,882	-	121,917	32	1,606,330	-	1,846,373
91	4,313	-	5,608	61	121,918	-	131,677	31	1,846,374	-	2,122,290
		-				-				-	
90	5,609	-	6,774	60	131,678	-	142,246	30	2,122,291	-	2,439,441
89	6,775	-	8,175	59	142,247	-	153,803	29	2,439,442	-	2,899,798
88	8,176	-	9,490	58	153,804	-	166,063	28	2,899,799	-	3,467,527
87	9,491	-	11,016	57	166,064	-	178,922	27	3,467,528	-	4,146,414
86	11,017	-	12,778	56	178,923	-	192,782	26	4,146,415	-	5,111,668
		-				-				-	
85	12,779	-	14,451	55	192,783	-	207,716	25	5,111,669	-	6,504,746
84	14,452	-	16,337	54	207,717	-	224,594	24	6,504,747	-	8,277,480
83	16,338	-	18,450	53	224,595	-	242,913	23	8,277,481	-	10,577,165
82	18,451	-	20,529	52	242,914	-	262,733	22	10,577,166	-	13,534,484
81	20,530	-	22,841	51	262,734	-	284,159	21	13,534,485	-	17,318,654
		-				-				-	
80	22,842	-	25,410	50	284,160	-	306,638	20	17,318,655	-	22,160,857
79	25,411	-	28,271	49	306,639	-	330,841	19	22,160,858	-	28,356,911
78	28,272	-	31,196	48	330,842	-	357,128	18	28,356,912	-	38,897,361
77	31,197	-	34,345	47	357,129	-	388,536	17	38,897,362	-	57,528,883
76	34,346	-	37,816	46	388,537	-	422,704	16	57,528,884	-	85,084,766
		-				-				-	
75	37,817	-	41,556	45	422,705	-	459,879	15	85,084,767	-	125,839,689
74	41,557	-	45,495	44	459,880	-	502,548	14	125,839,690	-	186,115,898
73	45,496	-	49,808	43	502,549	-	549,895	13	186,115,899	-	275,263,927
72	49,809	-	54,536	42	549,896	-	601,708	12	275,263,928	-	430,893,183
71	54,537	-	59,530	41	601,709	-	663,309	11	430,893,184	-	681,845,588
		-				-				-	
70	59,531	-	64,935	40	663,310	-	733,021	10	681,845,589	-	1,078,952,801
69	64,936	-	70,826	39	733,022	-	810,061	9	1,078,952,082	-	& over
68	70,827	-	76,791	38	810,062	-	895,197				
67	76,792	-	82,946	37	895,198	-	995,262				
66	82,947	-	89,595	36	995,263	-	1,117,458				

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UNITED STATES LONGSHORE AND HARBOR WORKERS' ACT

Tax Multiplier for coverage developed on classifications providing U.S.L. benefits..... **1.2409**

DELAWARE WORKERS COMPENSATION MANUAL

SECTION 2

EFFECTIVE DATE: JUNE 1, 2013

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CLASSIFICATIONS & RATING VALUES

USL&H and RESIDUAL MARKET PREMIUM DISCOUNT TABLE (IN PERCENT)

Standard Premium	Discount	Standard Premium	Discount	Standard Premium	Discount
\$ 0 - 10,055	0.0%	\$ 21,928 - 22,469	5.0%	\$ 393,334 - 424,799	10.0%
10,056 - 10,167	0.1	22,470 - 23,037	5.1	424,800 - 461,739	10.1
10,168 - 10,282	0.2	23,038 - 23,636	5.2	461,740 - 505,714	10.2
10,283 - 10,399	0.3	23,637 - 24,266	5.3	505,715 - 558,947	10.3
10,400 - 10,520	0.4	24,267 - 24,931	5.4	558,948 - 624,705	10.4
10,521 - 10,643	0.5	24,932 - 25,633	5.5	624,706 - 707,999	10.5
10,644 - 10,769	0.6	25,634 - 26,376	5.6	708,000 - 816,923	10.6
10,770 - 10,988	0.7	26,377 - 27,164	5.7	816,924 - 965,454	10.7
10,899 - 11,030	0.8	27,165 - 27,999	5.8	965,455 - 1,179,999	10.8
11,031 - 11,165	0.9	28,000 - 28,888	5.9	1,180,000 - 1,517,142	10.9
11,166 - 11,304	1.0	28,889 - 29,836	6.0	1,517,143 - 1,824,799	11.0
11,305 - 11,446	1.1	29,837 - 30,847	6.1	1,824,800 - 1,983,478	11.1
11,447 - 11,592	1.2	30,848 - 31,929	6.2	1,963,479 - 2,172,380	11.2
11,593 - 11,741	1.3	31,930 - 33,090	6.3	2,172,381 - 2,401,052	11.3
11,742 - 11,895	1.4	33,091 - 34,339	6.4	2,401,053 - 2,683,529	11.4
11,896 - 12,052	1.5	34,340 - 35,686	6.5	2,683,530 - 3,041,333	11.5
12,053 - 12,214	1.6	35,687 - 37,142	6.6	3,041,334 - 3,509,230	11.6
12,215 - 12,380	1.7	37,143 - 38,723	6.7	3,509,231 - 4,147,272	11.7
12,381 - 12,551	1.8	38,724 - 40,444	6.8	4,147,273 - 5,068,888	11.8
12,552 - 12,727	1.9	40,445 - 42,325	6.9	5,068,889 - 6,517,142	11.9
12,728 - 12,907	2.0	42,326 - 44,390	7.0	6,517,143 - 9,123,999	12.0
12,908 - 13,093	2.1	44,391 - 46,666	7.1	9,124,000 - 15,206,666	12.1
13,094 - 13,284	2.2	46,667 - 49,189	7.2	15,206,667 - 45,619,999	12.2
13,285 - 13,481	2.3	49,190 - 51,999	7.3	45,620,000 and over	12.3
13,482 - 13,684	2.4	52,000 - 55,151	7.4		
13,685 - 13,893	2.5	55,152 - 58,709	7.5		
13,894 - 14,108	2.6	58,710 - 62,758	7.6		
14,109 - 14,330	2.7	62,759 - 67,407	7.7		
14,331 - 14,559	2.8	67,408 - 72,799	7.8		
14,560 - 14,796	2.9	72,800 - 79,130	7.9		
14,797 - 15,041	3.0	79,131 - 86,666	8.0		
15,042 - 15,294	3.1	86,667 - 95,789	8.1		
15,295 - 15,555	3.2	95,790 - 107,058	8.2		
15,556 - 15,826	3.3	107,059 - 121,333	8.3		
15,827 - 16,106	3.4	121,334 - 139,999	8.4		
16,107 - 16,396	3.5	140,000 - 165,454	8.5		
16,397 - 16,697	3.6	165,455 - 200,377	8.6		
16,698 - 17,009	3.7	200,378 - 208,235	8.7		
17,010 - 17,333	3.8	208,236 - 216,734	8.8		
17,334 - 17,669	3.9	216,735 - 225,957	8.9		
17,670 - 18,019	4.0	225,958 - 235,999	9.0		
18,020 - 18,383	4.1	236,000 - 246,976	9.1		
18,384 - 18,762	4.2	246,977 - 259,024	9.2		
18,763 - 19,157	4.3	259,025 - 272,307	9.3		
19,158 - 19,569	4.4	272,308 - 287,027	9.4		
19,570 - 19,999	4.5	287,028 - 303,428	9.5		
20,000 - 20,449	4.6	303,429 - 321,818	9.6		
20,450 - 20,919	4.7	321,819 - 342,580	9.7		
20,920 - 21,411	4.8	342,581 - 366,206	9.8		
21,412 - 21,927	4.9	366,207 - 393,333	9.9		

Above Table Based on the Following Discounts

First	\$ 10,000	0.0%
Next	\$ 190,000	9.1
Next	\$1,550,000	11.3
Over	\$1,750,000	12.3

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.

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 WORKFARE OR 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., workfare, home health), 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 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.

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.

PRINCIPALLY ENGAGED: The business activity that generates more than 50 percent of a 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 that is designated "to be separately rated" or "separately rate" (e.g., erection, installation) may be divided between that class and class(es) designated for the specified function, provided the employer's original payroll records show an allocation of payroll to both classifications for each interchanging employee. Estimated or percentage allocation of payroll is not permitted. When separate payroll records are not maintained, the entire payroll of the interchanging employees shall be assigned to the insuring carrier's or the residual market's highest-valued classification representing any part of their work.

CLASSIFICATIONS

AGRICULTURAL AND LOGGING

005 TREE PRUNING, Spraying, Repairing or Fumigating.

Applicable to businesses pruning, spraying, trimming or fumigating trees. These operations may require tree climbing using ladders and/or ropes and/or aerial buckets. Code 005 applies to the whole tree work job or location, meaning Code 005 also includes ground personnel whose job duties may include but are not necessarily limited to: chipping, cleanup activities, the removal and/or the hauling away of tree limbs and debris regardless of whether or not a separate contract is written for tree pruning or lawn maintenance and another contract is written for the removal, chipping, cleanup activities and/or the hauling away of tree limbs and debris.

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 lines). Code 005 further 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.

UNDERWRITING GUIDE

Clearing Of Right-Of-Way, For Telephone, Telegraph Or Electric Lines
Orchard Work, Fumigating Or Pruning By Contractor
Tree Pruning, Spraying, Repairing, Trimming Or Fumigating - By Contractor

007 FARM MACHINERY OPERATION by Contractors: threshing, shredding, ensilage cutting, harvesting and hay baling.

OPERATIONS ALSO INCLUDED:

1. Specialist contractors performing one or more of the following tasks: filling mushroom beds with compost, spawning or casing.

OPERATIONS NOT INCLUDED:

1. Assign the applicable logging classification to logging operations.
2. Assign Code 301 to sawmill operations.

UNDERWRITING GUIDE

Compost Filling Of Mushroom Beds - By Contractor
Ensilage Cutting By Contractor
Farm Machinery Operation By Contractor
Fertilizer Application To Soil
Grain Harvesting By Contractor
Grain Mill, Portable, Operated By Contractor
Harvesting By Contractor

Hay Baling, By Contractor
Lime Spreading
Milling Of Grain, With Portable Mills
Mushroom Bed Filling With Compost - By Contractor
Shredding Of Agricultural Products By Contractor
Threshing By Contractor

009 LOGGING OR LUMBERING, N.O.C.

Applicable to a logging or lumbering business principally engaged in cutting/felling trees for lumber or wood chips or clearing land of trees by chainsaws regardless of the trees' size. Stump removal incident to logging or lumbering by the logging 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).

UNDERWRITING GUIDE

Logging - By Chain Saws
Lumbering - By Chain Saws

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.

OPERATIONS NOT INCLUDED:

1. Separately rate to Code 005 tree pruning, spraying, trimming, repairing or fumigating, including ground personnel performing chipping, cleanup, the removal and/or hauling away of tree limbs and debris at a tree job or location.
2. Assign Code 0013 to separately-staffed nursery, Christmas tree raising or sod farm operations.
3. Outside domestic workers engaged in the care of lawns, shrubs or grounds surrounding the personal residence of the insured shall be assigned to Code 0912 or Code 0909 pursuant to Section 1, Rule XIV of this Manual.

UNDERWRITING GUIDE

Artificial Turf Installation - By Contractor	Landscape Contractor
Brush Or Weed Spraying - By Contractor - Except Aerial Spraying	Lawn Care Service Company - Including Lawn Cutting, Maintenance Or Spraying
Gardener	Street Or Road Landscape Planting And Maintenance - By Specialist Contractor
Grass Cutting Along Highways By Specialist Contractor	Weed Or Brush Spraying - By Contractor - Except Aerial Spraying
Grass Cutting, Lawns, By Contractor	

015 LOGGING OR LUMBERING – MECHANIZED TREE FELLING EQUIPMENT.

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 the 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).

UNDERWRITING GUIDE

Logging - By Means Of Mechanized Equipment
Lumbering - By Means Of Mechanized Equipment

MINING AND QUARRYING

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.

UNDERWRITING GUIDE

Clay Digging In Open Pits	Metal Salvaging, From Slag Dumps
Dredging Of Materials On Non-Navigable Waters With Incidental Shore Operations	Quarry, Gravel Or Slag Excavation - Including Crushing
Fire Clay Digging	Sand Or Gravel Digging Or Excavation - Including Crushing
Gravel Or Sand Digging Or Excavation - Including Crushing	Shale Digging Or Excavation In Open Pits
Kaolin Excavation Or Surface Mining - Including Milling Or Washing	Slag Digging Or Excavation - Including Crushing

059 MINERAL MILLING – applicable to businesses that do not operate either a mine or a 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.

UNDERWRITING GUIDE

Emery Works - Crushing Or Grinding	Ore Milling
Flint Or Feldspar Grinding, Not Done By Quarry	Powder Mfg. - Metal - Crushing Or Grinding - By Independent Contractor
Gravel Crushing By Dealer	Stone Crushing By Other Than Producer Or Road Contractor
Kaolin Milling Or Washing By Other Than Producer	Talc Mill
Metal Powder Mfg. - Crushing Or Grinding - By Independent Contractor	Vermiculite Crushing And/Or Processing By Other Than Producer
Mineral Milling	

FOOD INDUSTRIES

101 GRAIN MILLING

UNDERWRITING GUIDE

Breakfast Cereal Mfg.	Grist Mill - Permanently Located
Feed Mfg. - Preparation Of Cereal Or Compound Feeds For Livestock Or Poultry	Milling Of Grain - Permanently Located
Flour Mfg. - Wood	Pellet Mfg. - Wood
Flour Milling	Potato Flour Mfg.
Grain Mill - Permanently Located Mill	Wood Flour Or Pellet Mfg.

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

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.

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 mien, 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, coleslaw 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.

OPERATIONS NOT INCLUDED:

- 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.

UNDERWRITING GUIDE

Baking Powder Mfg.
 Cake Mix Mfg. - Dry Blending
 Cat Food Mfg. - Dry/Bagged - No Cereal Milling
 Chinese Food Mfg.
 Coconut Shredding Or Drying
 Coffee Grinding And Roasting
 Corn Chip Mfg.
 Dog Food Mfg. - Dry/Bagged - No Cereal Milling
 Flavoring Extract Mfg.
 Flavoring Syrups Blending
 Flour Mixing And Blending, No Milling
 Food Sundries Mfg., N.O.C. - No Cereal Milling
 Fruit Flavored Drink Mfg.
 Fruit Juice Mfg. - From Purchased Concentrates Only
 Herbs - Blending, Grinding And Packing
 Ice Mfg. - Not Dry Ice
 Licorice Extract Mfg.
 Malted Milk Mfg. - From Powdered Milk, Sugar, Malt And Cocoa
 Mayonnaise Mfg.
 Medicinal Extract Mfg.
 Mustard (Prepared) Mfg.

Nuts - Cleaning And Shelling
 Olive Handling
 Peanut Butter Mfg.
 Peanut Handling
 Pizza Assembly - No Baking Operation
 Potato Chip Mfg.
 Relish Mfg. - Fruit And Vegetable
 Salad Dressing Mfg.
 Salad Preparation - Cole Slaw, Egg, Potato, Etc.
 Sandwich Spread Mfg. - Salad Dressing Base
 Sauces Mfg.
 Seasoning - Prepared Sauces - Vegetable
 Soup Mfg.
 Spice Grinding
 Sugar Repacking, Mixing, Blending Only
 Tea - Blending And Mixing Including Packing Into Teabags
 Vegetable Processing, N.O.C.
 Vegetable Sauce Mfg.
 Vegetables - TV Dinner Type, Cooking, Packing And Freezing
 Vinegar Mfg. - From Purchased Concentrates Only
 Yeast Mfg.

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.

UNDERWRITING GUIDE

Bakery - Wholesale
 Cracker Mfg.
 Doughnut Mfg. - By Wholesale Bakery

Ice Cream Cone Mfg.
 Macaroni, Spaghetti, Vermicelli Or Noodles Mfg.
 Pretzel Mfg.

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

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 businesses will receive meat from unrelated concerns in boxed form and/or in carcass or partial carcass form. Processed shall mean that definite changes result in the meat product due to the application of chemicals and/or heat (the use of smoke and/or cooking) to the meat materials. 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:

Employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the business' products to customers.

OPERATIONS NOT INCLUDED:

1. Assign Code 111 to a processed meat products manufacturing business that slaughters animals or handles livestock and is principally engaged in the wholesale sale of the processed meat products.
2. Assign Code 915 to a business slaughtering animals and who makes fresh meat cuts and/or processed meat products and is principally engaged in the retail sale of the fresh and/or processed meat products.
3. Assign Code 910 to a business receiving meat in boxed, carcass or partial carcass form and cuts the meats into portion-controlled fresh meat products such as steaks, roasts, or chops. Such business does not utilize chemicals and/or heat (the use of smoke and/or cooking) in processing the meat materials.
4. Assign Code 119 to a business principally engaged in taking beef and/or veal and cutting or grinding this fresh meat into hamburger, hamburger and/or veal patties and/or sandwich steaks.
5. Assign Code 924 to a wholesale meat dealer who performs no cutting (or deboning) or processing of fresh meats, but who may repackage the fresh meats.

UNDERWRITING GUIDE

Bacon (Side And/Or Sliced) Mfg.
Cured Meats - Brined, Dried And Salted
Dehydration Of Meat
Ham - Boiled, Boneless Or Cured Mfg.
Luncheon Meats Mfg.

Pork Products Mfg. - Pickled, Cured, Salted And
Smoked
Processed Meat Products Mfg.
Sausage Or Other Prepared Meat Products Mfg.
Scrapple Mfg.

107 CANDY, Chocolate or Chewing Gum MFG.

UNDERWRITING GUIDE

Beet Sugar Mfg.
Candy Mfg.
Cane Sugar Refining
Chewing Gum Mfg.
Chocolate Mfg.
Cocoa Mfg.
Confectionery Mfg.
Corn Starch Mfg.
Glucose Mfg.

Milling - Wet Corn
Molasses Mfg.
Popcorn Mfg.
Starch Mfg. - By Wet Corn Milling
Sugar Cane Milling
Sugar Refining
Syrup Or Molasses Refining
Wet Corn Milling

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.

UNDERWRITING GUIDE

Brewery, Including Distributing Stations
Malt Liquors Mfg. And Distribution

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 product(s) to customers.

UNDERWRITING GUIDE

Butter Or Cheese Mfg.
Cheese Mfg.
Condensed Milk Mfg.
Creamery
Dairy Products Mfg. (Except Ice Cream Mfg.)

Dehydration Of Milk
Malted Milk Powder Mfg., Including Dehydration Of Milk
Milk Processor - Fluid
Milk Products Mfg., N.O.C. (Excluding Ice Cream Mfg.)
Yogurt Mfg.

110 ICE CREAM MFG.

UNDERWRITING GUIDE

Ice Cream Mfg.
Water Ice Mfg.

111 SLAUGHTERHOUSE — Wholesale, all operations.

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 and/or may also ship meats in carcass form. Such business may also produce processed meat products like bacon, ham, sausage, luncheon meats and/or also sell some portion of the meat production as fresh meat cuts (e.g., steaks, roasts).

OPERATIONS ALSO INCLUDED:

1. Employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the business' products to customers.
2. The employer's processing of animal by-products resulting from the employer's animal killing operations which may include but is not necessarily limited to: cooking of fat into tallow or lard and/or washing, scraping and salting of hides.

UNDERWRITING GUIDE

Butchering - Wholesale, Not Stockyards
 Meat Packing Plant - Wholesale, Including Slaughtering
 Packing House - Wholesale, Including Slaughtering
 Slaughterhouse - Wholesale, Including Processing

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.

UNDERWRITING GUIDE

Alcoholic Beverage Bottling - Carbonated Beverage Mfg., Carbonated - Bottled Or Canned Bottling Or Canning Of Carbonated Beverages Canning Or Bottling Of Carbonated Beverages	Carbonated Beverage Mfg. - Bottled Or Canned Mineral Water, Carbonated - Bottled Or Canned Soft Drinks (Carbonated) Mfg. - Bottled Or Canned
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113 PRESERVING OR CANNING OF FOOD

UNDERWRITING GUIDE

Alcoholic Beverage Distilling Apple Cider Or Juice Mfg. Applesauce Mfg. Canning Or Preserving Of Food Cat Or Dog Food Mfg. - Canned Catsup Mfg. Dehydration Of Food - Except Dehydration Of Meat Or Milk Distilling Of Alcoholic Liquors Dog Or Cat Food Mfg. - Canned Eggs, Dehydrated Eggs, Powdered Frozen Fruit, Fruit Juice, Processing Fruit And Vegetable Juice, Canned, Bottled Or Bulk Fruit Evaporating Fruit Juice Mfg. Fruit Preserving Gelatin Mfg.	Jam Mfg. Jelly Mfg. Juice Mfg. - Fruit Ketchup Mfg. Pet Food Mfg. - Canned - Non Farm Domestic Pickle Mfg. Preserving Or Canning Of Food Sauerkraut Mfg. Spirituous (Distilled) Liquor Bottling By Distiller Syrup Mfg., For Soda Fountains Tomato Paste Mfg. Vegetable And Fruit Juice - Canned, Bottled Or Bulk Vegetable Canning Vinegar Mfg. - By Fermentation Whiskey Mfg. Winery
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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.

UNDERWRITING GUIDE

Animal And Marine Fat And Oil Mfg. Animal Oil Mfg. Animal Rendering Works, N.O.C. Cod Liver Oil Mfg.	Fish Oil Mfg. Grease And Tallow Mfg. Grease Mfg., Animal Oil Mfg., Animal
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115 TOBACCO PRODUCTS MFG., including tobacco rehandling.

UNDERWRITING GUIDE

Cigar Mfg.	Tobacco (Chewing And Smoking) And Snuff Mfg.
Cigarette Mfg.	Tobacco Rehandling
Snuff Mfg.	Tobacco Stemming And Redrying

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.

UNDERWRITING GUIDE

Hamburger Or Hamburger Patty Mfg.	Sandwich Steak Mfg.
Meat Products Mfg., N.O.C.	Veal Patty Mfg. - Plain Or Breaded

TEXTILES AND CLOTHING MFG.

130 TEXTILE WASTE, Shoddy and Unwoven Felt, **MFG.,** the garnetting of Fibers.

UNDERWRITING GUIDE

Cotton Batting Mfg.	Processed Waste And Recovered Fibers And Flock Mfg.
Cotton Waste Mfg.	Shoddy Mfg.
Felt Mfg. - Unwoven	Sisal Garnetting
Hatters' Fur Processing	Weather Stripping Mfg. - Felt
Padding And Upholstery Filling Mfg.	Wool Reworking

132 SPINNING OR WEAVING.

UNDERWRITING GUIDE

Artificial Silk Spinning And Weaving
Carbonizing Of Hair Or Wool
Carding Of Fibers
Carpet Mfg.
Chenille Products Weaving
Combing Of Fibers
Cordage Mfg., Including Fiber Preparation
Cotton Gin Operation
Cotton Spinning And Weaving
Curled Hair Mfg.
Felt Mfg. - Woven
Fiber Preparation For Spinning Or Weaving
Flax Spinning And Weaving
Fur Mfg. - Synthetic
Gilling Of Fibers
Hackling Of Fibers
Hair Processing (Excluding Dehairing Or Wig-Making)
Hemp Spinning And Weaving
Jute Spinning And Weaving
Label Mfg., Woven Labels
Linen Cloth Weaving
Linen Thread Mfg.
Mop Head Mfg., From Cotton Waste, No Other Operations
Moss Ginning
Narrow Fabric Mill - Cotton, Wool, Silk Or Man-Made Fibers
Nylon Spinning And Weaving
Opening Of Fibers
Paper Twine Mfg.
Picking Of Fibers

Pipe Cleaner Mfg.
Plush Or Velvet Mfg.
Rayon Spinning And Weaving
Ribbon Mfg., Textile Fabrics
Rope Mfg., Including Fiber Preparation
Rug Mfg.
Scouring Of Natural Or Synthetic Fibers
Separating Of Natural Or Synthetic Fibers
Silk Spinning And Weaving
Silk Thread Or Yarn Mfg.
Silk Throwing And Weaving
Spinning Of Fibers
Textile Weaving
Thread Mill
Tire Cord And Fabric Mfg.
Twine Mfg., Including Fiber Preparation
Velvet Mfg.
Weaving Of Textile Fibers
Webbing Mfg.
Wire Cloth Weaving (Wire Drawing To Be Separately Rated By Code 406, Rolling Mill, N.O.C.)
Wool Combing Or Scouring
Wool Spinning And Weaving
Woven Carpet And Rug Mfg.
Yarn Mfg. - Wool
Yarn Mill, Wool, Including Carpet And Rug Yarn
Yarn Or Thread Mfg. - Cotton
Yarn Spinning Mill, Cotton, Man-Made Fibers And Silk
Yarn Throwing, Twisting, And Winding Mill, Cotton, Man-Made Fibers And Silk

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.

UNDERWRITING GUIDE

Braid And Fringe Mfg.
Glove Mfg. - Knit
Knit Glove Mfg.

Knit Goods Mfg., N.O.C.
Lace Mfg.
Necktie Mfg., Knitted

135 HOSIERY MFG.

UNDERWRITING GUIDE

Hosiery Dyeing
Hosiery Finishing

Hosiery Mfg.
Knitting Mill, Hosiery

136 EMBROIDERY MFG.

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

UNDERWRITING GUIDE

Emblem Mfg.	Quilted Cloth Manufacturing Contractor - For Garments
Embroidery Mfg.	Or Household Furnishings
Pleating, Stitching Or Tucking - Dress Fabrics Or Trimmings - Not Clothing Mfg.	Trimmings Mfg., Fancy Trimmings Or Piping, Not Manufacturing Binding, Tape Or Ribbon

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.

UNDERWRITING GUIDE

Bleaching, Fabrics	Impregnated Fabrics Mfg.
Cloth Printing	Machine-Painting Shade Cloth
Coating New Fabrics, Except Rubberized Fabrics Or Oilcloth	Mercerizing Of New Goods
Dyeing	Printing Of Fabrics
Fabric Coating, N.O.C.	Textile Bleaching And Dyeing
Feather Dyeing	Textile Printing
Finisher Of Broad Woven Fabrics	Typewriter Ribbon Mfg.
Finishing New Textile Goods	Yarn Dyeing Or Finishing

141 LAUNDRY, N.O.C.

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.

OPERATIONS NOT INCLUDED:

1. Assign Code 928 to separately-staffed receiving, collecting or distributing stations with no laundering at the same or contiguous location.

UNDERWRITING GUIDE

Diaper Service - Laundry	Laundry Collection By Launderer
Furniture Cleaning Or Polishing On Customers' Premises	Laundry, Hand
Industrial Launderer	Laundry, N.O.C.
Infant Wear Service Laundry	Linen Supply Service Including Laundering
Launderer, Industrial	Towel Supply Service Including Laundering
	Uniform Supply Service Including Laundering

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 primarily risks engaged in dry cleaning or dyeing apparel and 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 laundered or cleaned and the delivery of the items after laundering or cleaning.

UNDERWRITING GUIDE

Cleaning And Dyeing, Except Rug Cleaning By Dry Cleaner
Cloth Sponging (Shrinking), Inspection Or Mending - By Specialist Contractor
Drapery Dry Cleaning Plant
Dry Cleaning Plant, Except Rug Cleaning

Dyeing And Cleaning, Except Rug Cleaning By Dry Cleaner
Feather Washing, Steaming, Cleaning And Renovating
Fur Clothing - Cleaning, Tumbling, Glazing, Combing And Ironing
Laundry Collection By Dry Cleaner

161 APPAREL MFG.

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

UNDERWRITING GUIDE

Academic Costumes Mfg. - Caps And Gowns
Apparel Mfg.
Bathing Suit Mfg. - Knitting To Be Separately Rated
Belt Mfg. - Cloth - Wearing Apparel Only - No Buckles, Webbing Or Leather Parts Mfg.
Beret Mfg.
Burial Garment Mfg.
Cap Mfg. - Graduation Caps And Gowns
Cap Mfg. - Headwear
Cloth Cutting By Contractor - Garment Fabrics
Clothing Mfg.
Coat - Front Or Interlining Mfg.
Collar Mfg.
Costume Mfg. - Masquerade Or Theatrical
Diaper Mfg. - Cloth
Dress Mfg.
Front Or Interlining Mfg. - Coat
Fur Clothing Mfg. (Preparation Of Skins To Be Separately Rated)
Fur Plate Mfg.
Fur Pointing
Garment Sewing Contractor
Glove Lining Mfg.
Glove Mfg., Except Fire Resistant, Industrial Use, Knit Or Rubber
Handkerchief Mfg.
Hat Frame Mfg., Ladies
Hat Lining Mfg.
Hat Mfg., Felt
Hat Mfg., N.O.C.
Insulated Clothing Mfg. - Thermal Type

Leather Clothing Mfg.
Lingerie Mfg.
Lining Mfg. - Hat
Linings, Sewing Into Coats By Hand
Mask Mfg. - Costume - Cloth
Millinery And Straw Hat Mfg.
Millinery Mfg., Felt
Nailhead Ornamentation Attaching Nailheads Or Similar Articles To Textile Fabrics By Means Of Foot Presses
Necktie Mfg., From Fabric
Raincoat And Other Waterproof Outer Garments Mfg.
Robe And Dressing Gown Mfg.
Rubber Garment Mfg., No Rubber Mill
Sewing Contractor - Garment
Sewing, Hand
Shoulder Pad Or Coat Front Mfg.
Shoulder Strap For Lingerie Mfg. - Fabric
Shower Cap Mfg. - Plastic
Suede Clothing Mfg.
Suit, Skirt, And Coat Mfg.
Suspender Mfg. - No Buckles, Webbing Or Leather Parts Mfg.
Textile Mending, Invisible Weaving Of Wearing Apparel
Tie Mfg. - Neckwear
Uniform Mfg.
Vestment Mfg.
Women's, Misses', And Juniors' Outerwear Mfg., N.O.C.
Women's, Misses', Children's, And Infants' Underwear And Nightwear Mfg.
Work Clothing Mfg.

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.

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UNDERWRITING GUIDE

Accordion Door Mfg. - Fabric Or Plastic - No Woodworking
Air Conditioner Cover Mfg.
Baby Blanket, Crib Linen Mfg.
Ball Mfg. - Sporting Goods - Inflatable Plastic Beach Type
Banner Mfg.
Bedding Mfg. - Blanket, Sheet, Pillowcase
Bedspread Mfg.
Belt Mfg. - Industrial Use - From Premanufactured Textile Fabric
Bias Bindings Mfg.
Bindings Mfg. - Bias And Straight
Blanket Mfg.
Blanket, Sheet, Pillowcase - Bedding Mfg.
Buffing And Polishing Wheel Mfg. - Made From Cloth - No Metal Parts
Bunting Mfg., Shop Only
Casket Or Coffin Lining Mfg. - No Casket Mfg. Or Upholstery Work
Chenille Products Mfg. From Chenille Cloth
Coffin Or Casket Lining Mfg. - No Casket Mfg. Or Upholstery Work
Comforter Or Quilt Mfg.
Cover Mfg. - Air Conditioner
Curtain Mfg.
Door Mfg., Accordion - Plastic Or Fabric - No Woodworking
Drapery Or Curtain Mfg.
Feather Assembly - Sewn, On Wire Frames Decorated For Costumes/Band Plumes
Feather Pillow Mfg.
Flag Mfg., Shop Only
Furnishing Goods Mfg. - Not Canvas Or Burlap
Hammock Mfg.
Heating Pad Mfg. - Fabric Covering Only
House Furnishings Mfg. - From Textile Fabrics
Household Linens, Bedspreads, Towels, Drapes Mfg.
Kite Mfg.
Lamp Shade Mfg. (Excluding Frame Manufacturing)
Linen Mfg. - House Furnishings

Lining For Casket Interiors Mfg. - No Casket Mfg. Or Upholstery Work
Measuring Tape Mfg. - Cloth - Sewing Type
Mosquito Netting - No Mfg. Of Net
Napkin Mfg. - Cloth
Netting - Mosquito - No Mfg. Of Net
Pennant Mfg.
Pillow Cover Mfg.
Pillow Mfg.
Polishing Cloth Mfg.
Polishing Wheel Mfg. - Cloth Or Felt - No Metal Parts
Pool Mfg. - Swimming - Inflatable Kiddie-Type Pools
Quilt Or Comforter Mfg.
Roller Mfg. - Covered Sleeves Only
Safety Belt Mfg. - Automobile - No Hardware Mfg.
Scenery - Theatrical - Curtain And Drapery Mfg.
Shoe Ornament Mfg. - Fabric
Shoe Shining Or Polishing Cloth Mfg.
Shower Curtain Mfg. - Cloth, Plastic, Vinyl
Sleeping Bag Mfg.
Slipcover Mfg.
Stage Scenery - Theatrical - Curtain And Drapery Mfg.
Stuffed Toy Mfg. - Cloth
Table Cloth Mfg.
Table Pad Mfg. - From Cardboard And Fabric
Tape Mfg. - Mending - Fabric
Theatrical Scenery - Curtain And Drapery Mfg.
Towel Mfg., Textile Fabrics (Except For Disposable Towel Mfg.)
Toy Mfg. - Stuffed Animals Or Other Cloth Stuffed Toys
Umbrella Mfg.
Wheel Mfg. - Cloth - Buffing And Polishing - No Metal Parts
Wig Mfg. - Synthetic Materials
Window Shade Mfg. - No Roller Mfg.

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.

UNDERWRITING GUIDE

Mattress Mfg.

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.

UNDERWRITING GUIDE

Automobile Convertible Top Mfg. - Fabric Or Vinyl, No Installation
Automobile Seat Cover Mfg. - No Installation
Awning Mfg. - Cloth
Awning Or Tent Mfg.
Bag Mfg. - Fabric Or Bulk Materials
Bag Renovating, Textile Fabrics
Burlap Goods Mfg.
Canvas Products Mfg.
Cloth Bag Mfg.

Cloth Bag Repairing
Furnishing Goods Mfg. - Canvas Or Burlap
Knapsack Mfg.
Life Jacket Or Preserver Mfg.
Parachute Mfg. (Hardware Mfg. To Be Separately Rated)
Sail Making
Sporting Goods - Knapsack Mfg.
Tent Mfg.
Textile Bag Mfg. - Canvas Or Burlap

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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Employment Contractor - Temporary Food Sundries Mfg., N.O.C. Staff
Food Sundries Mfg., N.O.C. - Temporary Staff
Temporary Food Sundries Mfg., N.O.C. 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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Candy, Chocolate Or Chewing Gum Mfg. - Temporary Staff
Employment Contractor - Temporary Candy, Chocolate Or Chewing Gum Mfg. Staff
Temporary Candy, Chocolate Or Chewing Gum Mfg. 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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Apparel Mfg. - Temporary Staff
Employment Contractor - Temporary Apparel Mfg. Staff
Temporary Apparel Mfg. Staff

201 TANNING and Leather Dressing.

UNDERWRITING GUIDE

Degreasing Skins
Fur Dressing Or Dyeing
Leather Dealer
Leather Dressing
Leather Finishing

Leather Tanning
Sheepskin Pickling
Tanning, Leather
Wool Pulling

204 SHOE MFG.

UNDERWRITING GUIDE

Boot And Shoe Mfg.
Counter, Heel Or Sole Mfg. - Leather
Footwear Mfg. - Not Rubber
House Slippers Mfg.
Shoe Findings Mfg.

Shoe Mfg.
Shoe Repairing
Shoe Stock Mfg., No Tanning Or Leather Dressing
Slipper 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.

UNDERWRITING GUIDE

Bag Mfg., Traveling
Baseball Mfg.
Basketball Mfg.
Dog Collar Mfg.
Football Mfg.
Glove Mfg., Including Baseball, Boxing, Handball Or
Punching Bag Glove (Except Rubber Gloves)
Handbag, Mfg. - From All Materials
Harness Or Saddle Mfg.
Leash Mfg.
Leather Belting Mfg.
Leather Embossing
Leather Goods Mfg., N.O.C. (See Also Gloves, Hats,
Shoes)

Leather Skiving
Luggage Mfg., Excluding Trunks
Medicine Ball Mfg.
Personal Leather Goods Mfg.
Pocketbook Mfg. - From All Materials
Purse Mfg. - From All Materials
Saddle Mfg.
Strap Mfg. - From Leather, Simulated Leather Or Plastic
Volleyball Mfg.
Wallet Mfg.
Women's Handbag Or Purse Mfg.

221 PLASTIC Articles MFG., INJECTION MOLDING

UNDERWRITING GUIDE

Injection Molding Of Plastics
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.

UNDERWRITING GUIDE

Artificial Marble Products Mfg.
 Bag Mfg. - Plastic
 Cable Mfg. - Insulated Electrical - Wire Drawing To Be Separately Rated
 Hose Mfg. - Plastic
 Marble Products Mfg. - Artificial
 Pipe Mfg. - Plastic
 Plastic Articles Mfg., N.O.C.

Plastic Bag Mfg.
 Plastic Mfg., Sheets And Rods
 Plastic, Molded Products Mfg. N.O.C.
 Polyurethane Foam Products Mfg.
 Vanity Mfg. - Resin Poured Or Cast Type/Artificial Marble Product
 Wire Insulating - Includes Incidental Wire Stranding - Wire Drawing To Be Separately Rated

225 RUBBER GOODS or Tire MFG.**UNDERWRITING GUIDE**

Balloon Mfg. - Rubber - Advertising And Toy
 Bathing Cap Mfg. - Rubber
 Boot And Shoe Mfg. - Rubber
 Bottle Mfg. - Rubber
 Elastic Mfg.
 Eraser Mfg.
 Fabrics, Rubberized
 Foam Rubber Mfg.
 Footwear Mfg. - Rubber
 Gasket Mfg. - Rubber
 Glove Mfg. - Rubber
 Heel Mfg. - Rubber
 Hose Mfg. - Rubber
 Latex, Foamed Mfg.
 Life Jacket Mfg. - Inflatable Rubberized Fabric
 Life Raft Mfg. - Rubber
 Printers' Roller Mfg.

Reclaiming Rubber
 Rubber Band Mfg.
 Rubber Products Mfg., N.O.C.
 Rubber Reclaiming
 Rubber Tire Mfg.
 Rubber Tire Retreading
 Rubberized Fabrics Mfg.
 Sheeting - Rubber Or Rubberized Fabric
 Sponge Rubber And Sponge Rubber Products Mfg.
 Stopper Mfg. - Rubber
 Tire And Inner Tube Mfg.
 Tire Recapping Or Retreading
 Toy Mfg. - Rubber
 Tubing - Rubber
 Vulcanized Rubber Products Mfg.
 Wet Suit Mfg. - Rubber
 Wire Insulating - Rubber

227 OILCLOTH, Linoleum and Cork Carpet MFG.**UNDERWRITING GUIDE**

Artificial Leather Mfg.
 Coating New Fabrics, Rubberized Or Oilcloth
 Cork Carpet Mfg.
 Fiberglass (A Fibrous Glass And Resin Composite) Mfg.
 Leather (Imitation) Mfg.
 Linoleum Mfg.
 Metallizing Of Fabrics

Oilcloth Mfg.
 Plastic Composite Products Molding
 Resin Coated Fabric Mfg.
 Rubber Coating
 Silo Mfg. - Fiberglass, Shop Only
 Waxing Of Cloth
 Yarn, Plastic Coated - Made From Purchased Yarn

PAPER AND PAPER GOODS MFG. AND PRINTING**255 PAPER or Pulp MFG. – all kinds****UNDERWRITING GUIDE**

Abrasive Paper Or Cloth Preparation
 Bark Peeling, In Paper Mill
 Building And Roofing Paper Mfg.
 Building Paper Mfg.
 Cardboard Mfg.
 Emery Cloth Mfg.
 Fiber (Paper) Products Mfg.
 Fiber Mfg.
 Fiber Tube Mfg.
 Fiberboard Mfg.

Paper Coating And Glazing - By Paper Mill
 Paper Finishing - By Paper Mill
 Paper Mfg.
 Paper Mill
 Particle Board Mfg.
 Photographic Film And Dry Plate Mfg.
 Pipe Mfg., Fiber
 Pulp (Paper) Mfg.
 Roofing Paper Or Roofing Felt Mfg.
 Sandpaper Mfg.

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.

UNDERWRITING GUIDE

Box Mfg. - Paper (Non-Corrugated)	Paper Box Mfg.
Folding Cardboard Or Paperboard Box Mfg.	Set-Up Box Mfg.

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.

UNDERWRITING GUIDE

Air Filter Mfg. - All Types	Paper Cup, Dish Or Plate Mfg.
Bag Mfg. - Paper	Paper Hat Mfg. - All Types
Bed Underpads - Disposable	Paper Or Cardboard Mailing Tube Mfg.
Box Or Container Cardboard Partitions Mfg.	Paper Or Foil Goods Mfg.
Can Mfg. - Paper	Paper Products Mfg., N.O.C.
Cardboard Or Paper Mailing Tube Mfg.	Paper Sheeting, Slitting Or Winding
Coffee Pot Filter Mfg. - Paper	Paper Towel Mfg.
Coin Wrapper Mfg.	Papier-Mache Goods Mfg.
Cup Mfg. - Paper	Partitions (Cardboard) Mfg. - For Boxes Or Containers
Diaper Mfg. - Disposable	Party Decorations Or Favors Mfg.
Die Cutting - Paper, Paperboard Or Cardboard - By Specialist Contractor	Sanitary Food Container Mfg. - Paper
Disposable Diaper Mfg.	Sanitary Napkin Mfg.
Disposable Towel Mfg.	Tinsel Mfg.
Drinking Straw Mfg. - Paper	Tissue Paper Products Mfg. - Facial Or Toilet
Filter Mfg. - Air - All Types	Towel Mfg. – Paper Or Disposable
Garland Mfg.	
Holiday Decorations Mfg. - Paper Or Plastic	Tubes Or Cores Mfg. - Paper
Mailing Tube Mfg.	Underpads Mfg. - Bed - Disposable
Match Mfg. - Paper	Wallpaper Mfg. - (Paper Mfg. To Be Separately Rated)
Napkin Mfg. - Paper	
Paper Bag Mfg.	

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.

UNDERWRITING GUIDE

Box Mfg. - Corrugated
Corrugated Paper And/Or Corrugated Products Mfg.
Fiberboard Products Mfg.
Honeycomb Products Mfg.

263 PAPER COATING/FINISHING – By Contractor

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.

UNDERWRITING GUIDE

Carbon Paper Mfg.	Paper Finishing - By Specialist Contractor
Coating And/Or Glazing Of Paper Or Plastic - By Specialist Contractor	Paper Laminating - By Contractor
Die Cutting - Paper, Paperboard Or Cardboard - By Contractor	Pressure-Sensitive Labels Or Paper Mfg.
Laminating – Paper – By Contractor	Waxed Paper - Coating Paper With Wax - No Paper Mfg.

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.

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 INCLUDED:

The manufacture of metal rings, posts, screws, separators or fittings are to be separately rated to the appropriate metal working class.

UNDERWRITING GUIDE

Binder Mfg., Ringed	Index Card Mfg.
Computer Paper Mfg. (No Paper Mfg.)	Loose-Leaf Binder Or Ledger Mfg.
Desk Calendar Mfg.	Notebook Mfg. (No Paper Mfg.) - All Types
Envelope Mfg.	Notepad Mfg.
File Folder Mfg.	Ringed Binder Mfg.
File Jacket Mfg.	Stationery Products Mfg.

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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Employment Contractor - Temporary Plastic Articles Mfg. - Injection Molding Staff
 Plastic Articles Mfg. - Injection Molding - Temporary Staff
 Temporary Plastic Articles Mfg. - Injection Molding 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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Employment Contractor - Temporary Plastic Articles Mfg., N.O.C. Staff
 Plastic Articles Mfg., N.O.C. - Temporary Staff
 Temporary Plastic Articles Mfg., N.O.C. Staff

281 PRINTING, N.O.C.

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).

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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-leaf 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 17 x 22 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 17 x 22 inches or less or electro-static (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.

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Book Printing By Web Press - By Publisher Or Contractor
Bookbinding Or Rebinding - By Specialist Contractor
Bottle Cap Printing
Business Forms Printing - By Web Press
Chemical Etching - By Specialist Contractor
China Decorating - By Specialist Contractor With No China Mfg.
Cigar Band, Printing
Coin Wrapper, Printing - By Specialist Contractor
Dress Pattern Printing
Electrotyping - By Specialist Contractor
Engraving - By Specialist Contractor
Etching (By Chemical Method) By Specialist Contractor
Glass Products Decorating Or Engraving By Specialist Contractor
Greeting Card Printing By Web Press - By Publisher Or Contractor
Label (Pressure-Sensitive) Printing By Web Press - By Specialist Contractor
Paper Dress Pattern Printing

Pattern (Dress) Printing - Paper
Photoengraving - By Specialist Contractor
Plastic Sign Letters Mfg. - Shop Only
Playing Cards Mfg.
Pressure-Sensitive Label Printing By Web Press - By Specialist Contractor
Printers' Finisher - By Specialist Contractor
Printing - Books Or Greeting Cards By Web Press - By Publisher Or Contractor
Printing Plate Mfg. - By Specialist Contractor
Printing, N.O.C.
Rubber Stamp Mfg.
Screen Printing (Including Finished Textile Articles) - By Specialist Contractor
Stereotyping - By Specialist Contractor
Tag Printing
Vinyl Sign Letters Mfg. - Electronically Scored - Shop Only

282 NEWSPAPER or Periodical PRINTING – By Publisher Or Contract Printer

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.
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.

UNDERWRITING GUIDE

Catalogue Printing By Publisher Or Contract Printer
Comic Book Printing By Publisher Or Contractor
Magazine Printing By Publisher Or Contractor
Newspaper Inserts (e.g., Advertising, Sunday Comics,
Sunday Magazines) Printing By Publisher Or
Contractor
Newspaper Printing By Publisher Or Contractor

Periodical Printing By Publisher Or Contractor
Statistical Report Printing By Publisher Or Contractor
Telephone Book Printing By Publisher Or Contractor
Trade Journal Printing By Publisher Or Contractor

285 PRINTING – Principally SHEET-FED PRESS Production

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 17 x 22 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 sheets sized 17 x 22 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.

UNDERWRITING GUIDE

Printing - Principally Sheet-Fed Press Production (Of Any Printed Product)

287 PUBLISHER – Printing Outsourced, Performs PRODUCT DISTRIBUTION

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.

UNDERWRITING GUIDE

Publisher - Outsources Printing, Performs Product Distribution

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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Employment Contractor - Temporary Printing Staff
 Printing - Temporary Staff
 Temporary Printing 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.

UNDERWRITING GUIDE

Barking Mill
 Kiln Drying Of Lumber - By Sawmill
 Sawmill

Snow Fence Mfg., Cutting Lath From Logs
 Wood Chips Mfg.

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 Code 306.

DELAWARE WORKERS COMPENSATION MANUAL

SECTION 2

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CLASSIFICATIONS & RATING VALUES

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 staffs. 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.

UNDERWRITING GUIDE

Assembled Millwork Mfg.
Bark Peeling In Veneer Mill
Barrel Dealer, Including Repairing - Wood
Barrel Stock Mfg., No Sawmill Work
Basket Mfg. - Veneer
Box Or Box Shook Mfg.
Building Mfg., Portable - Wood
Carpentry Shop
Carriage Mfg.
Contract Packaging - Crating - In Shop
Cooper
Crate Mfg. - Wood
Door Frame Or Sash Mfg. - Wood
Door Mfg. - Wood
Fence Mfg. - Wood, Shop Only
Flooring Mfg. - Wood
Furniture Stock Mfg. - Non-Turned - By Specialist Contractor
Hardwood Dimension And Flooring Mill, No Sawmill Operation
Keg Mfg. - Wood
Ladder Mfg. - Wood
Laminated Wood Building Beam And Column Mfg.
Last Block Mfg.
Millwork Plant
Modular Home Mfg.
Packaging, Contract - Crating - In Shop
Packing Case Mfg.
Pallet Mfg.
Panel Mfg. - Soft Wood Or Plywood

Planing Mill
Plywood Container Mfg.
Plywood Mfg., Including Veneer Mfg.
Porch Enclosure Mfg.
Prefabricated Building Mfg. - Wood, Shop Work
Railing Or Stair Mfg. - Wood
Sash Mfg. - Wood
Sash, Door Or Assembled Millwork Mfg.
Screen Mfg., Window - Wood
Shingle Mfg. - Wood, Including In Shop Staining
Shingle Staining, In Shop, No Off-Premises Work
Shook Mfg.
Shuttle Mfg.
Silo Mfg. - Wood, Shop Only
Staircase And Stair Mfg. - Wood
Stave Mfg. - Wood
Structural Members, Laminated Wood - Arches, Trusses, Timbers
Tank Building - Wood, Shop Only
Trellis Mfg. - Wood
Truss Mfg. - Wood
Veneer Container Mfg.
Veneer Mfg.
Wagon Body Mfg.
Wirebound Box And Crate Mfg.
Wood Floor Mfg.
Wooden Barrel Mfg.
Wooden Box Mfg., Except Cigar Boxes

306 WOOD TURNED PRODUCTS MFG.

UNDERWRITING GUIDE

Axe Handle Mfg.
Dowel Mfg. - Wood
Furniture Turned Stock Mfg. - By Specialist Contractor
Gunstock Mfg., Unfinished Shapes
Handle Mfg. - Wood
Lath Mfg. - Wood
Peg Or Skewer Mfg. - Wood

Pencil Stock Mfg. - Wood
Pulley Block Mfg. - Wood
Shade Roller Mfg. - Wood
Spool Mfg. - Wood
Umbrella Handle Mfg. - Wood
Window Shade Roller Mfg. - Wood
Wood Tack Strip Mfg.
Wood Turned Products Mfg.
Wooden Frames Or Seats Mfg. - For Furniture

309 WOODENWARE MFG., N.O.C.

UNDERWRITING GUIDE

Bird House Or Feeder Mfg. - Wood
Bowling Pin Mfg. - Wood
Brush Mfg.
Cane Mfg.
Coat Hanger Mfg. - Wood
Cork Products Mfg.
Crutches Mfg. - Wood
Golf Club Heads Or Shafts Mfg. - Wood
Gunstock Mfg., Finished
Hat Block Mfg. - Wood
Lead Pencil Mfg.
Mop Mfg.

Pencil, Penholder Or Crayon Pencil Mfg. - Wood
Pipe Mfg., Tobacco - Wooden
Sign Or Sign Letter Mfg. - Wood, Shop Only, No Erection
Ski Mfg. - Wood
Spice, Cutlery Or Wine Racks Mfg. - Wood
Toothpick Mfg.
Veneer Products Mfg., N.O.C. - No Veneer Mfg.
Wooden Tobacco Pipe Mfg.
Woodenware Mfg., N.O.C.

311 CABINET WORKS – with power-driven machinery

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 in this classification include but are not necessarily limited to:

Architectural Woodwork
Bathroom Vanities
Bookcases
Bulletin Boards
Counter Tops
Display Cases
Kitchen Cabinets
Library Cabinets
Parquet Flooring

Partitions
Picture Frames
Restaurant Booths
Room Dividers
Showcases
Store Counters
Toys – Wood
Walk-In Refrigerators

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.

UNDERWRITING GUIDE

Bookcase Mfg. - Wood
Cabinet Works - Wood - With Power-Driven Machinery
Counter Top Mfg. - Wood
Exhibit Booth Mfg.
Kiosk Mfg.
Parquet Flooring Mfg. - Hardwood

Picture Frame Mfg. - Wood
Refrigerated Showcase Mfg. - Wood
Room Divider Mfg.
Showcase Mfg. - Wood
Toy Mfg. - Wood
Vanities Mfg. - Wood (Architectural Or Bathroom)

319 FURNITURE ASSEMBLY

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.

UNDERWRITING GUIDE

Broom Mfg. - Assembling Only - No Woodworking
Coffin Assembly - No Wood Or Metal Working
Furniture Assembly - From Prefabricated Parts Or Pieces Only - No Woodworking
Furniture Stripping - Incidental To Assembling Or Refinishing Operations Only
Furniture Stripping, No Woodworking - By Specialist Contractor
Lamp (Floor Or Table) Assembly Only - No Metal Or Wood Fabricating
Wreath Assembly - Artificial - Plastic And Fabrics

323 FURNITURE MFG. – Wood

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.

UNDERWRITING GUIDE

Billiard Table Mfg.
Cedar Chest Mfg.
Chair Or Chair Frame Mfg. - Wood
Coffin Mfg. - Wood
Fiber Furniture Mfg.
Furniture Assembling - Wood, By A Furniture Manufacturer, Including Woodworking
Furniture Frame Mfg. - Wood
Furniture Mfg. - Wood
Headboard Mfg. - Wood (Upholstery Work If Conducted By A Sep. Crew In A Sep. Dept. Shall Be Separately Rated)
Musical Instrument Mfg. - Wood

Organ Building - Including Installation
Piano Or Player Piano Mfg.
Rattan Or Fiber Furniture Mfg.
Tank, Seat Or Cabinet Mfg. - Toilet - Wood
Trunk Mfg. - Wood
Venetian Blind Mfg. - Wood
Willow Ware Mfg.
Wood Household Or Office Furniture Mfg.
Wooden Coffin Mfg.
Wooden Musical Instruments Mfg.

327 FURNITURE UPHOLSTERING, SHOP only

An upholstering 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 INCLUDED:

1. Furniture frame manufacturing or assembly shall be classified as provide for in this Manual.
2. Upholstering operations conducted at customers' locations is assignable to Code 670.

UNDERWRITING GUIDE

Automobile Seat Cover Installation And/Or Seat Upholstering
Automobile Top Installation, Fabric Or Vinyl
Coffin Or Casket Upholstery Work
Furniture Upholstering

Reupholstering
Upholstering Car Seats
Upholstering Shop Only, No Furniture Assembling

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.

UNDERWRITING GUIDE

Aluminum Ingots And Primary Production Shapes From Bauxite/Alumina
Copper Smelting And Refining, Primary
Galvanizing Works - Hot Dip
Lead Mfg., Red Or White
Lead Sheet, Pipe And Shot Mfg.
Lead Smelting
Lead Smelting And Refining, Primary
Melting Of Nonferrous Scrap Metals
Precious Metal Refining, Primary

Primary Smelting And Refining Of Nonferrous Metals, N.O.C.
Red Lead Mfg.
Retinning Of Metal Not Done In Rolling Mill
Rust Proofing (Hot Dipping) Of Metals
Secondary Smelting, Refining, And Alloying Of Nonferrous Metal And Alloys
Smelting Of Nonferrous Metals, N.O.C.
Tin Smelting And Refining
White Lead Mfg.
Zinc Smelting And Refining, Primary

403 ROLLING, DRAWING or EXTRUDING 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.

UNDERWRITING GUIDE

Aluminum Extruded Products Mfg.	Miniature Tube Mfg. - From Nonferrous Metals
Atomizing Molten Nonferrous Metal	Nonferrous Metals Cold Rolling, Drawing,
Can Mfg., Seamless	Extruding, Or Forging
Cold Rolling Or Drawing, Nonferrous Metals	Pipe Mfg. - Brass, Copper Or Aluminum
Copper Pipe Or Tube Mfg. By Extruding And	Platinum Group Metals - Rolling, Drawing And/Or
Drawing	Extruding
Drawing - Nonferrous Metals	Powder Mfg. - Atomizing Molten Nonferrous Metal
Extruded Products Mfg. - Nonferrous Metals	Tin Foil Mfg.
Forging - Nonferrous Metals Only	Tube Mfg. - Nonferrous
Metal Can Mfg., Seamless	Wire Drawing - Nonferrous Metals
	Wire Mfg. - Nonferrous

STEEL MAKING AND ROLLING MILLS

404 STEEL MFG.

UNDERWRITING GUIDE

Stainless Steel Mfg.
Steel Mfg.

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

UNDERWRITING GUIDE

Cold Rolling Or Drawing - Ferrous Metals	Rolling Mill - Ferrous Metals - By Specialist
Cold-Rolled Sheet Mfg. - By Specialist Contractor	Contractor
Corrugating Iron And Steel - Cold-Rolled - By	Sheet Rolling, Cold Rolling - By Specialist
Specialist Contractor	Contractor
Doubling Process, Sheet Rolling - By Specialist	Steel Wire Drawing
Contractor	Wire Drawing - Ferrous Metals
Ferrous Metals Cold Rolling Or Drawing	Wire Mfg.
Plate Steel Mfg. - By Specialist Contractor	

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

UNDERWRITING GUIDE

Miniature Tube Mfg. - From Ferrous Metals
Pipe Or Tube Mfg. - Iron Or Steel
Skelp Rolling
Steel Pipe And Tube Mfg.
Tube Mfg. - Iron Or Steel

STEEL FABRICATING

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

UNDERWRITING GUIDE

Bridge Shop	Steel Works, Structural
Radio And Television Tower, Fabrication	Structural Steel Fabrication
Steel Fabrication, Bridge And Structural Shops	Tower, Transmission, Fabrication

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.

UNDERWRITING GUIDE

Aluminum Railings Mfg.
Architectural Or Ornamental Iron Work Mfg.
Balcony Mfg.
Banister Mfg. - Metal
Fence Or Fence Post Mfg. - Ornamental Iron Or Steel
Fire Escape Mfg.
Flagpole Mfg. - Metal
Flooring Mfg. - Open Steel Grating
Furniture Mfg. - Wrought Iron
Gate Mfg. - Ornamental Metal
Grandstand Or Bleacher Mfg. - Metal
Grating Mfg. - Open Steel Flooring
Iron Shutter Mfg.

Iron, Ornamental, Fabrication Shop
Lamp Post Mfg. - Metal
Metal Arches Mfg., For Buildings
Metal Lath Mfg.
Ornamental Brass Goods Mfg.
Ornamental Or Architectural Metal Work Mfg.
Partition Mfg. - Ornamental Iron
Pipe Bending - Fabrication Shop
Power Pipe Fabrication
Racing Sulky Mfg.
Railing Mfg.
Stair Railing Mfg. - Metal
Steel Curtain Wall Mfg.
Sulky Mfg., Racing

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.

UNDERWRITING GUIDE

Autoclave Mfg., Industrial
Boiler Mfg., Shop Only
Buoy Mfg. - Metal
Casing Mfg., Boiler Metal Plate
Condenser Mfg., Steam
Culvert Mfg. - Metal Plate
Cylinder Mfg. - Pressure Metal Plate
Dumpster Or Refuse Container Mfg. - From Metal Plate
Gas Tank Mfg. - Metal Plate
Industrial Boiler Mfg.
Liquid Oxygen Tank Mfg. - Metal Plate

Military Tank Hull Mfg.
Oil Storage Tank Mfg. - Metal Plate
Plate Work, Fabricated
Pressure Vessel Mfg. - Industrial Metal Plate
Refuse Container Or Dumpster Mfg. - From Metal Plate
Still Mfg. - Pressure Metal Plate
Tank Mfg. - Pressurized Or Non-Pressurized, Including
For Tank Trucks - From Metal Plate
Truss Plate Mfg. - Metal
Vacuum Tank Mfg. - Metal Plate
Vat Mfg. - Metal Plate

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

Car Mfg., Rebuilding Or Repair, Railroad - All Kinds
Freight Car Mfg.
Industrial Locomotive And Parts Mfg.
Locomotive And Parts Mfg.
Mine Car Mfg.
Railroad Car Mfg.

Railway Maintenance Car Mfg.
Refrigerator Car Mfg.
Switching Locomotive And Parts Mfg.
Tank Freight Car Mfg.
Tender Mfg., Locomotive

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.

UNDERWRITING GUIDE

Casting Foundry, Steel
Electric Steel Foundry
Foundry, Steel
Steel Alloy Castings Mfg.
Steel Foundry

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.

UNDERWRITING GUIDE

Cast Iron Pipe Mfg.
Casting Foundry, Ductile Or Grey Iron
Ductile Iron Foundry
Enameled Cast Iron Ware Mfg.
Foundry, Iron, N.O.C.
Grey Iron Foundry
Heater Or Radiator Mfg. - Cast Iron

Hydrant Mfg. Water - Cast Iron
Iron Foundry, N.O.C. (See Also Classes 427 And 445)
Manhole Cover Mfg. - Cast Iron
Pipe Mfg. - Cast Iron, N.O.C.
Radiator Or Heater Mfg. - Cast Iron
Stove Mfg. - Cast Iron

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.

UNDERWRITING GUIDE

Casting Foundry, Malleable Iron
Foundry, Malleable Iron
Malleable Iron Foundry

429 DIE CASTING MFG.

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

UNDERWRITING GUIDE

Aluminum Die Castings Mfg.
Die Castings Mfg. - Aluminum, Brass, Bronze, Copper Or Zinc
Zinc Die Castings Mfg.

447 NONFERROUS METALS FOUNDRY

Also includes secondary machining of non-ferrous castings by the foundry employer. There is no payroll division with Code 461.

UNDERWRITING GUIDE

Aluminum Castings Mfg.
Aluminum Ware Mfg., Cast
Brass Castings Mfg.
Bronze Castings Mfg.
Bushing Or Bearing Mfg. - Nonferrous Metal - Cast
Casting Mfg. - Nonferrous Metals
Centrifugal Castings Mfg. - Nonferrous Metals
Copper Castings Mfg.

Foundry - Nonferrous, N.O.C.
Hardware Mfg. - Nonferrous - By Foundry Method
Investment Castings Mfg. - Nonferrous Metals
Nonferrous Metals Foundry
Plumbing Fixture Fittings And Trim (Brass Goods) Mfg. - Cast
Spin Casting Foundry - Nonferrous Metals
Type Foundry
Zinc Castings Mfg.

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.

UNDERWRITING GUIDE

Anvil Mfg. - Forged
Forging, N.O.C.
Gun Forging, Iron And Steel
Horseshoe Mfg.

Iron Forging
Press Forging
Projectile Or Shell Casing Mfg.: Forging - Separately
Rate Loading Or Testing With Explosives
Upset Forging

433 TOOL MFG. – Forged

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, trimmed or ground as needed and tempered by heat treating. Includes secondary machining of the forged tools by the forge business. 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.

UNDERWRITING GUIDE

Agricultural Tools Mfg.
Axe Mfg.
Construction Tools Mfg.
File (Tool) Mfg. - Forged
Gardening Tools Mfg.

Heat-Treating Of Metal - By Specialist Contractor
Logging Tools Mfg.
Oil Well Tools Mfg.
Sledgehammer Mfg.
Tool Mfg. - Forged

435 SPRING MFG. – Hot Wound

Also includes Chain Mfg.

UNDERWRITING GUIDE

Automobile Bumper Mfg.
Automobile Spring Mfg.
Chain Mfg.
Coiled Flat Spring Mfg.
Leaf Spring Mfg.

Railroad Car Or Locomotive Spring Mfg.
Spring Mfg. - Hot Wound
Steel Spring Mfg. - Except Wire (Cold Wound) Springs
Torsion Bar Spring Mfg.

441 TOOL MFG., N.O.C.

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 to 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 plus/minus .001 inches or closer (e.g., plus/minus .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 is held to final tolerance(s) cruder than plus/minus .001 inches (e.g., plus/minus .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.
13. Code 441 is not applicable to any business that has a separate department making tools, dies, molds or any of the 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.

UNDERWRITING GUIDE

Aircraft Propeller Mfg. - Wood
 Architectural Scale Model Mfg. - By Specialist Contractor
 Cutlery Mfg. (Non-Forged) For Household Or Butcher Shop/Restaurant Use
 Die Mfg.
 Fixture Or Jig Mfg.
 Gauge Mfg. - Ring, Plug Or Snap
 Jig Or Fixture Mfg.
 Label Mfg. - Metal
 Last Form Mfg. - Wooden
 Machine Tools Mfg. - Metal - Cutting Or Forming Types
 Model Or Pattern Mfg. - Wood Or Metal, Shop Only, Excluding Castings

Mold Mfg., Excluding Castings
 Pattern Or Model Mfg. - Wood Or Metal, Shop Only, Excluding Castings
 Punch Mfg., For Marking Metal
 Sewing Machine Attachment Mfg. (e.g., Hemmers, Binders)
 Shoe Form Mfg. - Wood
 Steel Rule Die Mfg.
 Tool Mfg., N.O.C.
 Tool Sharpening, Industrial Tools
 Welding Or Cutting Torch Tip Mfg.
 Wood Carving - By Hand Or Machine

442 HAND TOOL MFG – NON-FORGED

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.

UNDERWRITING GUIDE

File, Tool (Non-Forged) Mfg.

Hand Tool Mfg. - Non-Forged (Excluding Axes, Agricultural Tools, Sledgehammers Or Wheelbarrows)

443 SAW BLADE OR INDUSTRIAL KNIFE MFG.

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.

UNDERWRITING GUIDE

Industrial Knife Mfg. - All Types

Knife Mfg. - Industrial All Types

Saw Blade Mfg. - All Types

445 HARDWARE MFG., N.O.C.**UNDERWRITING GUIDE**

Acetylene Torch Mfg.

Arms Mfg., Excluding Ammunition Mfg.

Automatic Screw Machine Products Mfg.

Automatic Sprinkler Mfg.

Bolt Mfg.

Bottle Cap Or Crown Mfg.

Brush Manufacture - Using Tinsplate Not Wood

Builders Hardware Mfg.

Bushing Mfg.

Carburetor Mfg.

Cartridge Mfg., No Handling Of Explosives

Coating Of Parts - By Contractor

Collapsible Tube Mfg.

Curtain Rod Mfg. - Metal

Electric Fixtures Mfg.

Fastener Mfg., N.O.C.

Flashlight Mfg., Or Assembling

Franklin Stove Assembly

Gas And Electric Fixtures Mfg.

Gun, Handgun Mfg.

Handgun Mfg.

Hardware Mfg., N.O.C. Including Foundry

Hydraulic Stabilizer Mfg., For Trains

Investment Casting

Lamp Or Portable Lantern Mfg.

Lighting Fixtures Mfg.

Meat Chopper Mfg.

Nail Mfg., Not Wire

Nut Or Bolt Mfg.

Painting Or Powder Coating Metal Parts - Shop - By Specialist Contractor

Pistol Mfg.

Playground Equipment Mfg.

Plumbers' Fittings Mfg.

Plumbers' Supplies Mfg., N.O.C.

Polishing And Buffing, Shop Only - Specialist Contractor

Portable Lamp Or Lantern Mfg.

Powder Coating Of Parts (Electrostatic Spray Application) - By Contractor

Rifle Mfg.

Sadiron Mfg.

Scale And Balance Mfg.

Screw Machine Products

Screw Mfg.

Shotgun Mfg.

Skate Mfg.

Small Arms Mfg.

Spike Mfg.

Spray Painting - In Shop Only

Sprinkler Mfg., Automatic

Stabilizer Mfg., Hydraulic For Trains

Tube Mfg. - Metal, Collapsible

Valve And Pipe Fitting Mfg., Except Cast Plumbers' Brass Goods

Valve Mfg.

Welding Torch Mfg.

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

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 all machining operations performed by the employer will be held to a final tolerance of plus/minus .001 inches or closer (e.g., plus/minus .0005 inches) and where more than 50 percent of the parts machined-made 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 for this classification as a business principally engaged in machining or machining parts for unrelated businesses and that has either no proprietary product(s) or the machining of the business' proprietary product(s) is less than 50 percent of the business' overall machining.

OPERATIONS NOT INCLUDED:

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 plus/minus .001 inches (e.g., plus/minus .003 inches, .005 inches, .010 inches), and where more than 50 percent of the parts made by the employer are not assigned to any other manufacturing classification, shall be assigned to Code 461.
2. An employer principally engaged in machining parts or products specifically assigned to any other manufacturing classification shall be assigned to that specified manufacturing classification regardless of the final machining tolerance called for by the plans or specifications.

UNDERWRITING GUIDE

Aircraft Propeller Mfg. - Metal
Precision Machined Parts Mfg., N.O.C.

447 NON-FERROUS METALS FOUNDRY.

Also includes secondary machining of non-ferrous castings by the foundry employer. There is no payroll division with Code 461.

UNDERWRITING GUIDE

Aluminum Castings Mfg.	Foundry - Nonferrous, N.O.C.
Aluminum Ware Mfg., Cast	Hardware Mfg. - Nonferrous - By Foundry Method
Brass Castings Mfg.	Investment Castings Mfg. - Nonferrous Metals
Bronze Castings Mfg.	Nonferrous Metals Foundry
Bushing Or Bearing Mfg. - Nonferrous Metal - Cast	Plumbing Fixture Fittings And Trim (Brass Goods)
Casting Mfg. - Nonferrous Metals	Mfg. - Cast
Centrifugal Castings Mfg. - Nonferrous Metals	Spin Casting Foundry - Nonferrous Metals
Copper Castings Mfg.	Type Foundry
	Zinc Castings Mfg.

449 ELECTROPLATING**UNDERWRITING GUIDE**

Anodizing Metals	Metal Anodizing
Chromium Plating	Plating Of Metal Articles
Detinning	Silver Plating
Electroplating	Tin Plating
Gold Plating	

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.

UNDERWRITING GUIDE

Ambulance Body Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis
 Automobile Body Mfg., Except Plastic Body Molding
 Bus Body Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis
 Chassis Mfg.
 Fire Truck Body Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis
 Hearse Body Mfg.
 Mobile Home Mfg. - Non Self-Propelled
 Trailer Mfg.
 Truck Body Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis
 Truck Cab Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis
 Vehicle Chassis or Frame Mfg.

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

Sheet metal shall be thinner than #3 U.S. Standard Gauge (less than ¼" 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.

UNDERWRITING GUIDE

Agate Or Enamel Ware Mfg.	Hotel Kitchen Equipment Mfg.
Aluminum Storm Sash Mfg.	Household Cooking Utensil Mfg.
Aluminum Ware Mfg. - From Sheet Aluminum	Machine Guard Mfg. - Sheet Metal
Automobile Parts Mfg., Miscellaneous Stamped Parts	Metal Can Mfg., Seamed
Automobile Radiator Mfg.	Metal Shipping Barrels, Drums, Kegs Or Pails - Used, Dealer
Automobile Wheel Mfg.	Metal Spinnings Mfg.
Barrel Or Drum Mfg. - Metal	Metal Stampings Mfg.
Barrel Or Drum Reconditioning Or Repairing - Metal	Metal, Sheet Goods Mfg., N.O.C.
Bin Mfg. - Sheet Metal	Perforated Metal Mfg.
Brass Products Mfg., N.O.C. - From Sheet Stock	Radiator Mfg., Auto
Building Mfg., Portable - Metal, No Erection	Restaurant Kitchen Equipment Mfg.
Can Mfg., Seamed	Sheet Metal Products Fabrication, N.O.C., Shop Only
Casing Mfg. - Sheet Metal	Sign Mfg. - Metal, Shop Only - No Erection
Chimney Flashing Mfg., No Installation Work	Silo Building - Metal, Shop Only
Cooking Utensil Mfg. - Steel Or Aluminum	Steel Barrel Or Drum Mfg.
Copper Products Mfg. - From Sheet Stock	Steel Drum Or Barrel Dealer, Secondhand
Coppersmithing - Shop Only	Storm Window Or Door Mfg. - Metal Or Vinyl
Duct Fabrication - No Installation Work	Ventilator Mfg. - Sheet Metal
Enamel Ware Mfg.	Wheelbarrow Mfg. - Metal
Flue Mfg., Stove Or Furnace - By Specialist Contractor	Window Sash Mfg. - Aluminum Or Vinyl
Hood Mfg., Range	

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

Sheet metal shall be thinner than #3 U.S. Standard Gauge (less than ¼" 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.

DELAWARE WORKERS COMPENSATION MANUAL

SECTION 2

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CLASSIFICATIONS & RATING VALUES

UNDERWRITING GUIDE

Air Conditioner Mfg. Home Window Unit	Ice Cream Cabinet Mfg.
Air Conditioner Or Air Conditioner Equipment Mfg. - Home Window Unit Or Central Air, Commercial Or Industrial	Incubator Mfg. - Metal
Aircraft Subassemblies Mfg. - Metal, By Contractor (e.g., Cowlings, Wings, Tabs Or Ailerons)	Jalousie Or Jalousie Screen Mfg. - Metal Or Glass
Aluminum Awning Mfg.	Ladder Mfg. - Metal
Aluminum Venetian Blind Mfg.	Locker Mfg. - Metal
Appliance Mfg., Major Household Or For Commercial Establishments, Kitchen Or Laundry	Metal Furniture Mfg.
Awning Mfg. - Metal, No Erection	Office Furniture Mfg. - Metal
Bedstead Mfg. - Metal	Oven Mfg. - Metal Industrial Drying Ovens
Bookcase Mfg. - Metal	Panel Or Partition Mfg. - Sheet Metal
Brass Bed Mfg.	Radiator Cabinet Or Shield Mfg. - Metal
Cabinet Mfg. - Sheet Metal	Refrigerator Mfg., Commercial Or Household
Chair Mfg. - Metal	Sheet Metal Aircraft Parts Mfg.
Clothes Dryer Mfg., Commercial Or Household	Shelving Mfg. - Metal
Coffin Mfg. - Metal	Showcase Mfg. - Metal
Display Showcase Mfg. - Metal	Ski Mfg. - Metal
Door Mfg. - Metal	Soda Fountain Mfg.
File Cabinet Mfg.	Stove Mfg. - Sheet Metal, Commercial Or Household
Fire Door Mfg.	Tennis Racquet Mfg. - Metal
Fireproof Equipment Mfg. - Metal	Trash Compactor Mfg.
Freezer Mfg., Commercial Or Household	Venetian Blind Mfg. - Aluminum
Furniture Mfg. - Metal	Ventilation Equipment Mfg.
Garment Rack Mfg. - Metal	Washing Machine Mfg., Commercial Or Household
Golf Club Mfg. - Metal	

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 .

UNDERWRITING GUIDE

Artificial Christmas Tree Mfg.	Rope Mfg. - Wire
Bed Spring Mfg. - Wire	Shopping Cart Mfg.
Brush Mfg. - Wire	Snow Fence Mfg., Wire Twisting
Cable Mfg. - Not Insulated Electrical Cable	Spring Mfg., Cold Wound
Coat Hanger Mfg. - Metal	Welding Rod Mfg.
Cold Wound Wire Spring Mfg.	Wire Brush Mfg.
Fence Mfg. - Wire	Wire Fence Mfg.
Lamp Shade Frame Mfg.	Wire Goods Mfg.
Nail Mfg. - Wire	Wire Rope Or Cable Mfg.
Pocketbook Frame Mfg.	

458 JEWELRY MFG.

UNDERWRITING GUIDE

Clock Mfg.	Lapidary
Costume Jewelry Mfg.	Musical Instrument Mfg. - Metal
Diamond Cutter, Polisher, Setter	Pendant Jewelry Mfg.
Gold Leaf Mfg.	Precious Stone Cutting, Polishing Or Setting
Jewel Setting And Mounting	Silverware And Plated Ware Mfg.
Jewelry Mfg.	Watch Mfg.
Jewelry Polishing	Watch, Clock, And Parts Mfg.

459 EYELET, Needle, Pin, Pen or Tack MFG.

UNDERWRITING GUIDE

Artificial Limb Mfg.	Pen Or Pen Point Mfg.
Ball Point Pen Mfg.	Pin Or Needle Mfg.
Button Mfg. - Metal	Razor Blade Mfg. - Safety
Electronic Terminal And Connector Mfg. - By Machining	Rivet Mfg.
Or Stamping	Swiss Screw Machine Shop
Eyelet Mfg.	Tack Mfg.
Implant Mfg. – Medical (e.g., hips, knees)	Valve Mfg. - Miniature
Mechanical Pencil Mfg.	Zipper Mfg.
Medical Implant Mfg. (e.g., hips, knees)	
Miniature Valve And Fitting Mfg.	
Needle, Pin, Hook Or Eye 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).

UNDERWRITING GUIDE

Aircraft Engine Or Engine Part Mfg. Or Repair, Shop Only	Machined Automobile Parts Mfg., N.O.C.
Automobile Engine Mfg. Or Remanufacture	Measuring Or Dispensing Pump Mfg.
Automobile Jack Mfg.	Outboard Motor Mfg.
Automobile Parts Mfg. - Machined - N.O.C.	Piston, Piston Pin Or Piston Ring Mfg.
Automotive Machine Shops - No Work On Cars - e.g., Cylinder Boring, Valve Grinding Or Turning Down Brake Drums	Pneumatic Tool Mfg.
Engine Mfg., Internal Combustion	Projectile Or Shell Casing Mfg.: Secondary Machining - Separately Rate Loading Or Testing With Explosives
Fuel Pump Mfg., Automobile	Pump Mfg.
Gear Mfg. Or Grinding	Safe Mfg.
Hydraulic Device Mfg. - e.g., Jacks, Auto Lifts	Shaft Mfg. - All Types
Internal Combustion Engine Mfg.	Stoker Mfg.
Jackhammer Mfg.	Supercharger Mfg.
Machine Shop, N.O.C.	

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.

UNDERWRITING GUIDE

Automobile Mfg.	Industrial Truck Mfg.
Automobile Truck Mfg.	Motorcycle Mfg.
Bicycle Mfg.	Tractor Mfg.
Forklift Truck Mfg.	Truck Mfg.

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.

UNDERWRITING GUIDE

Confectioners' Machinery Mfg.	Printing Trade Machinery Or Equipment Mfg.
Food Product Machinery Mfg.	Textile Machinery Mfg.
Machinery Reconditioning (Excluding Conveyors)	Typesetting Machinery Mfg.
- Shop Operations Only	Woodworking Machinery Mfg.
Machinery Mfg. - Industrial, N.O.C.	
Packaging Machinery Mfg. - Including Automatic	
Filling Type Machinery (Not Bottling)	
Paper Industry Machinery Mfg.	

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.

UNDERWRITING GUIDE

Conveyor Mfg. - Or Reconditioning
Elevator Or Elevator Door Mfg.
Escalator Mfg.
Hoisting Systems Mfg.
Overhead Crane Mfg.

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.

UNDERWRITING GUIDE

Ball Bearing Mfg.
Roller Bearing Mfg.

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

Applies to businesses principally engaged in assembling any of the products 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.

OPERATIONS ALSO INCLUDED:

1. The assembly of electrical wire harnesses, automotive wire harnesses or connector cable assemblies.

OPERATIONS NOT INCLUDED:

1. Assign Code 472 to electronic component manufacturing.
2. Assign Code 473 to electrical cord assembly.
3. The manufacture of wire or cable shall be separately classified as provided for in this Manual.

UNDERWRITING GUIDE

Automotive Wire Harness Assembly	Printed Circuit Board Stuffing By Contractor
Cable Connector Assembly	Stuffing Printed Circuit Boards, Adding Wiring And
Electrical Wire Harness Assembly	Chassis By Contractor Per Customer Design
Printed Circuit Board Mfg. - By Specialist Contractor	

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.

OPERATIONS ALSO INCLUDED:

1. Semiconductor material refining
2. Integrated circuit manufacture
3. Quartz crystal culturing
4. Glass to metal seal manufacture

OPERATIONS NOT INCLUDED:

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

UNDERWRITING GUIDE

Ceramic Capacitor Mfg. - Less Than 1 H.P.
Coils - Less Than 1 H.P.
Diode Mfg.
Integrated Circuit Mfg.
Light Emitting Diode Mfg.
Liquid Crystal Display Mfg.
Oscillator Mfg.

Quartz Crystal Culturing
Resistor Mfg. - Less Than 1 H.P.
Semiconductor Refining - Silicon Wafers
Silicon Chip Mfg.
Transducer Mfg.
Transformer Mfg. - Less Than 1 H.P. Used In Electronic Devices
Transistor Mfg.

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.

UNDERWRITING GUIDE

Automobile Horn Mfg., Electric
Automotive Alternator Or Generator Mfg. Or Repair
Automotive Lighting, Ignition Or Starting Apparatus Mfg.
Ballast Mfg. - Fluorescent Lights
Battery Charging Equipment Mfg.
Battery Mfg., Dry
Blender Mfg. - Household
Blinkerlight Mfg.
Centrifuge Mfg., Laboratory
Christmas Tree Light Cord Sets Mfg.
Dimmer Switch Mfg.
Electric Blanket Mfg.
Electric Cord Assembly, Cable Mfg. To Be Separately Rated
Electric Fan Mfg.
Electric Heating Element Mfg.
Electric Housewares And Fan Mfg.
Electric Switches Mfg. - Household And Crossbar
Electric Wire Assembly - Cord

Electrical Apparatus Mfg.
Electrical Equipment For Internal Combustion Engines Mfg.
Electro-Physical Therapy Equipment Mfg.
Fire Alarm Siren Mfg.
Floor Cleaning/Waxing Machine Mfg.
Fuse Mfg. - Electrical
Hair Dryer Mfg. - Hand-Held
Hand Tool Mfg. - Electric - Portable
Heating Pad Mfg.
Humidifier Mfg.
Mercury Switch Mfg.
Razor Mfg. Or Repair - Electric
Switch Mfg. - Household
Trains, Electric - Toy Or Model Mfg.
Vacuum Cleaner - Service Or Repair
Vacuum Cleaner Mfg.
X-Ray Equipment Mfg.

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 1 horsepower), switch-gear or switchboard apparatus, generators or vacuum furnaces.

UNDERWRITING GUIDE

Bus-bar Mfg.
Circuit Breaker Mfg.
Electric Power Equipment Mfg. For Utilities
Generator Mfg., Electric

Switchgear Or Switchboard Apparatus Mfg.
Transformer Mfg. (1 H.P. Or More)
Vacuum Furnace, Kiln Or Drying Oven Mfg.

475 BATTERY MFG., Storage**UNDERWRITING GUIDE**

Automobile Battery Mfg.
Battery Mfg., Storage
Storage Battery Mfg.

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.

UNDERWRITING GUIDE

Environmental Control Systems Mfg./Assembly
Motor Controller Assembly
Power Controller Assembly
Process Control Systems Mfg./Assembly

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.

UNDERWRITING GUIDE

Armature Mfg.
Electric Motor Mfg. Or Repair - Shop Only

483 OFFICE MACHINE MFG.**OPERATIONS NOT INCLUDED:**

1. Assign Code 952 to a separate crew performing service and repair at customer locations.

UNDERWRITING GUIDE

Adding Machine Mfg.
Calculator Mfg.
Cash Register Mfg.
Cigarette Or Cigar Lighter Mfg.
Computer Mfg.
Computer Peripheral Mfg.
Electronic Organ And Synthesizer Mfg.
Facsimile Equipment Mfg.
Laser Printer Cartridge Mfg. Or Remanufacture

Modem Mfg.
Office Machine Mfg.
Organ, Electronic - Mfg.
Sewing Machine - Service Or Repair
Sewing Machine Mfg.
Slot Machine Mfg.

Vending Machine Mfg.
Voting Machine Mfg.

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

UNDERWRITING GUIDE

Aircraft Radio Or Transmitting Equipment Mfg.
 Amplifier Mfg.
 Antenna Mfg.
 Depth Sounding Equipment Mfg.
 Hearing Aid Mfg.
 Infrared Homing Systems Mfg.
 Intercommunications Equipment Mfg.
 Microphone Mfg.
 Microwave Communication Equipment Mfg.
 Missile Guidance Equipment Mfg.
 Multiplexer Mfg.
 Navigational Instruments Mfg.

Radar Devices Mfg.
 Radio Or Television Transmitting, Signaling Or
 Detection Equipment Or Apparatus Mfg.
 Receivers - Radio Communication Mfg.
 Recording Devices Mfg.
 Sonar Equipment Mfg.
 Speaker Mfg.
 Stereo Equipment Mfg.
 Tape Recorder Mfg.
 Telemetering Equipment Mfg.
 Telephone Or Telegraph Apparatus Mfg.
 Transponder Mfg.
 Video Cassette Recorder Mfg.

486 INCANDESCENT LIGHT BULB or ELECTRONIC TUBE MFG.

UNDERWRITING GUIDE

Cathode Ray Picture Tube Mfg.
 Electric Light Bulb Mfg.
 Electron Tube Mfg.
 Incandescent Light Bulb Mfg.
 Medical Diagnostic Lamp Mfg.
 Megetron Device Mfg. (Specialty Electron)
 Neon Sign Mfg. - Shop Only, No Installation, Service Or
 Repair

Photoflash Cube Mfg.
 Radio & Television Tube Mfg.
 Television Tube Mfg.
 Transmitting, Industrial And Special Purpose Electron
 Tube Mfg.
 Vacuum Tube Mfg.
 X-Ray 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.

UNDERWRITING GUIDE

Audio Compact Disc Duplicating
 Binocular Mfg.
 Coating Optical Products - Vacuum Deposition Method
 Dental Drill Or Dental Tools Mfg.
 Drafting Equipment Mfg.

Micrometer Mfg.
 Optical Instrument Or Lens Mfg.
 Surgical Instrument Mfg.
 Surveying Equipment Mfg.
 Telescope Mfg.

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.

UNDERWRITING GUIDE

Aircraft Instrument Mfg. (Not Radio Or Radar)
 Altimeter Mfg.
 Automatic Temperature Control Mfg.
 Blood & Gas Analyzer Mfg.
 CAT Scanner Mfg.
 Defibrillator Mfg.
 Electric Measuring Instrument Or Test Equipment Mfg.
 Electrocardiograph Equipment Mfg.
 Fetal Monitor Mfg.
 Flow Controller Mfg.
 Flowmeter Mfg.
 Gas Detection Monitor Mfg.
 Gas Meter Mfg.
 Heart Scan Systems Mfg.
 Magnetic Resonance Imaging (MRI) Mfg.
 Medical Equipment Mfg., Electronic - Diagnostic Or
 Treatment
 Pyrometer Mfg.

Respirator Equipment Mfg.
 Semiconductor Test Equipment Mfg.
 Speedometer Mfg.
 Steam Pressure Gauge Mfg.
 Tachometer Mfg.
 Taximeter Mfg.
 Thermocouple Mfg.
 Thermometer Mfg.
 Thermostat Mfg.
 Ultrasound Imager Mfg.
 Valve Actuator Mfg.
 Vital Signs Monitoring Equipment Mfg.
 Volt Meter Mfg.
 Wafer (Semiconductor) Dicing Machine Mfg.
 Wafer Cleaning Equipment
 Water Meter Mfg.
 Wet Wafer Processing Equipment

489 DENTAL LABORATORY

UNDERWRITING GUIDE

Artificial Teeth Mfg.
 Dental Laboratory
 Hearing Aid Ear Mold Mfg.

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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Employment Contractor - Temporary Rolling, Drawing Or Extruding Nonferrous Metals Staff
 Rolling, Drawing Or Extruding Nonferrous Metals - Temporary Staff
 Temporary Rolling, Drawing Or Extruding Nonferrous Metals 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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Automobile, Truck Or Trailer Body Mfg. - Temporary Staff
 Employment Contractor - Temporary Automobile, Truck Or Trailer Body Mfg. Staff
 Temporary Automobile, Truck Or Trailer Body Mfg. 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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Electronic Component Mfg. - Temporary Staff
Employment Contractor - Temporary Electronic Component Mfg. Staff
Temporary Electronic Component Mfg. 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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Battery Mfg. - Temporary Staff
Employment Contractor - Temporary Battery Mfg. Staff
Temporary Battery Mfg. Staff

STONE AND CLAY PRODUCTS MFG.

501 CEMENT MFG. – including quarrying

UNDERWRITING GUIDE

Calcium Carbide Mfg.	Lime Burning Or Processing - By Specialist Contractor
Cement Mfg., Including Quarrying	Plaster Mill
Cement Quarry Operated By Manufacturer	Quarry, Cement - Operated By Manufacturer

502 PLASTER STATUARY or Ornament MFG.

UNDERWRITING GUIDE

Acrylic Embedments Mfg.
Map Mfg. Relief, Made Of Plaster
Plaster Form Mfg.
Plaster Statuary Mfg.

506 POWDER METAL PRODUCTS MFG.

UNDERWRITING GUIDE

Powder Metal Products Mfg.

507 GRAPHITE PRODUCTS MFG.

UNDERWRITING GUIDE

Carbon Products Mfg.
Graphite Products Mfg.

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

UNDERWRITING GUIDE

Asbestos Cement Products Mfg.	Fire Resistant Glove Mfg.
Asbestos Goods Mfg.	Glove Mfg. - Fire Resistant
Asbestos Paper Mfg.	Paper Mfg. - Asbestos
Asbestos Spinning Or Weaving	Tape Mfg. - Asbestos
Blanket Mfg., Insulating For Aircraft - Asbestos	Textile Mfg. - Asbestos
Brake Lining Mfg. - Asbestos	Vinyl Asbestos Floor Tile Mfg.
Cloth Mfg. - Asbestos	

511 CONCRETE PRODUCTS MANUFACTURING.

UNDERWRITING GUIDE

Bathtub Mfg. - Concrete	Drain Tile Mfg. - Concrete
Cast Stone Mfg. - Concrete	Pipe Mfg. - Concrete
Cement Block Mfg.	Plaster Block Mfg.
Cinder Block Mfg.	Precast Concrete Products Mfg. - Shop
Concrete Block Mfg.	Septic Tank Mfg. - Concrete
Concrete Burial Vault Mfg.	Silo Building - Concrete, Shop Only
Concrete Products Mfg.	Step Mfg. - Prefabricated Concrete

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.

UNDERWRITING GUIDE

Brick Mfg.	Structural Clay Products Mfg.
Pipe Mfg. - Terra-Cotta	Terra-Cotta Mfg.
Refractory Products Mfg.	Tile Mfg., Roofing, Structural Or Terra-Cotta

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 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 Code 513 payroll at the carrier or assigned risk rate. Premium developed under Code 0176 is not subject to experience or retrospective rating.

UNDERWRITING GUIDE

Abrasive Shape Mfg.	Porcelain Electrical Product Mfg.
Abrasive Wheel Mfg.	Porcelain Mfg.
Ceramic Mfg.	Pottery Mfg., Glazed
China Decorating - By A China Manufacturer	Pottery Mfg., N.O.C. - No Brick, Tile, Sewer Pipe Or Gas Retorts
China Tableware Mfg.	Rock Wool Mfg. - Including Spinning And Weaving
Earthenware Mfg.	Sand Mold Mfg. – By Independent Contractor
Foundry Sand Cores Mfg. - By Contractor	Tile Mfg., Decorative
Grinding Wheel Mfg.	Vitreous China Plumbing Fixture Mfg.
Grindstone Mfg., No Quarrying	Vitreous China Table And Kitchen Articles Mfg.
Mineral Wool Mfg. - Including Spinning And Weaving	Vitreous Tile Mfg.

GLASS MFG.

535 GLASS OR GLASSWARE MFG.

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

UNDERWRITING GUIDE

Cut Glass Mfg.
Fibrous Glass Mfg.
Flat Glass Mfg.
Glass Container Mfg.
Glass Mfg., Stained
Glassware Mfg.
Plate Glass Mfg.
Polished Plate Glass Mfg.

Pressed Or Blown Glass Mfg.
Rolled Glass Mfg.
Sheet Glass Or Sheet Window Glass Mfg.
Sodium Silicate Mfg.
Stained Glass Mfg.
Window (Sheet) Glass Mfg.
Wire Glass Mfg.

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

UNDERWRITING GUIDE

Glass Merchant - Bending, Beveling, Grinding Or Silvering Plate Glass By Separate Shop Crew
Glass Ornament Mfg. - From Purchased Glass
Laboratory Glassware Mfg. - From Purchased Glass
Laminated Glass Products Mfg. - From Purchased Glass
Mirror Mfg. - From Purchased Glass
Stained Glass Products Including Window Mfg. - From Purchased Stained Glass
Tiffany Lamp Shade Mfg. - From Purchased Stained Glass

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

Applies to all 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 entry in the General Auditing & Classification Information section for further information on the manufacturing businesses assignable to Code 544 and on classifying temporary staff.

UNDERWRITING GUIDE

Employment Contractor - Temporary Staff - Manufacturing Or Light Industrial Operations
Light Industrial Or Manufacturing Business Operations - Temporary Staff
Manufacturing Or Light Industrial Operations - Temporary Staff
Temporary Staff - Manufacturing Or Light Industrial Operations

CHEMICALS INDUSTRIES

551 CHEMICAL Processing or Products **MFG.**, N.O.C.

For establishments engaged in manufacturing miscellaneous chemical preparations not otherwise classified.

UNDERWRITING GUIDE

Acid Mfg.	Magnesium Metal Mfg. - Electrolysis Of Fused Magnesium Chloride Process
Agricultural Chemical Mfg.	Magnesium Metal Mfg. - Ferro-Silicon Process
Agricultural Pesticide Mfg.	Magnesium Metal Mfg., N.O.C.
Alkali Mfg.	Oil Mfg., Vegetable
Alum Mfg.	Pest Strip Mfg.
Aniline Dye Mfg.	Pesticide Mfg.
Bicarbonate Of Soda Mfg.	Pyroxylin Mfg., Not For Use In Explosive Mfg.
Charcoal Mfg.	Salt Refining
Chemical Processing Or Products Mfg., N.O.C.	Silica Gel Mfg.
Copper Recovery, Not Smelting	Soda Bicarbonate Mfg.
Cotton Seed Oil Mfg.	Sulfate Mfg.
Creosote Mfg. - From Tar	Tanning Extract Mfg.
Distillation, Wood	Tar Refining
Dye Mfg.	Vegetable Oil Mill
Fungicide Mfg.	Vitriol Mfg.
Herbicide Mfg.	Wood Alcohol Mfg. - Natural
Insecticide Mfg.	Wood Distillation
Iron Recovery By Chemical Means	Zinc, Recovery Of - By Chemical Means

553 GASES – MFG. of carbonic oxide, anhydrous ammonia, oxygen or hydrogen.

UNDERWRITING GUIDE

Acetylene Gas Mfg.	Gas Mfg.
Ammonia Mfg.	Hydrogen Mfg.
Anhydrous Ammonia Mfg.	Ice Mfg., Dry Ice
Carbon Dioxide Mfg.	Industrial Gas Mfg.
Carbonic Acid Gas Mfg.	Oxygen Or Hydrogen Mfg.

555 DRUG or MEDICINE MFG.

UNDERWRITING GUIDE

Biological Product Mfg.	Medicine Mfg.
Cough Drop Mfg.	Pharmaceutical Preparation Mfg.
Drug Mfg.	Serum Mfg.

563 PAINT or Colors MFG. – no red or white lead mfg.

UNDERWRITING GUIDE

Adhesives Mfg.	Pigment Color Mfg.
Color Mfg., No Red Or White Lead Mfg.	Polish Or Leather Dressing Mfg.
Dope (Plastic Model Paint) Mfg.	Primer, Paint, Mfg.
Dry Toner Mfg.	Printing Ink Mfg.
Enamel Paint Mfg.	Putty, Caulking Compound, And Allied Product Mfg.
Ink Mfg., Printing	Roofing Compound Mfg., No Refining
Inorganic Pigment Mfg.	Shellac Mfg.
Lacquer Mfg.	Shoe Polish Mfg.
Metal Polish Mfg.	Stains - Varnish, Oil And Wax, Mfg.
Mineral Color Mfg.	Toner (Dry) Mfg.
Mucilage Mfg.	Varnish Mfg.
Paint Brush Cleaner Mfg.	Water Paint Mfg.
Paint Mfg., No Red Or White Lead Mfg.	Whiting Mfg.
Paint Remover Mfg.	Wood Filler And Sealer Mfg.
Paint, Varnish, Lacquer Or Enamel Mfg.	Wood Stain Mfg.

571 SOAP MFG.

UNDERWRITING GUIDE

Beeswax Mfg.	Perfume, Cosmetic Or Other Toilet Preparations Mfg.
Candle Mfg.	Perfumery Extract Mfg.
Cleaning, Polishing Or Sanitation Preparations Mfg.	Polishing, Cleaning Or Sanitation Preparations Mfg.
Cosmetic, Perfume Or Other Toilet Preparations Mfg.	Saddle Soap Mfg.
Crayon Mfg.	Scouring Compound Mfg.
Degreasing Solvent Mfg.	Sealing Wax Mfg.
Detergent Mfg.	Shampoo Mfg.
Disinfectant (Household And Industrial) Mfg.	Soap Or Other Detergent Mfg.
Dry Cleaning Preparation Mfg.	Synthetic Log Mfg. (wax and sawdust combination)
Furniture Polish And Wax Mfg.	Washing Compound Mfg.
Household Bleach, Dry Or Liquid Mfg.	Wax Or Wax Products Mfg.
Log Mfg. – Synthetic (wax and sawdust combination)	Wax Remover Mfg.

573 FERTILIZER MFG.

OPERATIONS NOT INCLUDED:

Separately rate fertilizer application or lime spreading onto soil to Code 007..

UNDERWRITING GUIDE

Fertilizer Blending Or Mixing
Fertilizer Mfg.
Plant Food Mfg. - Mixed

581 OIL REFINING, Petroleum

UNDERWRITING GUIDE

Aromatic Chemical Mfg. In Petroleum Refinery	Nylon Mfg.
Benzene Mfg. In Petroleum Refinery	Oil Blending - Not Animal Or Vegetable
Blending Lubricants	Oil Refining, Petroleum
Catalyst Mfg., Oil-Based	Oil Re-Refining, Used Motor Oil
Gasoline Blending Plant	Petroleum Refining
Grease Mixing Or Blending, Not Animal Or Vegetable	Plastic Material, Synthetic Resin, Or Nonvulcanizable
Kerosene Mfg.	Elastomer Mfg.
Lubricant, Blending	Rayon Mfg.
Lubricating Oil And Grease Mfg., Excluding Animal And	Sulfonated Oil And Assistant Mfg.
Vegetable Products	Synthetic Rubber Intermediates Mfg.
Naphtha Mfg. In Petroleum Refinery	Synthetic Rubber Mfg.

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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Employment Contractor - Temporary Paint Or Colors Mfg. Staff
Paint Or Colors Mfg. - Temporary Staff
Temporary Paint Or Colors Mfg. 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.

UNDERWRITING GUIDE

Airport Construction, Paving - Landing Strip Or Warming Apron	Guardrail Or Metal Fence Erection - By Road Contractor
Airport Runway Construction - Paving Or Repaving	Highway Maintenance, Scraping, Paving Or Repaving By Contractor
Asphalt Laying, On Constructed Highway By Contractor	Milling Of A Road's Surface – By An Independent Contractor Or the Paving Contractor
Asphalt Laying, On Constructed Highway By Supplier	Painting Lines On Highways Or Roads
Asphalt Road Spraying	Paving Or Repaving, Road And Street
Concrete Drilling Or Sawing - On Highways Or Roads	Repaving - Street Or Road
Curbstone - Concrete Prefabricated - Installed By Road Contractor	Road Construction - Paving Or Repaving
Fence Erection, Highway Barriers By Paving Contractor	Street Or Road Construction Or Maintenance - Scraping, Paving Or Repaving
Flagmen - Provided By Specialist Contractor	Surfacing Or Resurfacing Of Road Or Street
	Warming Apron Paving, Airport

602 ROAD or Street CONSTRUCTION: Subsurface work

Applies to all operations of bringing roadbed 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.

UNDERWRITING GUIDE

Airport Runway Or Warming Apron Construction - Sub-surface Work	Rock Excavation, Not Quarry, By Road Contractor
Culvert Construction, Not Exceeding 10 Feet Span	Street Or Road Rock Excavation
Excavation - Street Or Road - Including Rock Excavation	Sub-Surface Work - Road Or Street Construction

603 SEWER CONSTRUCTION – all work to completion, including masonry work in connection therewith – no tunneling

UNDERWRITING GUIDE

Sewer Construction, All Work To Completion Except Tunneling, See Class 615
Storm Drain Construction

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.

UNDERWRITING GUIDE

Railroad Construction, By Contractor

Railroad Maintenance Of Way, By Contractor

607 DRILLING by Contractors**UNDERWRITING GUIDE**

Boring Or Test Boring For Soil Samples

Drilling, By Contractor

Elevator Shaft Drilling – By Contractor

Geophysical Exploration

Geothermal Well Drilling –By Contractor

Horizontal Or Directional Drilling – For Underground

Utility Construction - By Contractor

Water Well Drilling - By Contractor

608 FLAT CEMENT WORK

Applicable to a specialist contractor performing ground-supported concrete work in the construction of houses or one or 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 one or two story 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 jackhammers 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 Code 609 for further information.
4. Assign Code 654 to 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.
9. Assign Code 855 to a separately-staffed and permanently-located ready mix concrete or asphalt plant.

UNDERWRITING GUIDE

Airport Construction, Paving Of Automobile Parking Areas
Asphalt Laying, Driveway, Floor, Yard, Sidewalk
Cement Work, Flat, Not Self-Bearing Or Reinforced
Concrete Floor Construction, Not Self-Bearing
Concrete Work, Yard
Diamond Core Drilling Within Buildings - By Specialist Contractor

Driveway Construction - Blacktop Or Cement
Flat Cement Work Contractor
Mausoleums And Monuments In Cemeteries, Erection Only
Painting Lines On Parking Lots Or Tennis Courts
Paving, Driveway - Blacktop Or Cement

609 EXCAVATION

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.

UNDERWRITING GUIDE

Blasting Contractor - Includes Incident Drilling By The Blasting Contractor
Building Underpinning
Caisson Work, Pneumatic
Canal Irrigation, Construction
Caves, Excavation Of New Areas For Exhibition Purposes
Cellar Excavation
Excavation For Septic Tank Installation, By Specialist Contractor
Excavation, N.O.C.
Foundation Excavation
Gas Or Oil Pipeline Construction - Cross-Country

Grading
Grading Preparatory To Building Erection
Grave Digging - By Contractor
Humus Digging And Bagging
Irrigation System Construction
Landfill Operation
Levee Construction
Oil Or Gas Pipeline Construction - Cross-Country
Peat Digging
Pipeline Construction, Oil Or Gas - Cross-Country
Pipeline Reclamation, Oil Or Gas
Rock Excavation, Not Quarry, Not By Road Contractor

611 PILE DRIVING, including timber wharf building

UNDERWRITING GUIDE

Bulkhead Construction - State Coverage Only
Jetty Construction - State Coverage Only
Pile Driving - State Coverage Only
Wharf Building, Timber - State Coverage Only

615 TUNNELING or Shaft Sinking, all work to completion**UNDERWRITING GUIDE**

Cofferdam Work - Under Pneumatic Pressure

Sewer Construction, Tunneling

Shaft Sinking

Tunneling

617 GAS, STEAM or WATER MAIN CONSTRUCTION – all work to completion**OPERATIONS NOT INCLUDED:**

1. Separately rate to Code 615 tunneling under pressure.
2. Separately rate horizontal/directional drilling for underground utility construction to Code 607.
3. Separately rate conduit construction to Code 625.

UNDERWRITING GUIDE

Gas Main Construction - Local Distribution Systems - All Work To Completion Except Tunneling

Gas, Steam Or Water Main Repair - By Contractor - All Work To Completion Except Tunneling

Main Construction - Gas, Steam Or Water - Local Distribution Systems - All Work To Completion Except Tunneling

Steam Main Construction - All Work To Completion Except Tunneling

Water Main Construction, All Work To Completion Except Tunneling

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.

OPERATIONS NOT INCLUDED:

1. Separately rate horizontal/directional drilling for underground utility construction to Code 607.

UNDERWRITING GUIDE

Cable Installation In Conduits - By The Conduit Construction Contractor

Cable Laying With Automatic Equipment - By Specialist Contractor

Conduit Construction - For Cables Or Wires, All Work To Completion

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

Asbestos - Encapsulation Or Removal (Including Pipe Insulation)

Insulation (Asbestos) Encapsulation Or Removal (Including Pipe Insulation)

Insulation Work, Pipe (Incl. Asbestos Encapsulation Or Removal)

Pipe Insulation - Asbestos Encapsulation Or Removal

645 WALLBOARD INSTALLATION – within buildings

Includes the entire operation of installing drywall/wallboard including taping, seaming, texturing, but not painting.

DELAWARE WORKERS COMPENSATION MANUAL

SECTION 2

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CLASSIFICATIONS & RATING VALUES

UNDERWRITING GUIDE

Drywall Installation - Including Taping And Seaming
Plasterboard Installation
Sheet Rock Installation - Within Buildings

Taping And Seaming Of Wallboard
Wallboard Installation

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

UNDERWRITING GUIDE

Blackboard Installation - Wood
Church Furnishings - Wood (Altars, Pews) Installation
Display Rack Or Stand Installation - Metal, Plastic Or Wood
Electrostatic Painting Of Metal Cabinets Or Furniture –
At Customers' Locations – By Specialist Contractor
Exhibit Booth Erection
Fixture Installation: Partitions Or Counters
Furniture Or Fixture Installation - Portable - In Offices Or Stores

Kitchen Equipment Installation - (Commercial)
Metal Partition, Shelving, Locker, Office And Store
Fixture Installation
Partition Installation
Shelving And Store Fixture Installation
Showcase Erection And Installation, No Mfg.
Soda Fountain Or Counter Installation - Plumbing Or
Electrical Wiring To Be Separately Rated

647 INSULATION WORK, N.O.C.

Includes the installation or application of acoustical or thermal insulating material in buildings or within building walls. The class applies when insulating work is performed as a separate operation not part of or incidental to any other construction operation performed by the same contractor at the same job or location.

WEATHERIZATION PROGRAMS – 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.

UNDERWRITING GUIDE

Acoustical Insulation Material Installation
Insulation Work, N.O.C.
Insulation Work, Residential
Rock Wool Installation

Sound Insulation Installation
Weather Stripping Installation
Weatherization Program
Window Caulking - As A Part Of A Weatherization Program

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.

UNDERWRITING GUIDE

Bathtub Liner Installation
Cabinet Installation, Commercial Or Residential
Carpentry - Installation Of Cabinet Work, Finished
Wooden Flooring Or Interior Trim
Door Or Door Frame Erection - Wood
Finished Hardwood Floor Installation
Floor Installation - Portable - Wood
Floor Laying, Finished Hardwood
Floor Sanding Or Scraping - Wood

Hardwood Floor Laying
Interior Trim Installation - Wood
Kitchen Cabinet Installation - Wood
Locks, Installation In New Buildings
Parquet Floor Laying
Paving, Wood Block, Interior
Stair Building (Wooden) Erection

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

UNDERWRITING GUIDE

Acoustical Ceiling Installation - Suspended Grid Type
Ceiling Installation - Acoustical - Suspended Grid Type

651 CARPENTRY – COMMERCIAL Structures

UNDERWRITING GUIDE

Aluminum Awning Erection	Interior Stripping/Gutting Of Buildings
Aluminum Siding Installation	Jalousie Or Jalousie Screen - Metal Or Glass, Erection Of
Aluminum Storm Sash Installation	Lead Paint Removal (From Any Non-Pipe Surface) - By Contractor
Boarding Up Of Abandoned Buildings (Including Those Designed For Dwelling Occupancy)	Metal Door Installation – All Types
Bridge Building - Wood	Metal Storm Sash Installation
Carpentry, N.O.C. Excluding Concrete Form Building	Prefabricated Wooden Building And Structural Member Erection
Cooling Tower Erection, Prefabricated – Wood	Siding Installation (Aluminum, Vinyl Or Wood) - Commercial Structures
Door Installation – Metal Or Metal-Covered, In Garages, Not Overhead Doors	Silo Erection - Wood
Fence Erection - Wood	Storm Window Or Storm Door, Installation - Wood Or Metal
Fire Door Installation	Tank Erection - Wooden
General Construction - Commercial	Vinyl Fence Installation
Grandstand Or Bleacher, Erection By Contractor - Portable - Wood	Window Screen Or Screen Door Installation - Metal Or Wood
Greenhouse Erection	
Hollow Metal Door Installation	

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.

UNDERWRITING GUIDE

Aluminum Awning Erection - Residential	Jalousie Or Jalousie Screen - Metal Or Glass, Erection Of - Residential
Aluminum Siding Installation - Residential	Metal Storm Sash Installation - Residential
Aluminum Storm Sash Installation - Residential	Modular Home Setup Or Erection, Warranty Service, Remodeling Or Repair – By Dealer or Contractor
Carpentry - Detached One Or Two Family Dwellings	Punch List Repairs - By Contractor To A New House
Carpentry - Remodeling Of One Or Two Family Dwellings	Siding Installation (Aluminum, Vinyl Or Wood) - Residential
Carpentry - Residential For Multiple Dwelling Occupancy - Three Stories Or Less	Storm Window Or Storm Door Installation - Wood Or Metal - Residential
Home Improvements And/Or Remodeling	Window Screen Or Screen Door Installation - Metal Or Wood - Residential

653 MASONRY

OPERATIONS NOT INCLUDED:

1. Assign Code 603 to payroll developed in masonry work in connection with sewers
2. Assign Code 665 to payroll developed in sandblasting by a painting contractor preparatory to painting.
3. Assign Code 971 to payroll developed in the power washing of exterior walls or decks at residential or commercial sites..

UNDERWRITING GUIDE

Boiler Brick Work, Installation Or Repair
Brick Pointing
Bricking Up Abandoned Buildings
Bricklaying
Building Caulking, Exterior
Building Cleaning, Exterior Walls
Cement Block Erection
Chimney Construction - Masonry
Fireplace Installation
Fireproof Tile Setting
Glass Block Installation - Structural Use
Hardscaping Installation
Marble Setting, Exterior Only

Masonry, N.O.C.
Pavers (Decorative Brick Or Stone) Installation
Plaster Block Erection
Retaining Wall Construction (Excluding Concrete)
Sandblasting The Outside Of Buildings – By
Specialist Contractor
Silo Erection - Masonry Or Tile
Stone Setting - Structural
Stonework Erection By Contractor
Structural Glass Block Installation, Interior
Stucco Wall Coating
Tuck Pointing
Waterproofing Of Buildings
Window Caulking

654 CONCRETE CONSTRUCTION

Applicable to commercial or residential concrete building construction such as self-bearing floors, foundations, piers, bridges, culverts or silos. Also applicable to making or erecting forms, placing reinforcing rods, taking down or stripping forms and finishing (smoothing out irregularities) the poured concrete. Code 654 applies to each of the aforementioned steps in the concrete construction process, whether all work is performed by one contractor or one or more of the job steps are outsourced to a specialty subcontractor(s).

OPERATIONS ALSO INCLUDED:

1. Grouting (including drilling), which is the placement of cement, plastic compounds or concrete or the pumping of fly ash.
2. Guniting (Shotcrete Installation).
3. Pouring concrete into driven pilings.
4. Ground-supported concrete footings or foundation walls in the construction of commercial or residential buildings three stories or more.
5. Precast concrete panel or wall installation.
6. The wrecking or demolition of concrete or concrete-encased buildings or structures.

OPERATIONS NOT INCLUDED:

1. Assign Code 608 to a specialty contractor performing ground supported concrete work in the construction of houses or small (one or two-story) commercial buildings.
2. Assign Code 609 to excavation performed by mechanical equipment. See Code 609 for further information.
3. Assign Code 855 to concrete pumping services by a specialist contractor.
4. Assign Code 855 to a separately staffed and permanently located ready mix concrete plant.

UNDERWRITING GUIDE

Cement Finishing
Concrete Construction
Concrete Floor Construction, Self-Bearing
Concrete Form Erection
Concrete Parking Garage Construction
Concrete Reinforcing Rod Setting
Concrete Work, Dams
Concrete Work, Floors, Etc., Above Ground Level
False Work Erection For Concrete Construction
Grouting - Including Drilling - Placing Of Cement, Plastic Compounds Or Concrete, Or Pumping Of Fly Ash

Guniting (Shotcrete Installation)
Panel Or Wall Installation - Precast Concrete
Parking Garage Construction - Concrete
Precast Concrete Panel Or Wall Installation
Reinforcing Rod Setting - Including By Specialist Contractor
Retaining Wall Construction - Concrete
Shotcrete Installation (Guniting)
Silo Erection - Concrete
Wall Or Panel Installation - Precast Concrete

655 IRON ERECTION

UNDERWRITING GUIDE

Bridge Building - Metal	Smokestack Or Chimney Lining - Industrial
Bridge Painting	Steel Erection, N.O.C.
Chimney Cleaning - Industrial Smokestacks	Steel Frame Structure Erection
Concrete, Pre-Stressed, Erection By Contractor	Steel Structures Painting
Corrosion Proofing Of Chemical Tanks	Steel Tank Erector
Fire Escape Installation By Contractor - Outside	Steel Tower Erection For Cross-Country Electric, Telephone Or Telegraph Lines
Gas Holder Erection	Swimming Pool Installation - Iron Or Steel
Iron Erection	Tank Erection - Steel
Iron Or Steel Erection, Structural	Tank Painting
Metal Furring, By Contractor	Water Tank Painting
Oil Field Tank Painting	Welding - Structural Steel
Oil Rig Or Derrick Erecting And Dismantling	Windmill Erection - Metal
Oil Still Erection	
Painting Of: Bridges, Oil Field Tanks, Steel Structures Or Tanks	

656 ELECTRIC, Telephone or Telegraph LINE CONSTRUCTION by Contractors

Includes the setting of poles, installation of pole hardware or transformers or the stringing of lines.

OPERATIONS NOT INCLUDED:

1. Assign Code 005 to payroll developed in the clearing of right-of-way on new lines, maintenance of right-of-way on existing lines or tree trimming.
2. Assign Code 655 to payroll developed in the erection of steel towers for cross-country lines.

UNDERWRITING GUIDE

Electric Line Construction, By Contractor	Power Line Construction
Floodlight Erection - Permanent	Setting Of Telephone Or Telegraph Poles
Installation Of Telephone, Telegraph Or Electric Pole Hardware	Stringing Of Electric, Telephone Or Telegraph Lines
Installation Of Telephone, Telegraph Or Electric Transformers	Telephone Or Telegraph Line Construction By Contractor

657 RIGGING, N.O.C.

UNDERWRITING GUIDE

Bell Installation - Tower Bells
Mobile Crane & Hoisting Operations, By Rigging Contractor
Rigging - Non Ship
Safe Moving

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

UNDERWRITING GUIDE

Architectural Bronze, Iron, And Brass Metal Work, Erection Only	Iron Erection, Ornamental Or Non-Structural Only
Balcony Erection	Metal Fence Erection – By Specialist Contractor
Banister, Railing, Or Guard Erection - Metal	Ornamental Brass Erection
Fence Erection - Metal	Ornamental Bronze Erection
Fire Escape Installation, Inside	Ornamental Iron Grill Erection
Fireproof Shutter Erection	Ornamental Iron Railing Erection
Flagpole - Erection	Prison Cell Erection – Steel
Guardrail Erection - By Specialist Contractor	Railing Erection - Metal

659 ROOFING

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. Includes 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).

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.
3. Specialist contractors performing the waterproofing of roofs or the insulation of roofs.

OPERATIONS NOT INCLUDED:

1. There is no payroll division between Codes 659 and 676 at the same location or job.
2. Assign Code 454 to a separately-staffed and located sheet metal fabrication shop.

UNDERWRITING GUIDE

Chimney Flashing Installer
 Repair Of Roofs By Contractor
 Roof Repairing By Contractor

Roof Spraying, Painting Or Coating By Contractor
 Roofing Installation - All Kinds
 Sheet Metal Roofing

660 ALARM OR SOUND SYSTEM – Installation or Repair**UNDERWRITING GUIDE**

Alarm Or Sound System Installation
 Audio And Intercommunication System Installation - Within Buildings
 Battery Back-Up Power Systems – Service Or Repair By Specialist Contractor
 Burglar Alarm System Installation, By Contractor
 Closed Circuit Television Systems - Installation Or Repair
 Computer Wiring Installation Within Buildings - By Specialist Contractor
 Environmental Control Systems Installation, Service Or Repair - By Specialist Contractor
 Fire Alarm System Installation
 Intercommunication System Installation, Within Buildings
 Invisible Fence Installation
 Public Address Systems Installation - Including Loudspeakers
 Sound System Installation
 Telephone And Telegraph Apparatus Installation, By Contractor
 Telephone Cable Laying With Automatic Equipment (Ditchwitch) – Street to Building – By Specialist Contractor
 Telephone Wiring Installation Within Buildings - By Specialist Contractor

661 ELECTRICAL WIRING – within BUILDINGS

Includes electric fixtures or apparatus installation or the making of service connections.

OPERATIONS NOT INCLUDED:

Assign Code 656 to payroll developed in electric, telephone or telegraph line construction.

UNDERWRITING GUIDE

Cable Installation Or Replacement In Existing Conduit - By Specialist Contractor
Electric Cable Laying With Automatic Equipment (Ditchwitch) – Street to Building – By Specialist Contractor
Electric Fixture Installation - By Contractor
Electrical Contractor
Electrical Wiring In Buildings - By Contractor
Electronic Garage Door Opener Installation - By Contractor
Floodlight Erection, Temporary - By Contractor
Meters - Electric, Installing, Repairing And Testing, Including Shop - By Contractor
Service Connections, Electrical Contractor
Solar Electric (Photovoltaic) System Installation
Traffic Light Installation - By Contractor

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.

OPERATIONS NOT INCLUDED:

1. Separately rate electrical wiring or plumbing as provided in this Manual.
2. Assign the applicable store class to separately-staffed store operations.
3. Assign Code 664 to payroll developed in the installation, service or repair of central air conditioning units or commercial refrigeration (including walk-in) units.
4. Assign Code 675 to payroll developed in the installation, service or repair of industrial equipment (e.g., conveyor ovens).

UNDERWRITING GUIDE

Air Conditioning Window-Type Units - Service Or Repair
Appliances, Major Household Or Commercial, Electrical Or Gas - Service Or Repair
Dryers, Household Or Commercial, Electrical Or Gas - Service Or Repair
Electrical Or Gas Household Major Or Commercial Appliances - Service Or Repair
Gas Fireplace Service Or Repair
Household Major Or Commercial Appliances, Electrical Or Gas - Service Or Repair
Refrigerator, Household - Service Or Repair
Stoves, Household Or Commercial, Electric Or Gas - Service Or Repair
Washing Machines, Household Or Commercial, Electrical Or Gas - Service Or Repair
Water Cooler - Installation, Service Or Repair

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

Includes work within buildings.

OPERATIONS NOT INCLUDED:

1. Assign Code 607 to payroll developed in geothermal and/or water well drilling.
2. Assign Code 675 to pipefitting in connection with the installation of machinery or apparatus outside of buildings.

UNDERWRITING GUIDE

Automatic Sprinkler Installation	Pipe Covering Installation (Except For Asbestos)
Automatic Stoker, Gas Or Oil Burner Installation	Pipe Laying For House Or Service Connections, By Plumbing Contractor
Beer Drawing Equipment, Cleaning And Installation	Pipefitting - House Connections
French Drain Installation	Plumbing, N.O.C.
Furnace - Hot Water Or Steam - Installation, Service Or Repair	Pump Installation, Water
Furnace Cleaning - Hot Water Or Steam	Sewer Cleaning, House Connections, Using Portable Equipment
Gas Pipefitting, Indoor	Soda Dispensers - Installation And Repair
Heating Equipment - Installation - Hot Water Or Steam	Solar Water Heater Installation - Including Storage Tanks And Solar Panels
Hot Water Tank - Installation, Service Or Repair	Sprinkler Installation
Insulation Work, Pipe (Except For Asbestos)	Stoker Installation Or Repair
Lawn Sprinkler Installation	Sump Pump Installation
Lead Paint Removal (From A Pipe Surface) - By Contractor	Water Meter Installation - By Contractor
Milking Equipment Installation	Water Softener Installation And Service, Domestic
Oil Still Pipe Insulation	Water Well Cleaning

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.

OPERATIONS NOT INCLUDED:

1. Assign Code 607 to payroll developed in geothermal or water well drilling.
2. Assign Code 662 to payroll developed in the service or repair of window-unit air conditioners.
3. Assign Code 663 to payroll developed in the installation, service or repair of either hot water or steam heating equipment.
4. Assign Code 677 to payroll developed in the installation, service or repair of high pressure hot water or steam heating equipment.

UNDERWRITING GUIDE

Air Conditioning (Central) Systems Installation, Repair Or Service
 Central Air Conditioning Systems Installation, Service Or Repair
 Cleaning, Oiling Or Adjusting Of Air Conditioning, Forced Air Heating Or Ventilating Systems
 Duct Fabrication And Installation - Heating, Ventilating Or Air Conditioning
 Furnace Cleaning - Hot Forced Air
 Heating Systems - Hot Forced Air, Repair Or Service - Cleaning, Oiling Or Adjusting
 Heating Systems Installation, Except Electric, Hot Water Or Steam
 Radon Mitigation
 Refrigeration Or Central Air Conditioning Units Installation Or Service
 Ventilating System Installation
 Ventilating Systems Repair Or Service - Cleaning, Oiling Or Adjusting
 Warm Air Heating System Installation

665 PAINTING and Decorating, including shop**OPERATIONS NOT INCLUDED:**

1. Assign Code 655 to payroll developed in the painting of steel structures or bridges.

UNDERWRITING GUIDE

Calcmiming, By Contractor
 Painting, Including Shop and Preparatory Sandblasting
 Shingle Staining, On Structures, Including Shop Work
 Whitewashing, By Contractor

666 PLATE and Wire GLASS INSTALLATION

OPERATIONS NOT INCLUDED:

1. Assign Code 536 to payroll developed by a separate shop staff engaged in the manufacture of glass products including bending, beveling or silvering of purchased plate glass.

UNDERWRITING GUIDE

Glass Door Installation
Glass Installer, Except Automobile
Glazier, Away From Shop
Glazing

Mirror Installation
Plate Glass Installation
Wire Glass Installation

667 PAPER HANGING

UNDERWRITING GUIDE

Glass or Window Tinting, Except For Auto Glass
Paperhanging
Solar Control Film Installation In Window
Wallpaper Hanging
Window or Glass Tinting, Except For Auto Glass

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 .

UNDERWRITING GUIDE

Ceramic Tile Installation
Floor Installation - Ceramic Tile
Granite Countertop Installation
Interior Marble Installation
Interior Tile Mosaic Work
Marble Setting, Interior Only

Mosaic Tile Installation
Stone Setting - Non-Structural
Terrazzo Floor Laying
Tile Floor Laying - Ceramic Or Mosaic
Tile Wainscoting Installation

669 PLASTERING, including lathing

UNDERWRITING GUIDE

Lathing
Plastering, N.O.C.
Stucco Work, Building Interiors

670 HOUSE FURNISHINGS INSTALLATION, N.O.C.

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

UNDERWRITING GUIDE

Carpet Installation
Curtain Or Drapery Installation From Floor Or Ladder
Drapery Or Curtain Installation From Floor Or Ladder
Flag And Bunting Erection From Floor Or Ladder
Floor Coverings - Installation Of Linoleum, Asphalt Or Rubber Tiling - Not Ceramic Tile Installation
Floor Installation - Not Concrete, Ceramic Or Wood
Floor Laying - Linoleum, Asphalt, Rubber Or Composition Tiling, Not Ceramic

Furnishing Goods Installation
House Furnishings Installation
Linoleum Laying
Rubber Tile Installation
Slipcover Installation
Tile Floor Laying, Not Ceramic Or Mosaic
Upholstering - Away From Shop
Venetian Blind Installation, No Mfg.
Vinyl Tile Installation
Window Shade Installation

673 ADVERTISING SIGN, Manufacture, Erection or Repair – Not Outdoor Advertising Company.

UNDERWRITING GUIDE

Advertising Sign Mfg., Erection Or Repair, Not Outdoor Advertising Company
Electrical Advertising Sign Mfg., Installation Or Repair
Neon Sign Mfg., Installation Or Repair
Scoreboard Mfg., Installation Or Repair - Electric
Sign Erection, Removal Or Repair, Not Outdoor Advertising Company

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 performed by a separate crew or by a specialist contractor is to be assigned to Code 971.

UNDERWRITING GUIDE

Swimming Pool Installation - All Types Except Iron Or Steel - All Work To Completion
Swimming Pool Liner Installation - Vinyl, By Swimming Pool Installation Contractor

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.

UNDERWRITING GUIDE

Acetylene Gas Machine Installation
Conveyor Or Conveyor Belt Installation, By Contractor
Conveyor Oven Installation, Service Or Repair
Crane Or Derrick Installation
Crane Repair, Permanently Located, By Specialist Contractor
Dismantling, Installation Or Service Or Repair Of Machinery Or Industrial Equipment, By Contractor
Door Installation, Overhead - Wood Or Metal
Electrical Apparatus, Machinery Or Motor Installation Or Field Repair
Elevator Erection Or Repair
Escalator Installation, By Contractor
Gasoline Station Equipment Installation (Including Excavation) Or Repair
Hoist Installation
Industrial Crane Installation
Installation Of Hod Hoists, Etc.
Installation Or Dismantling Of Machinery And Industrial Equipment, By Contractor
Laundry Equipment Installation, Service Or Repair - Industrial

Machine Belting Installation Or Repair
Machinery Erection, Not By Manufacturer
Machinery Or Industrial Equipment Installation, Service Or Repair Or Dismantling, By Contractor
Millwrighting
Monorail System Installation (Except For Public Transportation)
Oven (Conveyor) Installation, Service Or Repair
Overhead Door Installation
Pipefitting, Installation Of Apparatus Or Machinery Outside Of Buildings
Pump Installation, Service Stations
Pump, Air And Gas Compressor, And Pumping Equipment - Installation
Safe Installation
Scaffold Sale, Rental Or Erection, By Specialist Contractor
Scale Installation Or Adjustment, Platform Or Beam Type
Tank Installation, Gas Stations
Textile Machinery Installation

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.

UNDERWRITING GUIDE

Downspout Installation
Gutter Installation - Metal
Metal Ceiling Installation

677 BOILER INSTALLATION or Repair

Includes all work to completion except brickwork, which must be assigned to Code 653.

UNDERWRITING GUIDE

Boiler Installation Or Repair
Construction Of Boiler Foundations
Grate Installation In Boilers, By Specialist Contractor
Pipe Connection, For Boilers
Steel Work In Connection With Boilers

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.

UNDERWRITING GUIDE

Advertising Company - Outdoor
Bill Posting (Including By Specialist Contractor)
Billboard - Erection, Maintenance And/Or Changing Of Advertising By Outdoor Advertising Co. Or Specialist Contractor
Sign Painting Or Lettering In Or Upon Buildings Or Structures

681 CANVAS GOODS, Awning or Tent ERECTION, Removal or Repair**UNDERWRITING GUIDE**

Awning Erection Or Installation (Cloth)	Drapery Or Curtain Installation From Scaffolding
Canvas Products Erection	Flag Or Bunting Erection From Scaffolding
Curtain Or Drapery Installation From Scaffolding	Tent Installation

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 entry in the General Auditing & Classification Information section for further information on the construction or erection business operations assignable to Code 682 and on classifying temporary staff.

UNDERWRITING GUIDE

Construction Or Erection Operations - Temporary Staff
Employment Contractor - Temporary Staffing - Construction Or Erection Operations
Temporary Staff - Construction Or Erection Operations

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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Employment Contractor - Temporary Excavation Staff
Excavation - Temporary Staff
Temporary Excavation 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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Carpentry, N.O.C. - Temporary Staff
Employment Contractor - Temporary Carpentry, N.O.C. Staff
Temporary Carpentry, N.O.C. 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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Electrical Wiring (Within Buildings) - Temporary Staff
Employment Contractor - Temporary Electrical Wiring (Within Buildings) Staff
Temporary Electrical Wiring (Within Buildings) Staff

SPECIAL STATE ACT EXPOSURES**709 TALLYMEN AND CHECKING CLERKS – engaged in connection with stevedoring work**

Coverage under State Act only.

UNDERWRITING GUIDE

Public Weighers And Samplers Of Steamship Agency - State Coverage Only
Tallymen - State Coverage 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.

UNDERWRITING GUIDE

Boat Rental - State Coverage Only
Boat Storage Or Moorage - State Coverage Only
Marina - State Coverage Only
Yacht Basin - State Coverage Only

718 BOAT BUILDING OR REPAIR

Coverage under State Act only.

This classification is 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.

UNDERWRITING GUIDE

Barge Repair - State Coverage Only
Boat Building - State Coverage Only
Boat Dismantling - State Coverage Only
Boat Repairing - State Coverage Only
Tugboat Repair - State Coverage Only

721 RAILROAD OPERATION, N.O.C., including shop, ordinary maintenance and repair of roadbed

The policies for risks with operations assignable to Code 721 must be endorsed excluding insurance of Federal Employers' Liability Act coverage. (Part Two)

UNDERWRITING GUIDE

Railroad, N.O.C. - Including Shop

744 AIRCRAFT MANUFACTURE**UNDERWRITING GUIDE**

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.

UNDERWRITING GUIDE

Gas Utility
Manufactured Gas Utility
Mixed Gas Utility
Natural Gas Utility

752 OIL OR GAS PIPELINE OPERATION.

Applies to the operation of cross-country pipelines for the transmission of oil or natural gas which may include the laying or relaying of gathering or distributing lines, the operating of pumping stations, line checking, meter reading, line maintenance or repair and prevailing right-of-way clearance.

OPERATIONS NOT INCLUDED:

1. Assign Code 581 to businesses engaged in oil refining.
2. Assign Code 609 to contractors building a cross-country pipeline.

UNDERWRITING GUIDE

Gas Or Oil Pipeline Operation
Oil Or Gas Pipeline Operation

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.

UNDERWRITING GUIDE

Irrigation Plant, Selling And Pipe-Distributing Water	Waste Treatment Plant - Liquid
Liquid Waste Treatment Plant	Water Supply System, Private
Sewage Disposal Plant, Private	Waterworks
Steam Heating Company	

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.

UNDERWRITING GUIDE

Cooperative Electric Utility
Electric Utility Operation
Private Electric Utility
R.E.A. Cooperative

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.

OPERATIONS NOT INCLUDED:

Independent contractors performing installation, maintenance or repair of telephone lines for telecommunications companies shall be separately classified as provided for in this Manual.

UNDERWRITING GUIDE

Telecommunications Company
Telegraph Operation
Telephone Company

759 CABLE TELEVISION OPERATIONS

Applicable to contractors 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 classified by Code 936.

UNDERWRITING GUIDE

Cable T.V. - Installation - Hooking Up Of Customers To Systems
Cable T.V. - Installation Of New System, Except Towers
Cable T.V. - Service And/Or Repair Work For The System And Individual Customer
Television, Cable - Installation Of New Systems, Except Towers

TRUCKING AND STORAGE

801 STABLE, Livestock Commission Merchant or Stockyard not associated with Slaughterhouses

UNDERWRITING GUIDE

Auctioneer, Livestock	Horse Shoeing By Specialist Contractor
Boarding Stable	Jockey - Employed By A Horse Breeding Farm Or
Breeding Farm - Horse	Boarding/Training Stable
Carriage Tours Or Taxis (Horse Driven)	Livestock Commission Merchant
Cattle Auctioneer	Livestock Dealer
Cattle Dealer	Racing Stable
Farrier (Horse Shoeing By Specialist Contractor)	Riding Academy
Horse Breeding Farm Or Boarding/Training Stable	Sales Stable
Horse Driven Carriage Tours Or Taxis	Stable
	Stockyard

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.

UNDERWRITING GUIDE

Taxicab Company

804 SCHOOL BUS OPERATION

Applicable to specialist contractors engaged in the transportation of students to and from school. Such a business may also perform the transportation of students to and from sporting events or field trips.

UNDERWRITING GUIDE

Automobile Bus Operation, School Bus
Bus Operation, School
School Bus Operation, By Contractor

805 MILK HAULING – by contractor

Applies to contractors engaged in hauling unprocessed or processed milk, water or other liquid food products by tank truck.

UNDERWRITING GUIDE

Milk Hauling - By Contractor
Water Hauling - Tank Truck - By Contractor

806 FURNITURE MOVING and/or STORAGE

OPERATIONS ALSO INCLUDED:

1. The packaging or handling of households goods away from the employer's premises by the furniture moving and/or storage company or by an independent packing contractor.

OPERATIONS NOT INCLUDED:

1. Assign Code 811 to the transporting or delivery and the setting into place at the customers' locations of furniture and/or major household appliances under contract for a manufacturer or store.

UNDERWRITING GUIDE

Furniture Moving And/Or Storage
Household Goods Packing At The Customer's Location By The Moving Company Or By Independent Contractor
Merchandise Warehouse - Furniture - Including Moving
Mover - Household Or Office Furniture - With Or Without Storage Facility
Packing Household Goods At The Customer's Location By The Moving Company Or By Independent Contractor
Piano Mover
Warehouse - Public, Furniture

807 AMBULANCE SERVICE – Non-volunteer

UNDERWRITING GUIDE

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.

UNDERWRITING GUIDE

Armored Motor Truck Delivery	Delivery Service - On Foot, By Bicycle Or Motor Vehicle
Bicycle Messenger Service	Messenger Service - On Foot, By Bicycle Or Motor Vehicle
Courier Service Company	Parcel Delivery Company

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.

OPERATIONS NOT INCLUDED:

1. Separate crews installing and/or servicing fuel oil or gas heating units shall be separately classified as provided in this Manual.
2. Assign Code 811 to trucking businesses hauling fuel for unrelated businesses.
3. Assign Code 7313F to businesses operating coal or oil docks.

UNDERWRITING GUIDE

Anhydrous Ammonia Dealer	Kerosene Distribution
Bottled Gas Dealer	Liquefied Petroleum Gas Dealer And Distributor
Butane Gas Dealer	Motor Oil (Used) - Collection By Specialist Contractor
Coal Merchant	Naphtha Distribution
Collection Of Used Motor Oil - By Specialist Contractor	Oil Distributing, Retail And Wholesale
Fuel Oil Distributor	Petroleum Broker
	Petroleum Bulk Stations And Terminals - Including Blending And Mixing
Fuel Yard	Propane Gas Dealer
Gas Distribution, Bottled Or Bulk	Used Motor Oil Collection - By Specialist Contractor
Gasoline Dealer, Wholesale	

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.

UNDERWRITING GUIDE

Automobile Driveaway Or Truckaway Service
Automobile Hauler
Crane Rental - With Operators By Specialist Contractor

Hauling Contractor, N.O.C.
Mobile Crane Leasing Or Rental - With Operators
By Specialist Contractor
Trucking, N.O.C.

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.

UNDERWRITING GUIDE

Mail Delivery - Under Contract To United States Postal Service

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.

UNDERWRITING GUIDE

Cold Storage
Merchandise Warehouse - Cold Or General Merchandise
Portable On Demand Storage – Rental – Delivery To And Pick Up From Customer Locations
Storage - Cold Or General Merchandise

Storage Warehouse, Public
Warehouse - Storage, Public
Warehousing - Other Than Furniture Moving And/Or Storage

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.

UNDERWRITING GUIDE

Construction Equipment - Rental, Sales Or Service (In Shop Or At Customer's Location)
Contractors Equipment - Rental, Sales Or Service (In Shop Or At Customer's Location)
Crane Repair, Mobile, By Specialist Contractor
Equipment Dealer - Mobile, Self-Propelled - Factory, Farm Or Construction
Farm Machinery Dealer
Forklift Service And/Or Repair - By Specialist Contractor (Shop Or At Customer's Location)
Forklift Truck Dealer - Rental, Sales Or Service (In Shop Or At Customer's Location)
Golf Cart - Rental, Sale And/Or Maintenance - By Specialist Contractor
Mobile Crane Repair, By Specialist Contractor
Mobile Equipment Dealer - Factory, Farm Or Construction
Tractor Dealer, Including Servicing And Repair

815 AUTOMOBILE SERVICE CENTER or Garage – All employees including office.

Tire recapping or retreading shall be assigned to Code 225 when performed by a separate crew of employees in a physically separate work area.

See the Code 934 Section 2 class description for how to classify an auto parts store that also provides automobile repair services.

Please see the Automobile Service/Gasoline Station entry in the General Auditing & Classification Information section for information on classifying such business enterprise.

UNDERWRITING GUIDE

Air Conditioning Systems, Automobile Or Truck - Installation, Service Or Repair	Garage, Automobile Or Truck
Automobile Body Repairing	Glass Installer, Automobile
Automobile Paint Shop	Maintenance Of Buses, By Public Garage
Automobile Radiator Repair Shop	Quick Oil Change And Lubrication Garage
Automobile Repair Garage	Rubber Tire Dealer, Retail
Automobile Towing Company	Taximeter Installation Or Repair
Carriage Repairing	Tire Dealer, Retail
Customizing Vans	Truck Repair Garage
Fender Repairing, Automobile	Truck Washing Service, Mobile or Permanently Sited
Frame Straightening On Automobiles	Van Conversion Or Customizing
	Wagon Repairing

816 AUTOMOBILE FILLING STATION – Retail

Please see the Automobile Service/Gasoline Station entry in the General Auditing & Classification Information section for information on classifying such business enterprise.

UNDERWRITING GUIDE

Automobile Laundry
Car Wash
Gasoline Station, Retail - Exclusively Gasoline Sales

817 BUS (except school bus) OPERATION

OPERATIONS NOT INCLUDED:

1. Paratransit Operations are assigned to Code 828.
2. Assign Code 951 to separate staff engaged as tour guides.

UNDERWRITING GUIDE

Automobile Rental Company With Drivers (Limousine Service)	Motorcycle Funeral Escort Service
Bus Operation, Scheduled Lines	Oversize Loads On Highways - By Specialist Escort Contractor
Bus Operation, Scheduled, Public	Railroad Operation - Street, Including Shop
Charter Bus Service	Shuttle Service – By Specialist Contractor
Escort Service For Oversize Loads On Highways	Street Railroad Operation
Funeral Escort Service (Motorcycle)	Tour Guide – Part of a Bus Tour
Limousine Services	Trackless Trolley Operation
Maintenance Of Buses, By Bus-Operating Company	

818 AUTOMOBILE or Automobile Truck DEALER – All employees Including Office

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.

OPERATIONS NOT INCLUDED:

1. Assign Code 652 to modular home setup or erection, warranty service, remodeling or repair.

UNDERWRITING GUIDE

Automobile Dealer - New And/Or Used Cars
 Automobile Rental - No Drivers
 Automobile Salesperson
 Boat Dealer, With Services, Inland
 Mobile Home - Setup Or Warranty Service - By
 Specialist Contractor
 Mobile Home Dealer

Motorcycle Dealer (Including Sale Of Accessory
 Merchandise Such As Clothing, Racing Gear,
 Etc.)
 Recreational Vehicle Dealer
 Truck Dealer - New And/Or Used Trucks
 Truck Rental - Without Drivers

819 MOBILE, SELF-PROPELLED factory, farm or construction EQUIPMENT SALESPERSON.**UNDERWRITING GUIDE**

Auctioneer, Automobile
 Automobile Driver School

820 AUTOMOBILE AUCTION - including snack bar or restaurant.

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 INCLUDED:

Automobile auctioneers are assigned to Code 819.

UNDERWRITING GUIDE

Auction, Automobile (Including Snack Bar Or Restaurant, Automobile Auctioneers To Be Assigned To
 Code 819)
 Automobile Auction (Including Snack Bar Or Restaurant, Automobile Auctioneers To Be Assigned To
 Code 819)

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.

UNDERWRITING GUIDE

Beer And Ale Dealer, In Keg Or Case Lots Wholesale
 Beverage Distributing, Carbonated, Including Beer - Wholesale
 Soft Drink Distributing - Wholesale

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.

UNDERWRITING GUIDE

Airport Parking Facility (Including Valet Service To And From Airport) Operation By Contractor
Automobile Storage Garage
Parking Areas

828 PARATRANSIT SERVICE.

Applies to employers providing transportation services to the elderly, physically handicapped or otherwise disabled individuals who cannot take public transportation. Such individuals may be transported to doctor's appointments, places of employment, stores, social venues or other destinations as needed.

UNDERWRITING GUIDE

Handicapped – Transportation Services For
Paratransit Service
Transportation Services for the Elderly
Transportation Services for the Handicapped

MATERIAL DEALERS**855 LUMBER and/or BUILDING MATERIAL DEALER**

Applicable to establishments principally 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, 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.

OPERATIONS ALSO INCLUDED:

1. The operation of a sales counter where the insured's counter staff takes customer telephone, facsimile, Internet or walk-in orders for the lumber and/or building materials, accepts payment or charges the customer's "house" account, and transfers the orders to the insured's yard or warehouse staff. The counter staff may also sell merchandise from a counter display, display racks behind the counter and/or a display space in front of the counter.
2. The operation of a showroom where customers may view samples of the lumber and/or building materials sold and place orders for such at a counter.
3. The sale and mounting of door hardware onto a wood or metal door by a door distributor.
4. The making of door frames by a door distributor.

OPERATIONS NOT INCLUDED:

1. Separate manufacturing staff in a physically separate work area shall be separately classified as provided for in this Manual.
2. Separate staff performing erection or construction shall be separately classified as provided for in this Manual.
3. Assign Code 935 to the operations of a physically separate and separately-staffed retail store on the premises of a lumber and/or building material dealer that fulfills the multiple enterprise criteria discussed in Section 1, Rule IV, C., 3., a., 2. of this Manual.

DELAWARE WORKERS COMPENSATION MANUAL

SECTION 2

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CLASSIFICATIONS & RATING VALUES

UNDERWRITING GUIDE

Asphalt Mixing Plant - Operated By Dealer
Building Material Dealer, New
Building Materials Dealer, Secondhand
Cemetery Monument Or Memorial, Cutting,
Engraving And/Or Polishing
Cinder Dealer
Commercial Lumber Yard
Concrete Dealer, Ready-Mixed
Concrete Mixing
Concrete Pumping Services - By Independent
Contractor
Cut Stone Or Stone Products Mfg.
Door Or Window Distributor
Dry Ice Dealer
Grain Elevator Operation
Humus Or Topsoil Dealer - No Excavation
Ice Dealer - No Mfg.
Insulation Dealer
Kiln Drying of Lumber – No Sawmill Operations
Landscaping Supplies Dealer (e.g., Mulch,
Topsoil Or Stone)
Log Dealer – No Logging or Sawmill Operations
Lumber Cutting, Incidental Cutting To Size, By
Lumber Yards
Lumber Dealer, No Lumber Fabricating Or
Handling Of Used Lumber

Lumber Yard, Secondhand Material
Manure Dealer
Marble Cutting Or Polishing
Metal Road Plate Rental
Millwork, Hand Assembling Or Glazing, Not
Performed By A Millwork Plant
Monument Or Memorial (Cemetery) Cutting,
Engraving And/Or Polishing
Mortar Mfg., No Construction Work
Mulch Dealer
Paving Mixtures Mfg.
Peat Moss Dealer
Plywood Dealer
Ready-Mixed Concrete Dealer
Sash, Door Or Finished Millwork Dealer
Sawdust Dealer
Secondhand Building Material Dealer
Soapstone Products Mfg.
Stone Cutting Or Polishing - Not By A Mine Or
Quarry Operator
Topsoil Or Humus Dealer - No Excavation
Vanities Assembly - Marble
Window Or Door Distributor
Wood Dealer, Kindling And Firewood
Wood Preserving

857 METAL SERVICE CENTER (Ferrous or Nonferrous Metals)

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.

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 fabricate 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 INCLUDED:

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.

UNDERWRITING GUIDE

Cable Or Wire Rope Dealer, Including Splicing
Coil Stock Or Sheet Stock Dealer
Iron Or Steel Merchant, New Materials Only
Metal Service Center (Ferrous Or Nonferrous
Metals)

Reinforcing Rods Or Bars Dealer
Sheet Stock Or Coil Stock Distributor
Steel Or Iron Merchant, New Materials Only
Wire Rope Or Cable Dealer, Including Splicing

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.

UNDERWRITING GUIDE

Iron Or Steel Scrap Dealer
Scrap Metal Dealer - Ferrous Metals
Steel And Steel Alloy Scrap Dealer (Including Stainless Steel)

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.

UNDERWRITING GUIDE

Aluminum Scrap Metal Dealers (Other Than Beverage Cans)
Brass Scrap Dealer
Copper Scrap Dealer
Lead Scrap Dealer
Scrap Metal Dealer - Nonferrous Metals

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 ((including glass bottles)), rubber, rags or plastic ((including plastic bottles)) with no principal line of merchandise.

OPERATIONS ALSO INCLUDED:

1. Processing of scrap or secondhand commodities by the junk dealer may include but is not necessarily limited to: cutting of salvaged metal and bailing paper or rags.

OPERATIONS NOT INCLUDED:

1. WRECKING OR DEMOLITION PROJECTS shall be classified as delineated in the General Auditing & Classification Information section.
2. Assign Code 858 to a business principally engaged in collecting or handling ferrous scrap metal.
3. Assign Code 859 to a business principally engaged in collecting or handling nonferrous scrap metal.
4. Assign Code 862 to a business principally engaged in collecting or handling one or more of the following recyclable commodities: cloth clippings, rags, paper, glass, plastic, rubber stock or aluminum beverage cans.
5. Assign Code 862 to a specialist contractor principally engaged in shredding paper or destroying documents for unrelated concerns.

UNDERWRITING GUIDE

Junk Dealer

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862 RECYCLING CENTER

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.

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.

UNDERWRITING GUIDE

Beverage Can Recycling	Laundry, Waste Cloth, Operated By Dealers In
Bottle Dealer, Used	Used Materials
Broken Glass Dealer	Paper Dealer, Used
Can Recycling - Beverage	Plastics Dealer - Scrap
Cloth Clippings Dealer, Used	Rubber Stock Dealer, Used
Container Recycling - Beverage - Bottle Or Can	Tire Dealer - Used
Cullet Dealer - Broken Or Refuse Glass	Used Tire Dealer
Document Destruction Or Shredding Service	Waste Paper Dealer

865 POULTRY and/or FISH DEALER/ PROCESSOR

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.

UNDERWRITING GUIDE

Chicken Catching	Poultry Or Small Game Dressing (To Kill And
Chicken Dressing (To Kill And Prepare For	Prepare For Market)
Market)	Rabbits - Slaughtering, Dressing And Packing
Fish Curing/Processing	For The Trade
Fish Dealer (Including Cutting Or Filleting) -	Small Game Dressing And Packing
Wholesale	Turkeys - Slaughtering, Dressing And Packing
Poultry Dealer (Including Cutting Or Deboning) -	For The Trade
Wholesale	

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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Employment Contractor - Temporary Warehousing Staff
Temporary Warehousing Staff
Warehousing - Temporary Staff

871 Employment Contractor – TEMPORARY FURNITURE STORE – WHOLESALE Staff

Applicable only to temporary staff provided to customers whose business classification is Code 921.

Please see the Employment Contractor – Temporary staffing entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Furniture Store – Wholesale – Temporary Staff
Temporary Staff – Furniture Store Wholesale
Wholesale Furniture Store – Temporary Staff

STORES**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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Department Store - Temporary Staff
Employment Contractor - Temporary Department Store Staff
Temporary Department Store 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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Contract Packaging - Non-Crating - Temporary Staff
Employment Contractor - Temporary Packaging - Contract - Non-Crating - Staff
Packaging - Contract - Non-Crating - Temporary Staff
Temporary Packaging - Contract - Non-Crating 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.

UNDERWRITING GUIDE

Apartment House Or Condominium Complex Operation	Porters For Condominiums
Condominiums - Including Resident Or On-Site Manager	Residential House Rental
Cooperative Building Operation - For Residential Occupancy	Ronald McDonald House Operation

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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Employment Contractor - Temporary Hardware Store - Wholesale - Staff
Hardware Store - Wholesale - Temporary Staff
Temporary Hardware Store - Wholesale - Staff

882 RESIDENTIAL INTERIOR CLEANING SERVICES - 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.

OPERATIONS NOT INCLUDED:

1. Assign Code 971 to payroll developed in the power washing of exterior walls or decks at residential or commercial sites.

UNDERWRITING GUIDE

Chimney Cleaning - Residential
Domestic Interior Cleaning Service Contractor
House Cleaning By Contractor - Interior
Maid Service Contractor - Interior
Residential Interior Cleaning Services - By Contractor

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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Employment Contractor - Temporary Retail Store, N.O.C. Staff
Retail Store, N.O.C. - Temporary Staff
Temporary Retail Store, N.O.C. Staff

884 HEALTH OR EXERCISE CLUB - all employees including office

A facility providing exercise programs (e.g., aerobics classes) for their members and, in some cases, the general public. Attendants will evaluate the type of equipment best suited to individual member needs and will assist members in exercise instruction or weight loss. The available equipment and services may vary from club-to-club. A club's exercise equipment may include but is not necessarily limited to: free weights (e.g., dumbbells and barbells) and other equipment (e.g., a cardio theater) that includes various types of equipment related to cardiovascular training, such as rowing machines, stationary exercise bikes, elliptical trainers or treadmills.

Larger clubs may employ personal trainers who are accessible to members for training, exercise, nutrition and/or health advice and consultation. Personal trainers may devise a customized fitness plan to assist members achieve their goals. They may also demonstrate exercises and monitor the member's exercises.

OPERATIONS ALSO INCLUDED:

1. Health shops, snack bars, childcare facilities, member lounges and/or cafes operated by the health or exercise club.

OPERATIONS NOT INCLUDED:

1. Assign Code 968 to indoor facilities principally engaged in amateur sports training (e.g., basketball, ice hockey, boxing, gymnastics, martial arts, tennis or swimming).
2. Assign Code 970 or Code 991 to organized athletics as delineated in this Manual.

UNDERWRITING GUIDE

Aerobics Studio	Health Club
Club, Exercise	Health Or Exercise Club
Club, Health	Health Spa
Exercise Club	Pilates Studio
Fitness Club	Yoga Studio
Fitness Instructor –by Independent Contractor	

885 PLUMBING SUPPLIES DEALER OR PIPE MERCHANT – Wholesale

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.

UNDERWRITING GUIDE

Gas, Steam Or Hot Water Apparatus Supplies Dealer - Wholesale	Pipe Merchant, Including Cutting, New Materials Only - All Types And Sizes
Heating, Ventilating Or Air Conditioning Equipment Or Parts Dealer - Wholesale	Plumbing Supplies Dealer - Wholesale
Kitchen And/Or Bath Fixture Dealer	Refrigeration System Parts And/Or Accessories Dealer - Wholesale

886 ELECTRICAL SUPPLIES DEALER – Wholesale

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.

UNDERWRITING GUIDE

Electrical Supply Dealer - Wholesale
Electronic Components And/Or Accessories Dealer - Wholesale
Lighting Fixtures And Supplies Dealer

887 MUSEUM – all employees including office

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 township).

UNDERWRITING GUIDE

Museum - All Types

889 EMPLOYMENT CONTRACTOR – Temporary CLERICAL Staff

Applicable to temporary staff whose job duties fulfill the definition of clerical found in Section 1, Rule IV, B., 2., a. and b. of this Manual. The payroll of such temporary clerical staff shall be assigned to Code 889 regardless of the customer's business classification.

Please see the Employment Contractor – Temporary Staffing entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Clerical Office Employees - Temporary Staff	Draftsman - Temporary Staff
Computer Programmer/Operator - Temporary Staff	Employment Contractor - Temporary Clerical Staff
Data Processing - Temporary Staff	Temporary Clerical Staff

890 LIBRARY - PUBLIC — all employees including office

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 township) or school district.

OPERATIONS NOT INCLUDED:

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.

UNDERWRITING GUIDE

Library - Public
Public Library

891 PRE-SCHOOL (CHILD CARE OR EARLY EDUCATION) SERVICES – all employees including office

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 INCLUDED:

1. 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.

UNDERWRITING GUIDE

Child Daycare Center	Kindergarten, Not Operated In Conjunction With
Day Nursery - Children	Grade School
Daycare Center For Children	Pre-School - Early Education Services - By
Head Start Program	Independent Contractor

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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

College Or School - Temporary Staff
 Employment Contractor - Temporary College Or School Staff
 Substitute Teachers - Temporary College Or School Staff
 Temporary College Or School Staff

896 CLUB, N.O.C – All employees except office

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.

UNDERWRITING GUIDE

Club, Business Or Social	Fraternity/Sorority House
Club, N.O.C.	Sorority/Fraternity House
Fraternal Organization (e.g., VFW Post, The Elks)	

897 FAST-FOOD RESTAURANT – All employees except office

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.

UNDERWRITING GUIDE

Buffet Or Cafeteria-Style Restaurant	Luncheonette
Cafeteria Or Buffet-Style Restaurant	Pizza Shop - Retail
Coffee Shop	Sandwich Or Other Food Preparation By Vending
Fast-Food Restaurant	Machine Operators
	Sandwich Shop

898 CATERER — All employees except office

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.

UNDERWRITING GUIDE

Cafeteria - Operated By Independent Or Specialist Contractor	Institutional Caterer
Caterer - All Types	Meals On Wheels
Food And/Or Beverage Concession - By Specialist Contractor	Mobile Catering
Industrial Caterer	Social Caterer
	Soup Kitchen

899 BAR, Tavern, Cocktail Lounge, NIGHTCLUB or Discotheque — All employees except office

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.

UNDERWRITING GUIDE

Bar	Nightclub
Cocktail Lounge	Tavern
Discotheque	

903 LABOR UNION — all employees including office

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.

UNDERWRITING GUIDE

Labor Union

904 INVESTIGATIVE AGENCY - All Types – All employees except office

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 INCLUDED:

1. Assign Code 660 to a separate crew of employees of an investigative agency that installs or repairs alarms.
2. Assign Code 954 to a separate security guard staff of an investigative agency.

UNDERWRITING GUIDE

Detective Agency

Investigative Agency - All Types

907 FRUIT OR VEGETABLE DEALER – Wholesale

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.

UNDERWRITING GUIDE

Banana Dealer - Wholesale

Fruit Dealer - Wholesale

Fruit Gift Basket - By Mail Order Or Internet

Garlic Dealer - Wholesale

Mushroom Dealer - Wholesale

Potato Dealer - Wholesale

Produce Dealer - Wholesale

Tomato Dealer (Fresh) - Wholesale

Vegetable Dealer - Wholesale

Vegetable Packing - Not Cannery

910 MEAT DEALER – Wholesale

Applicable to businesses principally engaged in the wholesale sale/distribution of fresh and processed meats and whose operations include the cutting of fresh meats into portion-controlled fresh meat products, such as steaks, roasts, or chops. Deboning will also be performed if 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 .

UNDERWRITING GUIDE

Meat Dealer - Wholesale - Including Cutting Or Deboning Of Fresh Meat

Sausage Casings Dealer - Natural - Including Cleaning

911 GROCERY – Wholesale

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.

OPERATIONS NOT INCLUDED:

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 entry in the General Auditing & Classification Information section.

UNDERWRITING GUIDE

Butter And/Or Butter Substitutes Dealer -
Wholesale
Cheese Dealer - Wholesale
Chinese Food Dealer - Packaged Or Frozen -
Wholesale
Cider Dealer - Wholesale
Coffee Dealer (No Grinding Or Roasting) -
Wholesale
Dairy Products Dealer – Wholesale
Delicatessen Meat Distributor – No Delicatessen Or
Lunch Meat Manufacturing - Wholesale
Flour Dealer - Wholesale

Frozen Food Dealer - Wholesale
Fruit Juice Dealer - Wholesale
Grocery - Wholesale
Health Food Dealer - Wholesale
Herb Dealer - Wholesale
Ice Cream Dealer – Wholesale
Lunch Meat Distributor – No Lunch Or Delicatessen
Meat Manufacturing - Wholesale
Milk Or Milk Products Dealer - Wholesale
Spice Dealer - Wholesale
Tea Dealer - No Blending Or Mixing - Wholesale
Tomato Products Dealer - Wholesale

914 DEPARTMENT STORE – all employees including office

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 cited above will be applied to each location of a business.

OPERATIONS ALSO INCLUDED:

1. Personnel performing the installation of house furnishings at customers' locations.

UNDERWRITING GUIDE

Department Store

915 MEAT, FISH and/or POULTRY STORE – Retail, all employees except office

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 the 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 percent of the total sales of the fresh meat and/or cured meat products produced 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 the 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 by the business in a frozen food locker or returned immediately to the customer. This may also include the dressing of deer carcasses during hunting season for individual hunters.

This classification shall include incident sales to restaurants, institutional buyers or retail stores. When more than 50 percent 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 when the business' operations include the killing of animals and more than 50% of the sales are to wholesale customers.
2. Assign Code 106 when the business' 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 when the business' 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 when the business' 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 percent of the business' sales are from fresh or cured meats, fish or poultry.

UNDERWRITING GUIDE

Butcher Shop - Retail	Poultry, Fish Or Meat Store - Retail
Fish, Meat Or Poultry Store - Retail	Seafood Market - Retail
Meat, Fish Or Poultry Store - Retail	

916 CLOTHING OR DRY GOODS STORE – Wholesale or Retail

UNDERWRITING GUIDE

Bridal Shop	Maternity Apparel Shop
Children's & Infants' Clothing Store	Men's Clothing & Furnishings Store
Clothing Store - Retail Or Wholesale	Millinery Store
Custom Dressmaking	Shirt Making - Custom
Custom Tailoring	Shoe Store - Wholesale Or Retail
Dry Goods Store - Retail Or Wholesale	Tailor Shop - No Dry Cleaning
Fabric Shop	Textile Piece Goods Dealer
Formal Wear Rental Or Sales	Towel Or Toilet Supply Dealer - Not Connected
Furrier Repairing Or Remodeling Fur Garments	With Laundry
Hat Store - Cloth, Felt, Fur Or Straw	Women's Clothing & Accessories Store
Linens Shop	Yarn Shop

917 GROCERY STORE – Retail, including meat, poultry, fish, bakery, pharmacy and produce departments

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 "super center" 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, bakery 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 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 a contiguous location.
2. Bakery operations conducted by the supermarket.

OPERATIONS NOT INCLUDED:

1. Assign Code 915 to businesses 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.

UNDERWRITING GUIDE

Cheese Shop - Retail

Convenience Grocery

Delicatessen Store

Fruit Gift Basket Store - Retail

Grocery Store - Retail

Grocery, Tea, Coffee Dealer - Retail

Health Food Store - Retail

Produce Store - Retail

Spice Store - Retail

Supermarket

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.

UNDERWRITING GUIDE

Bagel Shop, Production And/Or Selling On
Premises - Retail

Bakery Shop, Baking And/Or Selling On
Premises - Retail

Cookie Shop, Baking And/Or Selling On
Premises - Retail

Donut Shop, Baking And/Or Selling On Premises
- Retail

Pretzel Shop – HeatingBaking And/Or Selling On
The Premises

Retail Bakery - No Baking On Premises

Retail Bakery - Selling Purchased Bakery
Products

919 FLORIST STORE – Retail or Wholesale

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 INCLUDED:

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.

UNDERWRITING GUIDE

Florist Store - Fresh Cut Flowers - Retail Or Wholesale
 Florist Store Supplies Dealer - Wholesale
 Flower Dealer Or Store - Fresh Cut Flowers (No Flower Or Plant Raising) - Retail And/Or Wholesale

Plantscaper - Interior
 Store, Florist - Fresh Cut Flowers - Retail Or Wholesale

920 JEWELRY STORE – Wholesale or Retail

UNDERWRITING GUIDE

Coin And/Or Postage Stamp Dealer - Retail Or Wholesale
 Hearing Aid - Sale And Service
 Jeweler, Findings And Materials Dealer
 Jewelry Store - Wholesale Or Retail

Optical Store, Including Lens Grinding And Optometrists
 Postage Stamp And/Or Coin Dealer - Retail Or Wholesale
 Stamp (Postage) And/Or Coin Dealer - Retail Or Wholesale

921 FURNITURE STORE – WHOLESALE

Applies to wholesale dealers principally engaged in selling or renting furniture including furniture for the home or office to retailers, businesses, wholesalers or other commercial entities. Also included are dealers principally engaged in the sale of furniture via catalogue, Internet and/or mail order. The word "furniture" as used in this classification includes but is not necessarily limited to: sofas, chairs, tables, beds, bedding, chests, breakfronts, bookcases, pianos, organs, all types of floor coverings, major household appliances and office furniture.

In addition, a wholesale dealer 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.

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.

UNDERWRITING GUIDE

Carpet Dealer – Wholesale
 Floor Coverings Dealer – Wholesale
 Office Furniture Dealer

Party Supplies Rental – Wholesale
 Piano Or Organ Store - Wholesale
 Store – Furniture – Wholesale

922 FURNITURE STORE – Retail All Employees Except Office – no woodworking

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.

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.
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.
4. Assign Code 921 to the wholesale distribution of furniture and related products.

UNDERWRITING GUIDE

Antique Furniture Dealer - Retail	Household Furniture Dealer - Retail
Bedding Store - Retail	Household Laundry Equipment Dealer - Retail
Carpet Store - Retail	Household Refrigerator Dealer - Retail
Electrical Household Appliances, Major - Retail	Musical Instruments Rental - Pianos And Organs - Retail
Floor Coverings Dealer - Retail	Party Supply Rental
Furniture Installation, Portable, By Dealer	Piano Or Organ Store - Retail
Furniture Rental - Chairs, Coat Racks, Dishes, Etc. - Retail	Pool Table Dealer - Retail
Furniture Store - Retail	Refrigerator, Stove Or Washing Machine Store - Retail
Home Freezer Dealer - Retail	Store, Furniture - Retail
Household Appliances Dealer, Major - Retail	Taxidermist

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 Codes 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.

UNDERWRITING GUIDE

Aerosol Can Filling, By Contractor
Contract Packaging - Non-Crating
Packaging, Contract - Non-Crating

924 WHOLESALE STORE, N.O.C.

UNDERWRITING GUIDE

Alcoholic Beverage Blending Or Bottling, Non-Carbonated
 Balloon Dealer - Wholesale
 Bar Or Restaurant Supply Dealer (Other Than Beverages, Groceries Or Meat)
 Barber Or Beauty Parlor Supply House - Wholesale
 Barrel Dealer - No Mfg.
 Book Dealer - Wholesale
 Boot And Shoe, Cut Stock And Findings Dealer
 Bottle Dealer, New
 Bottled Spring Water Distribution - By Dealer
 Candy Dealer (Including Repackaging) - Wholesale
 Cigarette Dealer - Wholesale
 Cloth Clippings Dealer, New
 Clothing Dealer, Used - Wholesale
 Computer Dealer - Wholesale
 Cotton Merchant
 Dental Equipment Or Supply Dealer
 Drugstore - Wholesale
 Egg Dealer - Grading, Candling, Packing - Wholesale
 Feed Dealer - Wholesale
 Fertilizer (Except Humus Or Manure) Dealer
 Firearms Sale - Wholesale
 Fish Dealer - Wholesale - No Cutting, Filleting Or Processing Whatsoever
 Flower Assembling - Artificial Or Dried
 Flower Dealer - Artificial Or Dried - Wholesale
 Garden Supplies Dealer
 Grain Dealer
 Hatchery - No Poultry Raising
 Hay Dealer
 Hide Dealer - Including Salting - Curing
 Liquor/Wine Dealer
 Meat Dealer - Wholesale - No Processing
 Whatsoever

News Agent Or Magazine Distributor - Wholesale
 Nuts (Edible) Dealer
 Office Machine Dealer - Wholesale
 Office Supply Dealer - Wholesale
 Orthopedic, Prosthetic And Surgical Appliances And Supply Dealer - Wholesale
 Paper Or Paper Products Dealer
 Pharmaceutical Or Surgical Goods Dealer, N.O.C.
 Photographic Equipment Or Supplies Dealer - Wholesale
 Potato Chip Dealer
 Poultry Dealer - Wholesale - No Processing
 Whatsoever
 Restaurant Or Bar Supply Dealer (Other Than Beverages, Groceries Or Meat)
 Seed Merchant
 Snack Food Dealer - Wholesale
 Solvents Dealer
 Sporting Goods Dealer - Wholesale
 Spring Water Bottling And/Or Distribution
 Stationery Dealer - Wholesale
 Store, Wholesale, N.O.C.
 Tavern Supply Dealer (Other Than Beverages, Groceries Or Meat)
 Telephone Dealer - Wholesale
 Tobacco Auction Sales Warehouses
 Tobacco Product Dealer - Wholesale
 Used Clothing Dealer - Wholesale
 Vending Machine Dealer - Wholesale
 Wallpaper Dealer - Wholesale
 Water Bottling And/Or Bottled Water Distribution - By A Dealer
 Wholesale Store, N.O.C.
 Wine/Liquor Dealer
 Wool Merchant

925 HARDWARE STORE – Retail

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).

DELAWARE WORKERS COMPENSATION MANUAL

SECTION 2

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CLASSIFICATIONS & RATING VALUES

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 INCLUDED:

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.

UNDERWRITING GUIDE

Audio/Video Equipment Store - Retail	Household Vacuum Cleaner Store, Small - Retail
Bath And/Or Kitchen Fixture Store	Lawn Mower Sale Or Service (Including Riding Type)
Bicycle - Sale Or Rental, Including Repair	Lighting Fixture And Supplies Store
Bicycle Assembly At Retail Store Locations - By Specialist Contractor	Locksmith - Including Shop – A Specialist Contractor
Cabinet Store - Retail	Paint Store - Retail
Ceramic Tile Dealer - Retail	Plumbers' Supplies Store - Retail
Electrical Appliance Store, Small - Retail	Radio Or Television Parts And Accessories Store - Retail
Electrical Supply Store - Retail	Radio, Television Or Audio Equipment Store - Retail
Electronic Components And Accessories Store - Retail	Sewing Machine Store - Retail
Exercise Equipment - Service Or Repair - In Shop Or At Customers' Locations – By Specialist Contractor	Stereophonic Or High Fidelity Equipment Store - Retail
Fitness Equipment - Service Or Repair - In Shop Or At Customers' Locations - By Specialist Contractor	Swimming Pool Supply Store
Garden Equipment Store	Television, Video And/Or Audio Equipment Store - Retail
Hardware Store - Retail	Tile Store – Ceramic - Retail
Hot Tub Or Spa Dealer - Retail	Vacuum Cleaner Store (Household) - Retail
Household Appliance Store, Small - Retail	Video/Audio Equipment Store - Retail

926 HARDWARE STORE – Wholesale

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
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 INCLUDED:

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.

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CLASSIFICATIONS & RATING VALUES

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.

UNDERWRITING GUIDE

Agricultural Implement Dealer - Other Than Farm Machinery	Household Vacuum Cleaner Dealer - Wholesale
Appliance Parts Dealer	Janitorial Supply Dealer - Wholesale
Audio/Video Equipment Dealer - Wholesale	Oil Well Equipment Dealer
Cabinet Dealer - Wholesale	Paint Dealer - Wholesale
Ceramic Tile Dealer - Wholesale	Radio, Television, Stereophonic Or High Fidelity Equipment, Parts Or Accessories Dealer - Wholesale
Electrical Appliance Dealer - Small Appliances - Wholesale	Sewing Machine Dealer - Wholesale
Electrical Machinery Or Equipment Dealer - Wholesale	Ship Chandler
Fire Extinguisher - Sales And/Or Service - Wholesale	Stereophonic Or High Fidelity Equipment Dealer - Wholesale
Glass Dealer - No Mfg., Glass Bending, Beveling, Grinding, Silvering Or Installation	Television, Radio, Stereophonic Or High Fidelity Equipment Dealer - Wholesale
Hardware Store - Wholesale	Tile Dealer - Ceramic - Wholesale
Hot Tub Or Spa Dealer - Wholesale	Vacuum Cleaner Dealer - Wholesale
Household Appliances Dealer, Small - Wholesale	Video/Audio Equipment Dealer - Wholesale
	Welding Equipment Or Supply Dealer

927 PHARMACY – Retail – all employees including office

UNDERWRITING GUIDE

Mail Order Pharmacy
Pharmacy - Retail Or Internet Or Mail Order

928 RETAIL STORE, N.O.C.

UNDERWRITING GUIDE

Antique Store, Other Than Furniture - Retail	Office Machine Store - Retail
Army/Navy Store - Retail	Office Supply Store - Retail
Art Gallery	Orthopedic, Prosthetic, And Surgical Appliances
Arts And Crafts Store - Retail	And Supply Store – Retail
Barber Or Beauty Parlor Supply House - Operates In A Retail Manner	Package Liquor Store
Bookstore	Pawn Shop
Camera Or Photographic Supply Store - Retail	Personal Computer Store - Retail
Candy Store	Pet Grooming - By Specialist Concern
Clothing Store (Used) - Retail	Pet Shop - Retail
Computer Store - Retail	Phonograph Record Dealer - Retail
Cosmetics Store	Photographer
Dog Groomer - No Kennel Facilities	Photographic Equipment And Supplies Store - Retail
Dry Cleaning - Self-Service Only	Photographic Studio, Not Producing Motion Pictures, And Outside Work
Film Exchange	Pro Shop - Golf Course - Operated By Specialist Contractor
Five And Ten Cent Store	Receiving Station - Dry Cleaner - No Dry Cleaning At Same Or Contiguous Location
Garden Center - Retail	Receiving Station - Laundry - No Laundering At Same Or Contiguous Location
Garden Supplies Store - Retail	Retail Store, N.O.C.
Golf Course - Pro Shop - Operated By Specialist Contractor	Sporting Goods Store - Retail
Goodwill Stores	Stationery Store - Retail
Greeting Card Shop	Store, Retail, N.O.C.
Gun Shop - Retail	Telephone Store - Retail
Handbag (Women's) Store	Thrift Store (Used Clothing, Furniture, Household Items) - Retail
Hobby Shop - Retail	Trophy Store (Including Assembly And Nameplate Inscribing)
Ice Cream, Store Or Street Vending - Retail	Used Clothing Store - Retail
Laundry - Coin-Operated - Self-Service	Video Tape Or DVD Store - Rental Or Sale
Laundry Collector Without Laundry (Excluding Contract Hauler)	Vitamin Store - Retail
Liquor Or Wine Store - Retail	Wallpaper Store - Retail
Luggage Store – Retail	Water Ice Store
Mailing And Shipping Store - By Independent Contractor	Wine Or Liquor Store - Retail
Medical Supply Store - Retail	Women's Handbag Store
Motion Pictures, Development Of Films, No Other Operations	
Musical Instrument Rental - Except Pianos And Organs	
News Agent Or Magazine Distributor - Retail	

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 entry in the General Auditing & Classification Information section for further information on which store businesses are assignable to Code 929 and on classifying temporary staff.

UNDERWRITING GUIDE

Employment Contractor - Temporary Staff - Retail Or Wholesale Store Businesses
Store Businesses - Retail Or Wholesale - Temporary Staff
Temporary Staff - Retail Or Wholesale Store Businesses

932 COPYING OR DUPLICATING SERVICE – All employees including office

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 17 x 22 inches or less or electrostatic copiers on paper sheets 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.

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.

UNDERWRITING GUIDE

Blueprint Reproduction (Using Photocopying Method) - By Contractor	Offset Duplicating
Document Scanning – By Specialist Contractor	Photocopy Shop
Duplication Services	Printing - By Laser Method - By Contractor
Laser Printing By Contractor	Quick Printer
Microfilming	Scanning of Documents – By Specialist Contractor

933 VENDING OR COIN-OPERATED MACHINE – Installation, Service or Repair, all employees except office

UNDERWRITING GUIDE

Automatic Teller Machine (ATM) - Installation, Service Or Repair	Pinball Games - Service Or Repair By Vending Machine Operator
Candy And/Or Snack Trays - Sold On The Honor System	Scale Installation Or Adjustment, Coin-Operated Type, By Vending Machine Operator
Coffee Service Company	Snack And/Or Candy Trays - Sold On The Honor System
Coin-Operated Amusement Or Vending Machine - Installation, Service Or Repair	Telephone - Coin-Operated - Installation, Service Or Repair By A Specialist Business Or Contractor
Coin-Operated Telephone - Installation, Service Or Repair By A Specialist Business Or Contractor	Vending Machine Installation
Jukebox Operation, Service Or Repair	Vending Or Coin-Operated Amusement Machine - Installation, Service Or Repair
Parking Meter Installation, Service Or Repair	Video Games - Service Or Repair By Vending Machine Operator

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.

UNDERWRITING GUIDE

Auto Parts Dealer - Wholesale	Motor Vehicle Parts And Accessory Dealer
Automobile Accessory Store	Tire Dealer - Wholesale - No Installation, Service Or Repair
Automobile Parts Store	

935 LUMBER AND/OR BUILDING MATERIAL DEALER – Store Employees – For use in conjunction with Code 855 only

Applicable to the operation of a retail store on the premises of a lumber and/or building material dealer in which hardware, paint and other similar merchandise is sold. This classification may only be authorized as an additional classification for an employer classified to Code 855 if the employer fulfills the multiple enterprise criteria discussed in Rule IV, C., 3., a., 2. of this Manual. The retail store must be operated in a physically separate work area from

the lumber and/or building material dealer's warehouse or yard with no interchange of labor between the store and the warehouse or yard. 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. This classification shall also apply when the store sales are made to wholesale customers (e.g., commercial or professional users) but conducted primarily in a retail manner. For purposes of assignment to this classification, the term "retail manner" shall be construed to mean that the insured will have a floor area where merchandise is stocked in display aisles, 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 retail store may also contain a second counter area where customers may place orders for the lumber and/or building materials.

OPERATIONS NOT INCLUDED:

This classification is not available for the operation of a sales counter of a lumber and/or building material dealer where the insured's staff takes customer orders for the lumber and/or building materials, accepts payment, transfers the orders to the insured's yard or warehouse staff and may also sell merchandise from a counter display, display racks behind the counter and/or a display space in front of counter but where the insured does not operate a separate retail store as defined above.

UNDERWRITING GUIDE

Lumber And Building Material Dealer - Store Employees - For Use In Conjunction With Class 855 Only

936 BROADCASTING STATION – Radio or Television, all employees including office

OPERATIONS ALSO INCLUDED:

1. The pre-production, production and post-production phases of a motion picture, television, music video or advertisement (commercial) production company when performed by the motion picture, television, music video or advertisement (commercial) production company's staff. Activities contemplated in the different production phases include but are not necessarily limited to: directors, assistant directors, producers, performers, musicians, set builders, wardrobe designers, sound technicians, gaffers (lighting technicians), grips (grips conduct rigging operations around the set, move camera dollies, and ensure the set is safe), hair or makeup persons, camera operators, cinematographers, film developers or editors.
2. Motion picture production companies making animated films including but not necessarily limited to: voice talent, motion capture actors, camera and equipment operators, computer animators, the director, and producers.

OPERATIONS NOT INCLUDED:

1. When the motion picture, television, music video or advertisement production company outsources any of the activities incident to motion picture, television, music video or advertisement production to an unrelated business (specialty contractor), that unrelated business shall be assigned to that Manual classification contemplating the unrelated contractor's specialized operations.

UNDERWRITING GUIDE

Advertisements – Filming Or Video Production Or
Recording Of Radio or Television Commercials
Broadcasting Station - Radio Or Television
Industrial Film Production Company
Motion Picture Production Company
Music Video Production Company
Radio Broadcasting Station
Radio Commercial Recording

Sound Recording Studio
Television Broadcasting Station
Television Or Radio Advertisements – Filming Or
Video Production Or Recording
Training Film Production Company
Videographer

937 EMPLOYMENT CONTRACTOR – Temporary Staff – HEAVY SERVICE

Applies to temporary employees provided to unrelated businesses including but not necessarily limited to tree pruning, logging, surface mining or mineral recovery, transportation (of persons or any type of commodity), lumber and 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 entry in the General Auditing & Classification Information section for further information on which customer business classifications are assignable to Code 937 and on classifying temporary staff.

UNDERWRITING GUIDE

Employment Contractor - Temporary Staff - Heavy Service
Temporary Staff - Heavy Service

939 CARNIVAL, Circus or Amusement Device Operator – TRAVELING

UNDERWRITING GUIDE

Amusement Device Operator - Traveling	Kiddie Rides - All Operations - Traveling
Carnival - Traveling	Traveling Amusement Device Operator
Circus - Traveling	Traveling Carnival
Fair - Traveling	Traveling Circus

940 RESIDENTIAL CARE FACILITY for the Developmentally Disabled – all employees except office and the separate staff of a certified sheltered workshop

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.

UNDERWRITING GUIDE

Group Home - Intermediate Care Facility For The Mentally Retarded - Regardless Of Client Count
Intermediate Care Facility For The Mentally Retarded - Regardless Of Client Count

941 SOCIAL REHABILITATION FACILITY – For adults or children – all employees including office

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 INCLUDED:

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.

UNDERWRITING GUIDE

Child Care Service, Residential - (Neglected, Deprived Or Abused)
 Group Home - Developmentally Disabled (Not Intermediate Care Facility) - 8 Or Fewer Clients Per Facility
 Group Homes For The Mentally Ill
 Home For Orphans
 Neighborhood Homes - 5 Or Fewer Residents
 Neighborhood Homes For The Mentally Disabled - 5 Or Fewer Residents Per Facility
 Orphanage
 Residential Child Care Service - (Neglected, Deprived Or Abused)

942 HOME HEALTH CARE – Professional Staff, all employees except office

Please see the Home Health Care Services entry in the General Auditing & Classification Information section for further information on the scope of this class.

UNDERWRITING GUIDE

Community Nursing Services - Professional Staff	Nurses - Visiting Patients In Private Homes
Home Health Care Services - Professional Staff	Private Duty Nurse
Hospice Care Performed In Client's Residence - Professional Staff	Public Health Nurse
Nurse - Private Duty	Visiting Nurse

943 HOME HEALTH CARE – Nonprofessional Staff, all employees except office

Please see the Home Health Care Services entry in the General Auditing & Classification Information section for further information on the scope of this class.

UNDERWRITING GUIDE

Chore Worker - Home Health Care Services	Home Health Care Services - Nonprofessional Staff
Community Nursing Services - Nonprofessional Staff	Homemaker Service
Home Health Aide	Hospice Care Performed In Client's Residence - Nonprofessional Staff

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.

UNDERWRITING GUIDE

Club - Country, Golf Or Yachting	Golf Course - Public Or Private
Country Club	Yacht Club
Golf Course - Pro Shop - Operated By Golf Course	

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 Hotel Or Motel Operations entry in the General Auditing & Classification Information section for further information on the scope of this class.

946 EMPLOYMENT CONTRACTOR – Temporary **MEDICAL** Staffing

Applicable to employers providing professional and/or nonprofessional medical staff 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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Employment Contractor - Temporary Medical Staffing	Nurse - RN And LPN Including Aides - Temporary Help
Medical Service - Temporary Help	Temporary Medical Staffing

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.

UNDERWRITING GUIDE

Employment Contractor - Temporary Staff - Maintenance Or Service
Temporary Staff - Maintenance Or Service

948 MAILING or ADDRESSING COMPANY – all employees including office

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 percent 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 percent 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.

UNDERWRITING GUIDE

Advertising - Mailing Or Addressing Of	Mailing Or Addressing Company Including
Advertising Literature	Incidental Printing
Direct Mail Company	Presort Bureau - Mail Sorting - By Specialist
Mail Sorting Service - By Specialist Contractor	Contractor

949 EMPLOYMENT CONTRACTOR – Temporary MARKETING

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 entry in the General Auditing & Classification Information section for further information on classifying temporary staff.

UNDERWRITING GUIDE

Employment Contractor - Temporary Marketing Staff
 Marketing Staff - Temporary Staff
 Temporary Marketing Staff

951 SALESPERSON – OUTSIDE

Are employees either exclusively engaged in sales or collection work away from the employer's premises or who regularly and frequently (as defined elsewhere in this Manual) are engaged in sales or collection work away from their employer's premises and devote the balance of their time in clerical office duties.

Salespersons, collectors or messengers shall be separately classified except in connection with any classification designated either "all employees including office" or "all employees except office."

OPERATIONS NOT INCLUDED:

1. Assign employees engaged as delivery salespersons, route salespersons and/or route supervisors delivering merchandise or products, who may also collect payments or solicit sales, to the employer's applicable field-of-business classification.
2. Assign floor and/or counter salespersons to the employer's field-of-business classification at the location.
3. Assign door-to-door salespersons to the employer's applicable business classification.
4. Assign to Code 953 employees who sell or solicit exclusively by telephone.
5. Assign Code 808 to messengers employed by a messenger or courier service company.
6. Assign Code 951 to messengers employed by other establishments whose field-of-business is not that of a messenger or courier service company.

UNDERWRITING GUIDE

Adjuster, Insurance - By Independent Contractor
 Advertising - Distributing Circulars Or Samples - Not In Stores
 Advertising Display Card Service - Installation Or Removal Of, In Or On Vehicles
 Advertising Display Service - For Stores
 Advisory Rating Organization - Field Representative
 Auctioneer, Not Livestock, No Permanent Location
 Auditor, Insurance - Traveling - Independent Contractor
 Boiler Inspection
 Boy Or Girl Scout Council - Executive Secretary
 Collectors Of Money - By Specialist Contractor
 Electric Meter Reader
 Elevator Inspection
 Executive Secretary, Boy Or Girl Scout Council
 Gas Meter Reader
 Handbill Distribution
 Highway Operation - Toll Collector

Inspection Of Mercantile, Mfg. Or Risks For Insurance Or Valuation Purposes - By Independent Contractor
 Insurance Adjuster - By Independent Contractor
 Insurance Traveling Auditor - Independent Contractor
 Inventory Service - By Specialist Contractor
 Marine Appraiser Or Surveyor
 Messenger (Not Employed By A Messenger Or Courier Service Company)
 Newspaper Reporter Or Photographer
 Real Estate Agency - Outside Salespersons
 Salesperson - Outside
 Timber Cruiser (Exclusive Duties)

Traveling Insurance Auditor - Independent Contractor
 Trimming Windows - By Independent Contractor
 Water Meter Reader
 Window Trimming, By Contractor

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.

UNDERWRITING GUIDE

Adding Machine Repair - Shop Or Field	Piano Tuning
Answering Machine (Telephone) Repair	Scale Adjustment, Service Or Repair, Counter Type
Computer Or Computer System - Service Or Repair - Shop Or Field	Soap Dispenser Installation And/Or Servicing – Rest Rooms, By Specialist Contractor
Data Processing Systems - Service Or Repair - Shop Or Field	Telephone Service Or Repair By Specialist Crew Of A Contractor Or Other Than By Telecommunications Company
Dictating Machine Repair - Shop Or Field	Time Clocks, Recording Employee Time - Service Or Repair
Instrument - Professional Or Scientific - Service Or Repair - Shop Or Field	Typewriter Repair - Shop Or Field
Meat Slicers Or Grinders - Counter Type - Service Or Repair	Voting Machine - Service Or Repair
Office Machine Repair - Shop Or Field	Word Processor - Service Or Repair - Shop Or Field
Organ Tuning - Away From Shop	X-Ray Equipment Repair Or Service
Photocopy Machines - Service Or Repair - Shop Or Field	

953 Clerical OFFICE Employees

Are employees exclusively engaged in keeping the books or records of the business or conducting correspondence or who are engaged wholly in office work where such books or records are kept or such correspondence is conducted.

Clerical office employees work exclusively in a separate building 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 office duties.

Office employees shall be separately classified except in connection with any classification designated “all employees including office.”

OPERATIONS NOT INCLUDED:

1. Assign to the employer's applicable field-of-business classification the following “clerks”: counter, front desk, lobby, mall kiosk, stock or tally clerk.
2. Assign librarians to the employer's applicable field-of-business classification.
3. Assign cashiers or any employee whose regular and frequent duty is accepting payment for merchandise or services rendered, whether working in a booth, behind a counter or on a sales floor, to the employer's applicable field-of-business classification.
4. Assign the entire payroll of any clerical office employee who has any other regular duty to the applicable classification in accordance with the class to which the business is assigned.

UNDERWRITING GUIDE

Advisory Rating Organization - Clerical Office	Mailing Lists - Compiling/Selling - Risk's Only
Boy Or Girl Scout Council - Clerical - Except At Camp Locations	Operation
Clerical Office Employees	Race Track, Pari-Mutuel Clerks
Computer Programmer	Real Estate Agency - Clerical Workers In Office
	Telephone Or Telegraph Operator

954 SECURITY AGENCY

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 INCLUDED:

1. Assign Code 660 to a separate crew of employees of a security agency that installs or repairs alarms.
2. Assign Code 904 to separate staff engaged in performing any type of investigations for unrelated customers.
3. Assign Code 601 to flagging service contractors.
4. Assign the employer's governing class to security guards employed by a business to protect that business' premises and property.

UNDERWRITING GUIDE

Automobile Repossessing, By Specialist Contractor Guard Or Patrol Service - By Contractor	Parking Enforcement Officer (Meter Maid) - Employed By A Parking Authority Security Agency
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955 ENGINEERING CONSULTING FIRM, mechanical, civil, electrical or mining engineering consulting firms, or architectural firms

OPERATIONS NOT INCLUDED:

1. Assign Code 951 and/or Code 953 to businesses principally engaged in providing computer and/or software consulting services.
2. 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 fulfill the multiple enterprise conditions described in Section 1, Rule IV, C. 3. a.
3. 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.
4. Assign Code 607 to separate staff performing test boring for soil samples.

UNDERWRITING GUIDE

Air Conditioning: Non-Portable, Air Flow Testing And Balancing - By Specialist Contractor Analytical Chemical Independent Laboratory Architectural Firm, Supervising Art Conservation, Preservation Or Restoration - By Specialist Contractor Assaying - By Specialist Contractor Civil Consulting Engineering Firm Consulting Engineering Firm - All Types Dermatological Lab - Testing Cosmetics - By Specialist Contractor Document Conservation - Paper - By Specialist Contractor Electrical Consulting Engineering Firm	Engineering Consulting Firm - All Types Of Engineering Landscape Architectural Firm, No Construction Work Mechanical Consulting Engineering Firm Mining Consulting Engineering Firm Museum Display Creation – By Independent Contractor Non-Destructive Testing - All Kinds - By Specialist Contractor Paper Document Conservation - By Specialist Contractor Research And Development (Including Prototypes) - By Specialist Contractor Surveying - By Specialist Contractor Testing - Non-Destructive - All Kinds - By Specialist Contractor
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956 LAW FIRM, all employees including office

This classification is for law firms.

OPERATIONS NOT INCLUDED:

1. Attorneys 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 employer's business.

UNDERWRITING GUIDE

Attorney - Independent Contractor
Law Firm

957 PHYSICIAN or DENTIST, all employees including office

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).

OPERATIONS NOT INCLUDED:

1. Assign the applicable health care facility classification where overnight inpatient care is provided.
2. Assign Code 959 to practitioners of veterinary medicine.
3. Physicians or dentists employed by a health care facility shall be assigned in accordance with the health care facility class appropriate to the business at the location.
4. Assign Code 946 to physicians or dentists employed by a temporary medical staffing contractor and who are provided on a temporary basis to unrelated health care facilities.
5. Separate staff performing home health care services shall be separately classified to either Code 942 or to Code 943 as provided in this Manual.

UNDERWRITING GUIDE

Birth Center - Not Operated By A Hospital
Blood Bank
Chiropract Office
Clinic - Outpatient Services Only
Clinical Laboratory - Independent
Dental Assistant - Employed By A Dentist Office
Dentist Office
Hair Transplantation
Mental Health Center - Outpatient Services Only

Optometrist Office
Osteopath Office
Physical Therapy - By Specialist Contractor
Physician Office
Psychiatrist Office
Psychologist (M.A. or Ph.D.) Office
Speech Therapy - By Specialist Contractor
X-Ray Service - Non-Hospital

958 REHABILITATION HOSPITAL, all employees including office

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

UNDERWRITING GUIDE

Alcohol And/Or Drug Residential Facility
Detoxification (Alcohol And/Or Drug) Residential
Facility Licensed As Medical Or Social Setting
Detoxification
Drug And/Or Alcohol Residential Facility
Hospital, Psychiatric

Hospital, Rehabilitation
Inpatient Non-Hospital Detoxification Facility
Licensed As Medical Or Social Setting
Detoxification
Psychiatric Hospital
Rehabilitation Hospital

959 VETERINARIAN, including employers raising and caring for non-farm domestic animals.

UNDERWRITING GUIDE

Animal Raising - Non-Farm Domestic Animals
Artificial Insemination Of Animals
Bee Raising
Breeding Of Animals, Non-Farm Domestic
Dog Kennel
Dog Obedience Classes
Hospital, Veterinary
Laboratory Animal Breeding Or Raising (Rats,
Mice, Guinea Pigs, Rabbits, Etc.)

Livestock Tattooing, By Contractor
Poultry Vaccination, Debeaking And Sexing, By
Contractor
Society For Prevention Of Cruelty To Animals
Tattooing, Livestock, By Contractor
Veterinarian
Veterinary Hospital
Worm Raising

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.

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
- 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 INCLUDED:

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided for in this Manual.

UNDERWRITING GUIDE

Convalescent Home - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher
Life Care Community - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher
Long Term Care Facility - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher
Nursing Home - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher
Retirement Community - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher

961 HOSPITAL – all employees including office

Only those medical institutions providing general hospital facilities shall be assigned to Code 961. 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 INCLUDED:

1. Employees performing home health care services shall be separately classified as provided in this Manual.
2. Assign Code 946 to employers providing temporary medical staff to unrelated hospitals. Medical staff is defined as including but not necessarily limited to: registered nurses or licensed practical nurses, pharmacists, nurses' aides, certified nurses' aides, orderlies, attendants, medical technicians or doctors.
3. Assign Code 947 to employers providing non-medical temporary staff (except clerical) to hospitals (e.g., temporary janitorial, laundry or kitchen).

UNDERWRITING GUIDE

Hospital, All Employees

962 ACCOUNTING or FINANCIAL AUDITING FIRM – all employees including clerical office

This classification is for accounting or financial auditing firms.

Accounting firm – a business performing the systematic recording, reporting and analysis of an unrelated business' financial transactions typically broken down in the business' financial year.

Financial auditing firm – a business that reviews or examines unrelated businesses' financial records to be certain the unrelated businesses' financial records are correct or free of error.

OPERATIONS NOT INCLUDED:

1. Assign Code 951 to an independent insurance traveling auditor.
2. Assign Code 951 or Code 953 as these classes may apply to personnel employed by businesses principally engaged in providing computer and/or software consulting services.
3. Assign Code 953 to independent auditors of non-financial information or records (e.g., drug trials, patient care records of a health care facility).
4. Assign Code 984 to an insurance traveling premium auditor employed by an insurance company.
5. Assign a classification consistent with the employer's field-of-business when accountants or financial auditors are employed by a business whose field-of-business may include but is not necessarily limited to manufacturing or construction.

UNDERWRITING GUIDE

Accounting Firm

Auditing Firm - Financial (Not An Independent

Insurance Traveling Auditing Firm)

Financial Auditing Firm (Not An Independent

Insurance Traveling Auditing Firm)

Public Accounting Firm

Tax Preparation Service

963 CHURCH – all employees including office

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.

OPERATIONS ALSO INCLUDED:

1. Includes religious education provided by the church.

OPERATIONS NOT INCLUDED:

1. Payroll division must be provided for schools or hospitals at separate locations.
2. Assign Code 891 for a separately-staffed day nursery school, kindergarten or child daycare center operated on the church premises from Monday through Friday.
3. Assign Code 965 for a separately-staffed elementary and/or secondary school operated on the church premises from Monday through Friday.
4. Assign Code 999 to separate cemetery staff.

UNDERWRITING GUIDE

Church
Synagogue

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.

UNDERWRITING GUIDE

Sheltered Workshop

965 COLLEGE OR SCHOOL, N.O.C. – all employees including office

Applicable to academic, trade or vocational institutions of learning (e.g., colleges or universities, private schools, public or parochial school districts and charter schools) that provide a formal educational curriculum in a classroom setting. Trade or vocational schools may also provide shop or field experience as a part of the curriculum. Colleges or universities, private schools, public or parochial school districts and charter schools are subject to licensing by the Delaware Department of Education. Colleges or universities may also be subject to accreditation by multi-state bodies, such as the Middle States Association of Colleges and Schools.

OPERATIONS ALSO INCLUDED:

1. Independent contractors providing academic tutoring services to grade school, high school or college level students, either on a one-to-one basis or in a classroom setting to multiple students.

OPERATIONS NOT INCLUDED:

1. Assign Code 968 to employers principally engaged in providing sports instruction or training, including but not necessarily limited to: gymnastics, swimming or martial arts
2. Assign Code 890 to separately located and staffed public libraries.
3. Assign Code 891 to employers principally engaged in operating nursery schools, kindergartens, child day care centers or Head Start Programs.

UNDERWRITING GUIDE

Academic Tutoring Service By Independent Provider	School District - Public, Private Or Parochial School, Aircraft, All Employees Except Flight Crew
Aircraft Trade School, Except Flying School Charter School	School, Trade Or Vocational Trade School
College Or School, N.O.C.	Tutoring Service (Academic Subjects) By Independent Provider
Computer Training School	Union Trade School
Dance Studio, Not Operated In Conjunction With Dance Hall	University
Early Intervention For Infants And Toddlers - No Residential Affiliation	Vocational Educational Institution
English As A Second Language Courses By Specialist Contractor	
Foreign Language Courses By Specialist Contractor	
Music Lessons By Specialist Contractor	

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.

UNDERWRITING GUIDE

Audio/Video Equipment Service Or Repair	Telephone Or Radio Installation - Automobile
Automobile Radio Or Telephone Installation	Television, Video And/Or Audio Equipment
Car Phone Installation	Service Or Repair, Including Installation Of Antenna
Citizen Band (CB) Radio Installation, Service Or Repair	Video Cassette Recorder And Video Camera
Compact Disc Player Service Or Repair	Repair
	Video/Audio Equipment Service Or Repair

967 THEATERS – all employees including office**UNDERWRITING GUIDE**

Dance Band - Independent Contractor	Musician, Independent Contractor
Dance Company	Orchestra
Disc Jockey Service - Non Broadcasting	Theater (Including Drive-In)
Drive-In Theater	Theatrical Productions
Entertainer	Traveling Orchestra
Motion Picture Theater	

968 SPORTS, RECREATIONAL OR AMUSEMENT FACILITY, INDOOR

Applicable to businesses operating an amateur sport, recreational or amusement facility. Such include but are not necessarily limited to bowling alleys or video game arcades. Patrons may pay a fee to enter the facility and/or pay to use amusement devices on an individual basis.

Also applicable to businesses operating an indoor facility where patrons can practice or receive training or instruction in a specific sport, including but not necessarily limited to: swimming, tennis, gymnastics, racquetball, ice or roller skating or karate or other martial arts training. Such facilities typically employ trainers or instructors who will oversee classes with multiple participants or who will provide individual training.

OPERATIONS ALSO INCLUDED:

1. Counter staff and employees engaged in dispensing change and/or game tokens.

OPERATIONS NOT INCLUDED:

1. Assign Code 884 to health or exercise clubs.
2. Assign Code 970 or Code 991 to contact or noncontact professional or semiprofessional sports teams, respectively.

DELAWARE WORKERS COMPENSATION MANUAL

SECTION 2

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CLASSIFICATIONS & RATING VALUES

UNDERWRITING GUIDE

Amateur Sports Training Facility (e.g., Basketball, Ice Hockey, Boxing) Not Professional Or Semiprofessional Sports Amusements, Indoor - See Entry By Topical Name
Billiard Hall
Bowling Alley
Cheerleading Instruction - By Independent Contractor
Club, Swim - Indoor
Club, Tennis - Indoor
Gymnastics Training
Ice Skating Rink - Indoor
Karate Or Other Martial Arts Institute
Martial Arts (Including Karate) Institute

Pool Room
Racquetball Club
Recreational Facility Or Amusement Devices, Indoor - See Entry By Topical Name
Roller Skating Rink - Indoor
Shooting Gallery - Indoor
Skating Rink - Ice Or Roller - Indoor
Sports (e.g., Basketball, Ice Hockey Or Boxing) Amateur Training Facility Not Professional Or Semiprofessional
Swim Club - Indoor
Tennis Club - Indoor
Video Game Arcade

969 AMUSEMENT, OUTDOOR: fairs, exhibitions, amusement parks or any outdoor amusement that is permanently sited.

OPERATIONS ALSO INCLUDED:

1. Ticket sellers or collectors and box office employees.
2. Employees engaged in the sale of food or beverages or gift/souvenirs from vending carts or by carrying the merchandise on their person.

OPERATIONS NOT INCLUDED:

1. Assign the applicable restaurant classification to payroll developed in a separately located and staffed prepared food and/or beverage service.
2. Assign Code 928 to payroll developed in a physically separate and staffed gifts/souvenirs sales operation.
3. Assign Code 981 to payroll developed in separately located and staffed casino gambling operations. See the Code 981 class description for the scope of that classification.
4. Separately classify to Code 970 or to Code 991 professional and semi-professional sports teams as defined in that class' description.
5. Assign Code 939 to any traveling (not permanently sited) amusement.
6. Assign Code 953 to race track pari-mutuel employees.

UNDERWRITING GUIDE

Amusement Park
Amusements, Outdoor - See Entry By Topical Name
Arboretum – Open To Public Exhibition
Archery Range
Athletic Parks Operation
Ball Or Dart Throwing At Targets
Baseball Batting Range
Botanical Gardens – Open to Public Exhibition
Cave, Exhibition
Club, Swim - Outdoor
Club, Tennis - Outdoor
Exhibition - Outdoor
Exhibition Garden
Fair - Permanently Sited
Fishing Pond, Public
Garden - Open To Public Exhibition
Golf Course - Miniature
Golf Driving Range

Horse Show
Jockey - Employed By A Race Track
Kiddie Rides - All Operations - Permanently Sited
Miniature Golf Course
Park, N.O.C.
Pitch And Putt Golf Course
Pony Rides
Race Track Operation
Recreational Facility Or Amusement Devices, Outdoor - See Entry By Topical Name
Shooting Gallery - Outdoor
Skating Rink - Outdoor
Stadium Operation – Outdoor – By Contractor Or Owner
Swim Club - Outdoor
Swimming Pool, Public Or Private - Outdoor
Tennis Club - Outdoor
Tennis Court, Public - Outdoor
Zoo

970 ATHLETIC TEAM - CONTACT SPORTS - Professional or Semiprofessional.

Includes all players on the employer's salary list whether regularly played or not, coaches, managers, trainers, equipment managers or sports officials.

Contact sports include but are not necessarily limited to: football, hockey, lacrosse or roller derby.

The entire remuneration of each player, coach, manager or sports official should be included in computing premium, subject to a maximum of \$60,000 per policy year. When a player, coach, manager or sports official works for two or more teams in the same sport during the policy year, the maximum shall be pro-rated.

The remuneration of an individual player, coach, manager or sports official is subject to a minimum of \$600 per week of the policy year, including board and lodging.

OPERATIONS ALSO INCLUDED:

1. Game staff (bench or dugout) providing water or equipment to players.

OPERATIONS NOT INCLUDED:

1. Assign Code 951 to separate scouting staff.
2. Assign Code 953 to separate clerical office staff.
3. Assign Code 969 to non-bench or non-dugout game staff including but not necessarily limited to: cheerleaders, dancers, mascots, persons mingling with the fans to rally support and/or distribute t-shirts and persons videotaping fan reactions or the game when the sport is played in an outdoor stadium.
4. Assign Code 971 to non-bench or non-dugout game staff including but not necessarily limited to: cheerleaders, dancers, mascots, persons mingling with fans to rally support and/or distribute free t-shirts and persons videotaping fan reaction or the game when the sport is played in an indoor arena.
5. Assign Code 969 to separate staff operating/maintaining the outdoor stadium.
6. Assign Code 971 to separate staff operating/maintaining the indoor arena.

UNDERWRITING GUIDE

Athletic Team: Contact Sports - Professional Or Semiprofessional
 Contact Sports Athletic Team, Professional Or Semiprofessional
 Football Player, Coach, Manager Or Referee - Professional Or Semiprofessional
 Hockey Player, Coach, Manager Or Referee - Professional Or Semiprofessional

Lacrosse Player, Coach, Manager Or Referee - Professional Or Semiprofessional
 Professional Or Semiprofessional Athletic Team: Contact Sports
 Roller Derby Player, Coach, Manager Or Referee - Professional Or Semiprofessional
 Semiprofessional Or Professional Athletic Team: Contact Sports

971 COMMERCIAL BUILDINGS

Applicable to owners, operators and/or contract management firms of buildings or properties used for commercial or industrial occupancy (e.g., office buildings and strip malls). Includes the care, custody and/or maintenance of the premises by the property owner, operator and/or management firm's staff.

OPERATIONS ALSO INCLUDED:

1. Janitorial contractors for commercial building cleaning and specialist commercial building cleaning contractors pursuant to the Code 971 Underwriting Guide entries.
2. Separate staff of a homeowners' association performing 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.

OPERATIONS NOT INCLUDED:

1. Assign Code 880 to employers principally engaged in operating apartment buildings, condominium complexes or cooperative buildings used for residential occupancy.
2. Assign Code 882 to specialist contractors principally engaged in providing residential interior cleaning services.

3. As provided for in this Manual, separately classify the following operations of a homeowners association provided each operation is separately staffed: golf courses, stables, restaurants, sewage plant or water works.

UNDERWRITING GUIDE

Arena Operation - Indoor – By Contractor Or Owner	Fumigating - Not Agricultural - By Contractor
Building Cleaning, No Exterior Wall Cleaning	Janitor Contractor
Carpet And Rug Cleaning And Storage	Kitchen Equipment Exhaust Duct Cleaning - By Specialist Contractor
Carpet Cleaning On Customers' Premises	Mobile Home Park - Operation Or Maintenance By Contractor (Not Recreational Vehicle Campground)
Civic Center - Operation By Specialist Contractor	Mobile Home Park Maintenance
Cleaning Of Grease Exhaust, Air Conditioning, Heating And Ventilating Ducts - By Specialist Contractor	Post Construction Clean-Up - New Homes - By Specialist Contractor
Cleaning, Sanitizing Or Deodorizing Restrooms - By Contractor	Power Washing Of Exterior Walls or Decks At Residential Or Commercial Sites – By Contractor
Commercial Or Industrial Building Operation - By Owner, Lessee Or Real Estate Management Firm	Rug And Carpet Cleaning And Storage
Contractor For Commercial Building Cleaning	Storage - Self-Service
Duct Cleaning - Grease Exhaust, Air Conditioning, Heating, Ventilating - By Specialist Contractor	Sweeping Of Parking Lots - Shopping Areas And Similar Areas, By Specialty Contractor
Exterminator	Swimming Pool Cleaning Or Maintenance - By Specialty Contractor
Fire, Smoke And/Or Water Damage Clean-Up - By Contractor	Swimming Pool Liner Installation - Vinyl, By Swimming Pool Maintenance Contractor
Flea Market Or Swap Meet Operators	Termite Control - By Contractor
Floor Waxing Or Polishing - By Building Owner, Lessee, Management Agency Or Contractor	Upholstery Cleaning On Customers' Premises
	Warehouse - Storage - Self-Service
	Window Cleaning

973 HOTEL - all employees except office and food service or beverage operations staff.

Please see the Hotel Or Motel Operations entry in the General Auditing & Classification Information section for further information on the scope of this class.

UNDERWRITING GUIDE

Bed And Breakfast
Golf Course Operated By Hotel
Motel
Religious Retreats

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.

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 INCLUDED:

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided for in this Manual.

UNDERWRITING GUIDE

- Life Care Community - With Less Than 50 Pct. Of Beds Licensed As Intermediate Care Or Higher
- Retirement Community - With Less Than 50 Pct. Of Beds Licensed As Intermediate Care Or Higher

975 RESTAURANT, N.O.C. – all employees except office

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 businesses' premises. This is a "traditional" restaurant where customers may either select their table or be seated by a hostess or another of the businesses' 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 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.

UNDERWRITING GUIDE

- Dinner Theater
- Restaurant, N.O.C.

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.

UNDERWRITING GUIDE

- | | |
|--|---|
| <ul style="list-style-type: none"> Adult Day Center Community Center Day Center For The Elderly Daycare - Mentally Disabled, No Residential Facility Affiliation | <ul style="list-style-type: none"> Daycare Center Operated By A Y.M.C.A., Y.W.C.A. Senior Citizens Center Y.M.C.A., Y.M.H.A., Y.W.C.A., Y.W.H.A., Etc. |
|--|---|

977 BARBER SHOP, BEAUTY PARLOR OR HAIR STYLING SALON

UNDERWRITING GUIDE

- | | |
|--|--|
| <ul style="list-style-type: none"> Barber Shop Beauty Shop Day Spa – Not Affiliated With A Health Club Or Swimming Pool Electrolysis | <ul style="list-style-type: none"> Hairdressing Shop Hat Cleaner Manicuring Shop Massage Therapy Services Tanning 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.

Executive Secretaries of Boy or Girl Scout Councils shall be assigned to Code 951.

UNDERWRITING GUIDE

Boy Or Girl Scout Councils Camp Operations, Including Clerical Workers At Camp Locations	Commercial Camp Recreational Vehicle Campground
Camp, Boy Or Girl Scout - Day, Summer Or Winter	Scout Camp Summer Camp

979 RESIDENTIAL FACILITY FOR THE ELDERLY – NON-MEDICAL – all employees except office and home health care

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 INCLUDED:

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided in this Manual.

UNDERWRITING GUIDE

Personal Care Home
Residential Facility For The Elderly - Non Medical
Rest (Residential) Home

CITIES AND TOWNS

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.

UNDERWRITING GUIDE

Borough Employees, N.O.C.	Meter Maid - Employed By A Municipality
City Emp. Except Sewer Const., Sal. Policemen & Firemen, Vol. Firemen, Clerical Office & Elected Officials	Municipal Or County Employees, N.O.C.
City Employees, N.O.C.	Road Maintenance By Municipal Employees
County Employees, N.O.C.	School Crossing Guard
County Road Districts	Sewage Disposal Plant, Municipal
Forest Ranger - Not State Employees	Town Employees, N.O.C.
Garbage Works - Reduction Or Incineration - Municipal	Township Employees, N.O.C.
	Villages Operation
	Water Supply System - Operated By A Municipality

981 CASINO GAMBLING – all employees including office.

Includes all personnel of the licensed casino gaming facility.

A licensed casino gaming facility is defined to include the gaming floor, all restricted areas servicing gaming operations, and food, beverage and retail outlets and other areas serving the gaming floor which are located on or are directly accessible from and adjacent to the gaming floor or the restricted areas servicing gaming operations.

OPERATIONS NOT INCLUDED:

As provided for in this Manual, separately classify:

1. Areas or amenities exclusive to horse racing including pari-mutuel wagering.
2. Hotel operations.
3. Retail merchandise facilities, food and beverage outlets and other amenities or activities not located on or adjacent to the gaming floor, or related to casino gaming operations.

UNDERWRITING GUIDE

Slot Machine Gambling

983 HOUSING AUTHORITY.

An on-site property or project manager's job duties may include but are not necessarily limited to: performing maintenance and repair work, informing approved housing applicants of program requirements (e.g., keeping their unit clean, payment of rent in a timely manner), handling tenant complaints, inspecting each occupied unit once a year, inspecting vacant units for damage, checking the property's or project's general grounds (e.g., exit lights, fire equipment readiness, gutter condition), coordinating maintenance and repair activities, assisting tenants to secure financial aid, medical care and other social services provided by unrelated organizations, and coordinating and participating in tenant evictions (e.g., appearing in court). Assign Code 983 to an on-site property or project manager so engaged. Code 983 shall also apply to a resident manager so engaged.

An on-site property or project manager who does not perform any maintenance or repair work and who also performs no direct supervision of the maintenance staff may be assigned to Code 951

An on-site property or project manager's job title may be that of "housing administrator" or "assistant housing administrator."

Housing units owned and operated by a housing authority may be denoted as but are not necessarily limited to: a property, a project, a development or a community.

OPERATIONS NOT INCLUDED:

1. Separately rate to the applicable construction classification(s) new construction, alterations or demolition as provided in this Manual.

UNDERWRITING GUIDE

Housing Authority

984 INSURANCE COMPANY – all employees including office

A business chartered under state law that undertakes to indemnify for losses pursuant to a written contract of insurance and to perform other insurance related operations. Such business is also licensed by the Delaware Department of Insurance as an insurance company.

OPERATIONS NOT INCLUDED:

As provided for in this Manual separately classify any contractor providing a service(s) to an insurance company. Such businesses may include but are not necessarily limited to the types of businesses listed below:

1. Independent insurance agents
2. Consulting actuarial firms
3. Advisory rating organizations
4. Independent auditing firms
5. Independent claim adjusting firms
6. Third party claims administrators

UNDERWRITING GUIDE

Adjuster, Insurance Company	Insurance Company
Auditor (Insurance Company), Traveling	Traveling Insurance Company Auditor
Inspection Of Mercantile, Mfg. Or Risks For	
Insurance Or Valuation Purposes - By Insurance Company	

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.

UNDERWRITING GUIDE

Correctional Institution Guards (Not State Employees)	House Of Correction Guards (Not State Employees)
Fire Department - Paid	Police Deputies
Fire Patrol Or Protective Corp. - Independent - Paid	Police, Special School Police
Firemen - Not Volunteer	Policemen And Detectives
Guards At Corr. Institutions, House Of Corr., Prisons Or Prison Farms - Not State Employees	Prison Farm Guards (Not State Employees)
	Prison Guards (Not State Employees)
	Sheriff And Sheriff's Deputies

986 SHELTER OR HALFWAY HOUSE – RESIDENTIAL – NON-MEDICAL – all employees including office

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 INCLUDED:

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.

UNDERWRITING GUIDE

Alcohol/Drug - Halfway House Or Residential Program Not Licensed As Medical Or Social Setting Detoxification	Maternity Home - No Medical Services
Halfway House - Pre-Parole Or Probation	Shelter For The Homeless
Home For Unwed Mothers - No Medical Services	Shelters For Victims Of Domestic Abuse

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 INCLUDED:

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.

UNDERWRITING GUIDE

Bank
Check Cashing Service
Credit Union

Foreign Currency Exchange
Savings And Loan

991 ATHLETIC TEAM: NON-CONTACT SPORTS - Professional or Semiprofessional.

Includes all players on the employer's salary list whether regularly played or not, coaches, managers, trainers, equipment managers or sports officials.

Non-contact sports include but are not necessarily limited to: baseball, basketball or soccer.

The entire remuneration of each player, coach, manager or sports official should be included in computing premium, subject to a maximum of \$60,000 per policy year. When a player, coach, manager or sports official works for two or more teams in the same sport during the policy year, the maximum shall be pro-rated.

The remuneration of an individual player, coach, manager or sports official is subject to a minimum of \$500 per policy year, including board and lodging.

OPERATIONS ALSO INCLUDED:

1. Game staff (bench or dugout) providing water or equipment to players.

OPERATIONS NOT INCLUDED:

1. Assign Code 951 to separate scouting staff.
2. Assign Code 953 to separate clerical staff.
3. Assign Code 969 to non-bench or non-dugout game staff, including but not necessarily limited to: cheerleaders, dancers, mascots, persons mingling with the fans to rally support and/or distribute free t-shirts and persons videotaping fan reactions or the game when the sport is played in an outdoor stadium.
4. Assign Code 971 to non-bench or non-dugout game staff, including but not necessarily limited to: cheerleaders, dancers, mascots, persons mingling with the fans to rally support and/or distribute free t-shirts and persons videotaping fan reaction or the game when the sport is played in an indoor arena.
5. Assign Code 969 to separate staff operating/maintaining the outdoor stadium.
6. Assign Code 971 to separate staff operating/maintaining the indoor arena.

UNDERWRITING GUIDE

Athletic Team: Non-Contact Sports - Professional
Or Semiprofessional
Baseball Player, Coach, Manager Or Umpire -
Professional Or Semiprofessional
Basketball Player, Coach, Manager Or Referee -
Professional Or Semiprofessional
Non-Contact Sports Athletic Team, Professional
Or Semiprofessional

Professional Or Semiprofessional Athletic Team:
Non-Contact Sports
Semiprofessional Or Professional Athletic Team:
Non-Contact Sports
Soccer Player, Coach, Manager Or Referee -
Professional Or Semiprofessional

992 SANITATION 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.

UNDERWRITING GUIDE

Cesspool Cleaning, By Contractor
Portable Toilet Leasing/Serviceing
Sanitary Company (Septic Tank, Cesspool Or Chemical Portable Toilet Cleaning)
Septic Tank Cleaner

995 RUBBISH OR GARBAGE REMOVAL**OPERATIONS ALSO INCLUDED:**

Code 995 also includes but is not necessarily limited to businesses performing:

1. Environmental cleanup services.
2. Sewer or water main cleaning by hydraulic method.
3. Street sweeping
4. Cleaning of permanently-sited tanks including the bulk storage type.
5. Debris box rental/service or dumpster rental/service.

OPERATIONS NOT INCLUDED:

1. Assign Code 862 to the collection and sorting of recyclables (e.g., newspapers, beverage cans, glass or plastic bottles) by separate collection and sorting staff(s) with the sorting taking place in a physically separate work area.

UNDERWRITING GUIDE

Ash Collecting
 Cleaning Permanently Sited Tanks Or Railroad
 Tank Cars – By Contractor
 Containerized Trash Removal
 Debris Box Rental/Service
 Dumpster Rental/Service
 Environmental Cleanup Services
 Flood Debris Cleanup (Except Building Demolition)
 - By Contractor
 Garbage Or Rubbish Removal
 Garbage Works - Reduction Or Incineration -
 Private
 Landfill Operations By A Rubbish Or Garbage
 Removal Contractor
 Oil Spill Cleanup

Pipe Cleaning - Interiors Of Sewer Or Water Mains
 By Hydraulic Method
 Railroad Tank Car Cleaning – By Contractor
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 Sewer Cleaning - Interiors Of Sewer Or Water
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 Street Sweeping - By Contractor
 Tank Cleaning – Permanently Sited - Including Bulk
 Storage Type By Contractor
 Trash Dumpster/Debris Box Rental Service
 Trash Removal Including Containerized
 Waste Removal - Industrial And/Or Domestic
 Water Main Cleaning (Interiors Of) By Hydraulic
 Method

CEMETERIES AND UNDERTAKERS**997 UNDERTAKERS****UNDERWRITING GUIDE**

Crematory Operation
 Funeral Director
 Undertaker

999 CEMETERY**UNDERWRITING GUIDE**

Cemetery Operation
 Cemetery, Opening Graves, Removing And Reintering Remains

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.

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.

UNDERWRITING GUIDE

Farm, Grain
Farm, N.O.C.
Farm, Tobacco
Farm, Vegetable

Grain Farm
Tobacco Farm
Vegetable Farm

0008 MUSHROOM RAISING

Applies to businesses principally engaged in raising mushrooms, including the incident production of hay or other materials for compost.

OPERATIONS NOT INCLUDED:

1. Assign Code 007 to specialist contractors performing one or more of the following tasks: filling mushroom beds with compost, spawning or casing.
2. Assign Code 113 to separately-staffed mushroom canning operations.

UNDERWRITING GUIDE

Farm, Mushroom
Mushroom Raising
Mushroom Spawn Production

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.

UNDERWRITING GUIDE

Flower Growing
Greenhouse, Flower Or Vegetable Growing
Hot House, Vegetable Growing

Hydroponic Vegetable Production
Vegetable Growing, Hot House

0013 NURSERY

Applicable to businesses principally engaged in raising trees (including Christmas trees), shrubs, plants or sod farms.

UNDERWRITING GUIDE

Christmas Tree Raising
Farm, Tree
Sod Farm

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.

DELAWARE WORKERS COMPENSATION MANUAL

SECTION 2

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CLASSIFICATIONS & RATING VALUES

UNDERWRITING GUIDE

Berry Or Fruit Farm
Cranberry Grower
Farm, Berry
Farm, Fruit
Farm, Vineyard
Fruit Farm

Fruit Packing, By Grower
Fruit Picking
Orchard Or Fruit Farm
Orchard Or Vineyard
Vineyard Or Orchard

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.

UNDERWRITING GUIDE

Animal Raising - Egg Production, Fish
Hatcheries, Hogs, Poultry Or Veal
Calf Raising For Veal
Chinchilla Farm
Farm, Chicken
Farm, Egg Producer
Farm, Fish
Farm, Poultry
Fish Grower

Fish Hatchery
Fur Bearing Animal Raising
Hog Farm
Mink Farm
Ostrich Farm
Piggery
Poultry Or Egg Producer
Veal Calf Raising

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.

UNDERWRITING GUIDE

Dairy Farm
Farm, Dairy
Milk Producer - Fluid Only

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.

UNDERWRITING GUIDE

Breeding Farm - Cattle, Sheep Or Goats
Cattle Farm
Farm, Livestock

Goat Farm
Livestock (Excluding Dairy Or Horses) Farm -
Animal Raising In Fields/Pastures
Sheepmen

DOMESTIC WORKERS

0908 DOMESTIC WORKERS - INSIDE – OCCASIONAL

UNDERWRITING GUIDE

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.)

UNDERWRITING GUIDE

Domestic Workers - Outside - Occasional - Including Occasional Private Chauffeurs

0912 DOMESTIC WORKERS - OUTSIDE – including private chauffeurs

(Classes 0912 and 0909 are not available for use in connection with the operation of a farm.)

UNDERWRITING GUIDE

Chauffeurs, Private - Not Available For Use With Any Farm Class
Domestic Workers - Outside - Including Private Chauffeurs

0913 DOMESTIC WORKERS - INSIDE, excluding office employees

UNDERWRITING GUIDE

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.

UNDERWRITING GUIDE

Ammunition Mfg.
Bag Loading, Explosives
Black Powder Mfg.
Blasting Cap Mfg.
Cartridge Charging Or Loading
Cordite Mfg.
Dynamite Mfg.
Explosives Or Ammunition Mfg., N.O.C.

Fireworks Mfg.
Flare Mfg.
Fuse Mfg., Explosive
High Explosives Mfg.
Nitroglycerin Mfg.
Projectile Loading
Shell Case Loading
Smokeless Powder Mfg.

4777 EXPLOSIVES DISTRIBUTOR

Includes the preparation and/or distribution of blasting agents and/or the distribution of high explosives.

OPERATIONS NOT INCLUDED:

1. Assign Code 609 to blasting operations conducted by a separate crew.
2. Assign Code 4771 to a business manufacturing explosives.

UNDERWRITING GUIDE

Anfo Mfg.
Blasting Agents Mfg.
Explosives Distributor

Fireworks Exhibitor
Slurry Blasting Agents Mfg.

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.

UNDERWRITING GUIDE

Boat Building Or Repair

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.

UNDERWRITING GUIDE

Marina - With Federal Coverage

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.

UNDERWRITING GUIDE

Ship Building, Iron Or Steel Including Naval

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).

UNDERWRITING GUIDE

Dry Dock Operation
Marine Plumber, Not Boat Or Shipbuilding
Marine Railway Operator
Painting Ship Hulls

Rigging, Ship
Ship Cleaning
Ship Repair
Ship Scaling

7309F STEVEDORING, N.O.C.

When policies are issued covering both Codes 7317F and 7309F, no division of payroll shall be permitted in connection with the loading or unloading of any one vessel.

UNDERWRITING GUIDE

Stevedoring, N.O.C.

7313F COAL DOCK OPERATION AND STEVEDORING

Applies to coal docks using mechanical apparatus. Not applicable to contract stevedores or coal merchants operating yards.

UNDERWRITING GUIDE

Oil Or Coal Dock Operation - Waterfront
Ore Dock Operation

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.

UNDERWRITING GUIDE

Automobile Haulaway Or Driveaway Service, Driving Cars On Or Off Vessels
Stevedoring, By Hand Or Hand Truck Exclusively

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.

UNDERWRITING GUIDE

Containers, Stevedoring
Stevedoring Containers

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.

UNDERWRITING GUIDE

Freight Handling On Piers Or Terminals Or Adjoining Piers

8709F STEVEDORING – TALLYMEN AND CHECKING CLERKS

Engaged in connection with stevedoring work. Coverage under U.S. Act.

UNDERWRITING GUIDE

Stevedoring Tallymen
Weighers, Samplers Or Inspectors Of Merchandise On Vessels Or Docks

8726F STEAMSHIP LINE OR AGENCY – PORT EMPLOYEES

This classification includes superintendents, captains, engineers, stewards or their assistants and pay clerks.

UNDERWRITING GUIDE

Steamship Lines Port Employees

(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 nonnavigable 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 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.

UNDERWRITING GUIDE

Aircraft Operation - Air Cargo Carrier
Aircraft Operation - Scheduled Air Carrier
Aircraft Operation - Supplemental Air Carrier

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.

UNDERWRITING GUIDE

Aircraft Operation - Commuter Air Carrier

7421 AIRCRAFT OPERATION – transportation of personnel in the business of an employer not otherwise engaged in aircraft operations – all members of the flying crew

Applicable 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 Code 7421 unless the classification applicable to the employee's non-flying operations carries a higher insuring carrier or residual market rating value, 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 employer's records do not clearly indicate the weeks in which flying is performed by such employees, the entire payroll for such employees shall be assigned to Code 7421 unless the classification applicable to the employee's non-flying operations has a higher insuring carrier or residual market rating value 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 rate 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**.

UNDERWRITING GUIDE

Aircraft Operation - Personnel Transport

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.

UNDERWRITING GUIDE

Aerial Patrol Or Photography
Aircraft Flight Testing
Aircraft Operation - Agricultural
Aircraft Operation - Air Taxi
Aircraft Operation - Crop Dusting, Seeding Or
Spraying
Aircraft Operation - Forest Fire Fighting, Spotting
And Observation
Aircraft Operation - Mapping Or Survey Work
Aircraft Operation - Patrol
Aircraft Operation - Photography
Aircraft Operation - Sightseeing

Aircraft Operation - Skywriting Advertising
Aircraft Operation - Stunt Flying
Aircraft Operation, N.O.C.
Aircraft Sales Agency - Flight Operations
Helicopter Operation, N.O.C.
Hot Air Ballooning
Photographer - Aerial
School, Aircraft, Flight Employees
Stunt Flying

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**.

UNDERWRITING GUIDE

Aircraft Cleaning - Including Specialist Contractor
Aircraft Fueling Or Refueling - Including By Specialist Contractor
Aircraft Operation - Ground Employees
Aircraft Remanufacturing, Conversion Or Modification - Not By The Original Aircraft Manufacturer
Aircraft Service And Repair
Airport Hangar Operation

Airport Operation - Groundmen
Flying Field
Ground Personnel - Aircraft And/Or Airport Operations
Hangar Operation
Heliport Operation - Ground Personnel

9108 AIRCRAFT Passenger Seat Surcharge

The maximum surcharge is ten seats per aircraft. For details see **Code 7421**, Aircraft Operations, Transportation of Personnel for Business. Premium developed under **Code 9108** is not subject to experience or retrospective rating.

UNDERWRITING GUIDE

Aircraft Seat Surcharge

9740 Terrorism Premium Charge

Statistical **Code 9740** relates to premium charged for losses covered under the Terrorism Risk Insurance Act of 2002 (TRIA 2002) as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007 (the Act). Premium developed under **Code 9740** is not subject to experience, merit or retrospective rating.

9741 Catastrophe (other than Certified Acts of Terrorism)

Premium developed under **Code 9741** is not subject to experience, merit or retrospective rating.

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GENERAL AUDITING & CLASSIFICATION INFORMATION**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).
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.

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.

When more than 50 percent of the gross receipts are from gasoline sales, assign Code 816.

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 entries in the General Auditing & Classification Information section "Self-Service Gasoline Stations and Convenience Grocers" and "Truck Stops" for information on classifying such enterprises.

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.

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 .

CLASSIFICATION INQUIRIES

Written classification inquiries may be submitted to the Classification Department of the Delaware Compensation Rating Bureau, Inc. (DCRB) in one of the following methods: via facsimile, USPS, or the DCRB's website (www.dcrb.com). For the last method please click on “Classification” on the website's main menu and then click on “Classification Inquiries.”

For the Classification Department to operate effectively it is important that the DCRB have the complete cooperation of every carrier, agent and employer in providing the essential information needed to make classification rulings and to otherwise be of service to you. The following instructions are intended to reduce and in some cases eliminate the need for the DCRB having to develop additional information in order to resolve certain classification issues.

The information needed by the Classification Department to be able to properly respond to inquiries from carriers, agents and employers classification questions is:

- A complete listing of all Delaware operating locations.
- The exact name (as shown on Item 1 of the policy and Delaware address of the business in question).
- The DCRB file number (if available) of the business in question (see Rating and Underwriting Reference via the Application Login on the DCRB's website).
- A full and accurate written description of the business in question, including any available recent premium audits, loss control reports and/or insurance application information.
- The reason why a change in the employer's classification is being requested; e.g., has the employer's operation recently changed substantially?
- The name, title and telephone number of a management representative that a DCRB field representative can contact to schedule an appointment with the employer (in the event a survey is necessary).
- The employer's website address.

If a carrier or an agent is requesting a classification review in conjunction with a policy audit, the audit worksheets for the policy(ies) in question should accompany the request and, if applicable, the name(s) and a detailed job description of the employee(s) whose payroll allocation is being questioned. Please note the importance of this item since considerable time would be saved by the DCRB not having to ask for this information by return correspondence. Please also note that it is not the DCRB's role to become involved in every dispute involving the allocation of a particular employee's payroll to a given classification. Allocations of payroll are made by the carrier. Since the DCRB did not perform the audit, the DCRB does not normally have the relevant facts on which to base an opinion or render a decision. Issues/ disputes of this kind should initially be referred to the carrier's regional audit manager for resolution.

Upon receipt the DCRB will determine whether the information presented is sufficient to determine the employer's applicable classification(s). In those cases where the information provided is insufficient, the DCRB will usually schedule the employer for a field survey/special audit or issue a “Description of Operations Questionnaire.” Following the field survey/ special audit or receipt of the completed questionnaire, the DCRB will issue a ruling on the matter which will be communicated in writing to authorized parties. These decisions are subject to further review as delineated in “Appeals From Application of the Rating System Procedure” – see Rule XVI, Section 1.

With respect to telephone requests, please note that an official, binding DCRB decision on classification/audit matters cannot be provided over the telephone. The DCRB may, however, offer opinions as requested. To that end a carrier, agent or employer who telephones us on a classification/audit question should:

- Identify himself/herself and indicate the firm he/she represents.
- Give the name, address and file number (if available) of the employer in question.
- Be knowledgeable of the facts surrounding the situation and prepared to provide specific responses to any questions asked.

As a reminder, please remember that the DCRB is in a position to reply only to an employer relative to its account, the authorized agent or carrier-of-record or another representative of the employer (providing the DCRB has received a signed recently-dated letter on the employer's letterhead authorizing the representative to act on the employer's behalf in the matter at issue).

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.

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.

COMPUTER AND/OR SOFTWARE CONSULTING BUSINESSES

A business principally engaged in computer and/or software consulting is assignable to Code 951 and to Code 953, as each classification may apply pursuant to the job duties of individual personnel of such businesses.

One typical workday scenario for computer and/or software consulting staff is the consultant leaves his/her place of residence in the morning and travels to a customer's location, where the consultant will spend his/her entire day working on the customer's computer and/or software issues. At the end of the workday the consultant leaves the customer's location and returns to his/her place of residence. The duration or timing of such an assignment may vary from one to several days to indefinite. Such persons do not engage in over-the-road sales solicitation or collection work. As this is no different in relation to the typical workday for a computer person employed directly by the customer, the assignment of such consultant's payroll is Code 953.

In the event a computer and/or software consultant typically visits two or more customer locations in a typical workday, such separate consultant's payroll is assignable to Code 951.

If the employer cannot or will not provide a sufficiently detailed picture of a computer and/or software consultant's typical workday so the above procedure may properly be utilized, then the payroll of the consultant(s) shall be assigned to Code 951.

The above classification procedure is also applicable to separate staff training a customer's staff in the use of software developed or purchased by the insurer employer for their customer(s).

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 Section 2 of the Delaware Manual, nor does it supersede any Manual wording footnotes found in Section 2 regarding the allocation of payroll for the 800-series of classifications (Trucking and Storage Industry).

Example:

Insured X has approved classifications Code 0034 and Code 865. 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.

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 the 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)

185

For example, the table entry **185** 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).

**TEMPORARY STAFFING
CROSS-REFERENCE CHART**

185	187	191	275	276	297
104	107	161	221	222	281
491	495	497	499	587	691
403	451	472	475	563	609
693	695	867	871	877	879
651	661	813	921	914	923
881	883	889*	895		
926	928	953	965		
		956			
		962			

DELAWARE WORKERS COMPENSATION MANUAL

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CLASSIFICATIONS & RATING VALUES

* **Code 889** also applies to temporary clerical or technical service staff provided to customers subject to any other business classification(s).

544

101	115	166	263	319	416	443	463	486	512	718
105	119	201	265	323	421	445	464	487	513	744
106	130	204	282	327	425	446	465	488	535	4771
108	132	205	285	402	427	447	467	489	536	4777
109	134	225	287	404	429	449	471	501	551	
110	135	227	301	406	431	454	473	502	553	
111	136	255	305	407	433	456	474	506	555	
112	139	257	306	411	435	457	477	507	571	
113	163	259	309	413	441	459	483	509	573	
114	165	261	311	415	442	461	485	511	581	

682

601	625	654	665	676
602	643	655	666	677
603	645	656	667	679
605	646	657	668	681
607	647	658	669	
608	648	659	670	
611	649	660	673	
615	652	663	674	
617	653	664	675	

929

885	920
886	
910	922
915	925
916	927
917	932
918	933
919	934
	935

937

005	804	821	911
009	805	855	924
015	806	857	980
055	807	858	992
059	808	859	995
721	809	860	
801	811	862	
803	812	865	
	817	907	

946

940
957
958
959
960
961
974
979

947

0011	753	825	898	954	975	997
012	755	880	899	963	976	999
0013	757	882	936	964	977	7428
141	759	884	939	966	978	
142	814	887	941	967	981	
662	815	890	944	968	983	
716	816	891	945	969	984	
751	818	896	948	971	986	
752	820	897	952	973	988	

949

709
819
903
904
951
955

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 - 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., 5. "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" entry in the General Auditing & Classification Information section.

EXECUTIVE SUPERVISORS - CONSTRUCTION OR ERECTION - 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 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.

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.

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, certified nurse assistants, attendant care aides, companions and live-ins and home health 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.

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.

HOTEL OR MOTEL OPERATIONS

The two classifications applicable to hotel/motel operations are Codes 973 and 945.

Code 973 shall include all operations performed by hotel or motel employees except for separate food service and beverage staff(s). Employees assigned to Code 973 include but are not necessarily limited to: front desk employees, persons engaged in the operation of 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 pre-packaged food or beverages and/or precooked food (including heating of the precooked foods in a microwave oven) 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 by 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 businesses 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.

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.

MANUFACTURED (MOBILE) HOME VS. MODULAR HOME

Both a manufactured (mobile) home and a modular home are produced in a factory but there are differences between each type of home. The manufactured/mobile home is towed on a permanent steel chassis which remains a structural part of the home throughout its service life. It has a non-removable steel chassis, while a modular home does not. Although required to be secured to the ground, as observed the manufactured home retains its permanent steel chassis, and, thus, while many are not relocated, a manufactured home may be relocated and is considered removable and relocatable.

A modular home is transported to the installation site on a flat-bed truck. Modular homes are placed upon foundations, often with the use of a crane. Modular homes are not relocatable and are considered a permanent structure once placed upon a foundation.

The production of a manufactured/mobile home is assigned to Code 451. Code 305 is used to classify the production of a modular home.

Assign Code 818 to manufactured home setup or warranty service whether by the dealer or a specialist contractor.

Assign Code 652 to modular home setup, warranty service, remodeling, or repair whether by the dealer or a specialist contractor.

MINIMUM WAGE PROCEDURE

Section 1, Rule V., B. 2. o. of the Manual remuneration includes: Adjustments necessary to bring employees to the federal minimum wage as reported by the United States Department of Labor.

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 federal 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 hour week x (the difference of federal minimum wage and the tipped employees' minimum wages) x number of tipped employees x 52 weeks.

2. Determine the average number of part-time tipped employees and the normal work hours.
 - Number of hours x (the difference of federal minimum wage and the tipped employee minimum) x the number of tipped employees x 52 weeks.

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 LIFE CARE 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 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.

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, 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 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 trays. The employee 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 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 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.

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.

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.

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 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. 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.

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.

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. 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

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.

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 leave the facility. The 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. 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.

PER DIEMS

Per diems refer to a specific amount of money that a business provides to an employee to cover living and traveling expenses in connection with work. To the extent that specific documentation is not available for substantiation of per diem expenses in accordance with Manual rules (see Section 1, Rule V, F.) per diem expense reimbursement payments are included as remuneration for premium computation purposes.

Certain Internal Revenue Service (IRS) procedures allow for employer deduction of per diems paid to employees under the terms of a "nonaccountable plan." This type of plan does not require actual receipts for the expenses covered by the per diems. Exclusion of per diems under a "nonaccountable plan" from remuneration for premium computation purposes is solely a matter for carrier review and determination. Disputes emanating from the insuring carrier's determination in the area of nonaccountable IRS per diem plans are not subject to DCRB review and resolution.

**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 608 is applicable to the building of concrete flooring or padding for one or two story structures. 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 for structures of three stories or higher. 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.

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.

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 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.

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 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
- 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:

1. 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.

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:

- 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 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.

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 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 .

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.

SNOW PLOWING AND/OR REMOVAL

Assign the employer's governing classification to payroll developed in snow plowing and/or removal for unrelated concerns.

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 descriptions of Codes 897 and 975 in Section 2 for further information.

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 General Auditing & Classification Information entry.

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;
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 or by telephone by means of a catalogue mailed to customers 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, telephone 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.)

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.

The classification with the highest rating value applies 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.

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 2****EFFECTIVE DATE: JUNE 1, 2013****Page 1****UNDERWRITING GUIDE - ALPHABETIC**

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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 National Council on Compensation Insurance, Inc. (NCCI) carrier code of the member of the group providing the insurance.
2. THE PAGES WHICH APPEAR HEREIN INCLUDE COPYRIGHTED MATERIAL FROM THE NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC. USED WITH ITS PERMISSION. All rights reserved.

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The 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 filed by the Bureau. 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 Endorsements Filing 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 NCCI. 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.

3. Endorsement 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 Insurance Department will not be required by any member 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 Insurance 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.

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ENDORSEMENTS

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.

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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 NCCI Forms Manual	WC 00 00 00- B
Information Page: See NCCI Forms Manual	WC 00 00 01A

Information Page Notes

The information page notes found in the NCCI 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 02A****FEDERAL COAL MINE SAFETY AND HEALTH ACT COVERAGE ENDORSEMENT**

This endorsement applies only to work in a state shown in the Schedule and subject to the Federal Coal Mine Safety and Health Act (30 USC Sections 801-945). 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 Safety and Health Act (30 USC Sections 801-945) 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 Safety and Health 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 04 A

FEDERAL EMPLOYERS' LIABILITY ACT COVERAGE ENDORSEMENT

This endorsement applies only to work subject to the Federal Employers' Liability Act (45 USC Sections 51-60) and any amendment to that Act that is in effect during the policy period.

G. Limits of Liability of Part Two (Employers Liability Insurance) is replaced by the following:

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 for 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 or in the Schedule.

Bodily injury by disease does not include disease that results directly from bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

If any state is named in Item 2 of the Schedule, Part Two (Employers Liability Insurance) applies in that state to work subject to the Federal Employers' Liability Act as though that state were listed in Item 3.A. of the Information Page. Part One (Workers Compensation Insurance) does not apply in a state shown in the Schedule.

Part Two (Employers Liability Insurance), C. Exclusions. Exclusion 9, does not apply to work subject to the Federal Employer's Liability Act.

Schedule

1. Limits of liability
 Bodily Injury by Accident \$ _____ each accident
 Bodily Injury by Disease \$ _____ aggregate
2. State

Note 1: The federal Employers Liability Act makes an interstate railroad liable for bodily injuries sustained by an employee. That liability of the railroad is insured by Part Two (Employers Liability Insurance) unless specifically excluded by Federal Employers Liability Act Exclusion.

Note 2: Use this endorsement when providing Federal Employers Liability Act coverage under Program I or II of Rule XIII of the Basic Manual.

Note 3: Item 2 of the Schedule may be used to extend FELA coverage to a state not listed 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

StateLongshore 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

- | | | | | |
|-----------------|-----------------------------------|------------------|-------------------|---------|
| 1. <u>State</u> | <u>Estimated Eligible Premium</u> | | | |
| | 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.

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:
- all work covered by the insurance is completed;
 - all interest in the business covered by the insurance is sold; or,
 - you retire from all business covered by the insurance.

Schedule

- Other policies subject to this Retrospective Premium Endorsement: _____
- Loss limitation: \$ _____
- Loss conversion factor: _____
Minimum Retrospective Premium Factor _____
Maximum Retrospective Premium Factor _____
- 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:	_____	_____	_____

- 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

- 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.
- 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.
- 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.
- Use item 3 of the Schedule to show the loss conversion factor, minimum retrospective premium factor, and the maximum retrospective premium factor.
- 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.
- 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.

	<u>50%</u>	<u>100%</u>	<u>150%</u>
Estimated standard premium:	\$ _____	\$ _____	\$ _____

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: JUNE 1, 2013

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ENDORSEMENTS

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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.

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.

WC 00 05 05

(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 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
Del. C. §2372 19.

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.

		Schedule		
<u>State</u>	<u>Aircraft</u>	Passenger <u>Seat Charge</u>	Maximum <u>Charge</u>	Estimated <u>Premium</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.

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 3****EFFECTIVE: JUNE 1, 2013****Page 43****ENDORSEMENTS****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.

WC 00 04 09
(Continued)STATELIST OF STATESEXPECTED 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. <u>Alternate Employer</u> | <u>Address</u> |
| 2. <u>State of Special or Temporary Employment</u> | |
| 3. <u>Contract or Project</u> | |

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 09B****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 1331-1356a). 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.

AGREEMENT BY EXECUTIVE OFFICER(S)/LLC MEMBER(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 _____

Address of business _____

Street/Road/PO Box _____

Town/City _____

State _____

Zip code _____

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 cannot be used by Title 30, Chapter 25 corporations or any limited liability company.

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.

**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 C****CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT**

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism).

This premium charge does not provide funding for Certified Acts of terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 A), attached to this policy.

For purposes of this endorsement, the following definitions apply:

Catastrophe (other than Certified Acts of Terrorism) Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in 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

- **Noncertified Act of Terrorism:** An event that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:
 - a. It is an act that is violent or dangerous to human life, property, or infrastructure;
 - b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
 - c. It is an act that has been committed by an individual or individuals 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.
- **Catastrophic Industrial Accident:** A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below:

Schedule

State	Rate	Premium
-------	------	---------

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**WC 00 04 22 A****TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT**

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an act of terrorism.

Your policy provides coverage for workers compensation losses caused by acts of 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.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. 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 thereof resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"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 the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals 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 Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, included 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 the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning January 1, 2008 and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State

Rate

Premium

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.

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.

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 Terrorism.
7. Premium developed by the charge Catastrophe (other than Certified acts of Terrorism) 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.

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

DELAWARE WORKERS COMPENSATION MANUAL

SECTION 4

EFFECTIVE: JUNE 1, 2013

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RETROSPECTIVE RATING PLANS

- 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:

$$\$555,000 \times \frac{365 \text{ days}}{185 \text{ days}} = \$1,095,000$$

- (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:

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- 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 =

$$\$555,000 \times \frac{365 \text{ days}}{185 \text{ days}} = \$1,095,000$$

(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 =**

$$\$27,750 \times \frac{1095 \text{ days}}{185 \text{ days}} = \$164,250$$

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(iii) Maximum Retrospective Premium = \$164,250 x 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 =
$$\$555,000 \times \frac{365 \text{ days}}{185 \text{ days}} = \dots\dots\dots \$1,095,000$$
(b) Annual Premium for second 12 month unit = \$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 incomplete 12 month unit = \$54,750 x .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 x 5.00 (per \$100) x 1.00 =\$ 27,750

(iii) Standard Premium for 185 days extended pro-rata to annual basis =

$$\$27,750,000 \times \frac{365 \text{ days}}{185 \text{ days}} = \dots\dots\dots \$ 54,750$$

(iv) Total Standard Premium \$50,000 + 54,750 =\$ 104,750

(v) Total Standard Premium extended pro-rata to a 3 year basis =

$$\$104,750 \times \frac{3}{2} = \dots\dots\dots \$ 157,125$$

(vi) Maximum Retrospective Premium = \$157,125 x 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.

**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.

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

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.

TABLE OF INSURANCE CHARGES/TABLE M

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.

-
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))above685
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 Losses18
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

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.

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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.

- 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.

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- (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.

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 - Terrorism.
- viii. Premium developed under Code 9741 - Catastrophe (other than Certified Acts of Terrorism).

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 $L \times C$, 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.

Approved Effective: December 1, 2012
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)
6,650	or less	0.0500	31,570	0.030
6,651	7,323	0.0550	31,759	0.033
7,324	8,002	0.0600	31,929	0.036
8,003	8,688	0.0650	32,100	0.039
8,689	9,382	0.0700	32,271	0.042
9,383	10,084	0.0750	32,447	0.044
10,085	10,793	0.0800	32,622	0.047
10,794	11,510	0.0850	32,800	0.050
11,511	12,235	0.0900	32,981	0.053
12,236	12,968	0.0950	33,163	0.056
12,969	13,709	0.1000	33,348	0.059
13,710	14,458	0.1050	33,533	0.062
14,459	15,216	0.1100	33,723	0.064
15,217	15,982	0.1150	33,913	0.067
15,983	16,757	0.1200	34,104	0.070
16,758	17,541	0.1250	34,300	0.073
17,542	18,334	0.1300	34,496	0.075
18,335	19,136	0.1350	34,696	0.078
19,137	19,948	0.1400	34,898	0.081
19,949	20,769	0.1450	35,102	0.084
20,770	21,599	0.1500	35,308	0.086
21,600	22,440	0.1550	35,516	0.089
22,441	23,291	0.1600	35,728	0.092
23,292	24,152	0.1650	35,942	0.094
24,153	25,023	0.1700	36,159	0.097
25,024	25,905	0.1750	36,379	0.100
25,906	26,797	0.1800	36,600	0.102
26,798	27,701	0.1850	36,824	0.105
27,702	28,616	0.1900	37,051	0.108
28,617	29,542	0.1950	37,282	0.110
29,543	30,480	0.2000	37,515	0.113
30,481	31,430	0.2050	37,751	0.115
31,431	32,391	0.2100	37,989	0.118
32,392	33,365	0.2150	38,231	0.120
33,366	34,352	0.2200	38,476	0.123
34,353	35,351	0.2250	38,724	0.125
35,352	36,364	0.2300	38,976	0.128

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE: JUNE 1, 2013****Page 11****EXPERIENCE RATING PLANS****Approved Effective: December 1, 2012****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)
36,365	37,389	0.2350	39,231	0.130
37,390	38,428	0.2400	39,489	0.133
38,429	39,481	0.2450	39,750	0.135
39,482	40,548	0.2500	40,015	0.137
40,549	41,630	0.2550	40,284	0.140
41,631	42,726	0.2600	40,557	0.142
42,727	43,837	0.2650	40,832	0.145
43,838	44,963	0.2700	41,112	0.147
44,964	46,105	0.2750	41,395	0.149
46,106	47,263	0.2800	41,683	0.152
47,264	48,437	0.2850	41,975	0.154
48,438	49,628	0.2900	42,270	0.156
49,629	50,835	0.2950	42,569	0.158
50,836	52,060	0.3000	42,873	0.161
52,061	53,303	0.3050	43,182	0.163
53,304	54,564	0.3100	43,495	0.165
54,565	55,843	0.3150	43,813	0.167
55,844	57,141	0.3200	44,135	0.169
57,142	58,458	0.3250	44,462	0.172
58,459	59,795	0.3300	44,793	0.174
59,796	61,152	0.3350	45,130	0.176
61,153	62,530	0.3400	45,472	0.178
62,531	63,929	0.3450	45,819	0.180
63,930	65,350	0.3500	46,171	0.182
65,351	66,793	0.3550	46,530	0.184
66,794	68,258	0.3600	46,893	0.186
68,259	69,747	0.3650	47,262	0.188
69,748	71,259	0.3700	47,638	0.190
71,260	72,796	0.3750	48,019	0.192
72,797	74,357	0.3800	48,406	0.194
74,358	75,944	0.3850	48,799	0.195
75,945	77,557	0.3900	49,199	0.197
77,558	79,197	0.3950	49,606	0.199
79,198	80,864	0.4000	50,019	0.201
80,865	82,560	0.4050	50,440	0.203
82,561	84,284	0.4100	50,868	0.204
84,285	86,038	0.4150	51,302	0.206
86,039	87,822	0.4200	51,745	0.208

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE: JUNE 1, 2013****Page 12****EXPERIENCE RATING PLANS****Approved Effective: December 1, 2012****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)
87,823	89,637	0.4250	52,194	0.210
89,638	91,485	0.4300	52,652	0.211
91,486	93,365	0.4350	53,118	0.213
93,366	95,279	0.4400	53,593	0.214
95,280	97,228	0.4450	54,075	0.216
97,229	99,212	0.4500	54,567	0.217
99,213	101,233	0.4550	55,068	0.219
101,234	103,291	0.4600	55,578	0.220
103,292	105,388	0.4650	56,097	0.222
105,389	107,525	0.4700	56,626	0.223
107,526	109,702	0.4750	57,165	0.225
109,703	111,922	0.4800	57,715	0.226
111,923	114,185	0.4850	58,275	0.227
114,186	116,493	0.4900	58,847	0.229
116,494	118,847	0.4950	59,430	0.230
118,848	121,247	0.5000	60,024	0.231
121,248	123,697	0.5050	60,630	0.232
123,698	126,197	0.5100	61,249	0.233
126,198	128,749	0.5150	61,881	0.234
128,750	131,354	0.5200	62,525	0.236
131,355	134,014	0.5250	63,183	0.237
134,015	136,731	0.5300	63,855	0.238
136,732	139,507	0.5350	64,542	0.239
139,508	142,344	0.5400	65,244	0.239
142,345	145,243	0.5450	65,961	0.240
145,244	148,207	0.5500	66,694	0.241
148,208	151,238	0.5550	67,443	0.242
151,239	154,339	0.5600	68,209	0.243
154,340	157,511	0.5650	68,994	0.243
157,512	160,757	0.5700	69,796	0.244
160,758	164,080	0.5750	70,617	0.245
164,081	167,483	0.5800	71,458	0.245
167,484	170,968	0.5850	72,319	0.246
170,969	174,539	0.5900	73,201	0.246
174,540	178,198	0.5950	74,105	0.247
178,199	181,949	0.6000	75,031	0.247
181,950	185,796	0.6050	75,981	0.247
185,797	189,743	0.6100	76,955	0.248

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Expected Losses		Credibility "C"	Maximum Value of one Accident	Weighted Maximum Value Charge "L" * "C"
(1)	(2)	(3)	(4)	
189,744	193,792	0.6150	77,954	0.248
193,793	197,949	0.6200	78,980	0.248
197,950	202,217	0.6250	80,034	0.248
202,218	206,602	0.6300	81,115	0.248
206,603	211,107	0.6350	82,226	0.249
211,108	215,739	0.6400	83,369	0.249
215,740	220,502	0.6450	84,543	0.248
220,503	225,402	0.6500	85,751	0.248
225,403	230,445	0.6550	86,994	0.248
230,446	235,637	0.6600	88,273	0.248
235,638	240,986	0.6650	89,591	0.248
240,987	246,497	0.6700	90,949	0.247
246,498	252,180	0.6750	92,348	0.247
252,181	258,042	0.6800	93,791	0.246
258,043	264,091	0.6850	95,280	0.246
264,092	270,337	0.6900	96,817	0.245
270,338	276,790	0.6950	98,404	0.244
276,791	283,460	0.7000	100,045	0.229
283,461	290,357	0.7050	101,741	0.229
290,358	297,494	0.7100	103,495	0.228
297,495	304,884	0.7150	105,311	0.227
304,885	312,541	0.7200	107,192	0.227
312,542	320,478	0.7250	109,141	0.226
320,479	328,712	0.7300	111,163	0.224
328,713	337,260	0.7350	113,261	0.223
337,261	346,140	0.7400	115,440	0.222
346,141	355,371	0.7450	117,703	0.221
355,372	364,975	0.7500	120,058	0.219
364,976	374,976	0.7550	122,509	0.218
374,977	385,397	0.7600	125,062	0.216
385,398	396,267	0.7650	127,723	0.214
396,268	407,614	0.7700	130,500	0.212
407,615	419,472	0.7750	133,401	0.210
419,473	431,874	0.7800	136,434	0.208
431,875	444,861	0.7850	139,608	0.206
444,862	458,473	0.7900	142,933	0.204
458,474	472,757	0.7950	146,420	0.202
472,758	487,765	0.8000	150,082	0.199

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE: JUNE 1, 2013****Page 14****EXPERIENCE RATING PLANS****Approved Effective: December 1, 2012****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)
487,766	503,552	0.8050	153,931	0.197
503,553	520,181	0.8100	157,984	0.194
520,182	537,721	0.8150	162,255	0.191
537,722	556,250	0.8200	166,764	0.188
556,251	575,853	0.8250	171,531	0.185
575,854	596,626	0.8300	176,578	0.182
596,627	618,677	0.8350	181,932	0.179
618,678	642,128	0.8400	187,620	0.175
642,129	667,118	0.8450	193,676	0.171
667,119	693,801	0.8500	200,135	0.167
693,802	722,357	0.8550	207,041	0.164
722,358	752,990	0.8600	214,440	0.160
752,991	785,934	0.8650	222,388	0.155
785,935	821,463	0.8700	230,948	0.151
821,464	859,892	0.8750	240,194	0.146
859,893	901,591	0.8800	250,211	0.141
901,592	946,997	0.8850	261,100	0.137
946,998	996,627	0.8900	272,981	0.132
996,628	1,051,098	0.8950	285,995	0.127
1,051,099	1,111,157	0.9000	300,313	0.120
1,111,158	1,177,708	0.9050	316,142	0.115
1,177,709	1,251,866	0.9100	333,733	0.110
1,251,867	1,335,012	0.9150	353,399	0.104
1,335,013	1,428,886	0.9200	375,530	0.099
1,428,887	1,535,709	0.9250	400,621	0.093
1,535,710	1,658,357	0.9300	429,310	0.086
1,658,358	1,800,629	0.9350	462,432	0.080
1,800,630	1,967,644	0.9400	466,000	0.080
1,967,645	2,166,471	0.9450	466,000	0.080
2,166,472	2,407,157	0.9500	466,000	0.081
2,407,158	2,694,457	0.9550	466,000	0.081
2,694,458	3,002,610	0.9600	466,000	0.082
3,002,611	3,332,090	0.9650	466,000	0.082
3,332,091	3,688,051	0.9700	466,000	0.082
3,688,052	4,078,137	0.9750	466,000	0.083
4,078,138	4,514,575	0.9800	466,000	0.083
4,514,576	5,019,310	0.9850	466,000	0.084
5,019,311	5,640,266	0.9900	466,000	0.084

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Expected Losses		Credibility "C"	Maximum Value of one Accident	Weighted Maximum Value Charge "L" * "C"
(1)		(2)	(3)	(4)
5,640,267	6,542,162	0.9950	466,000	0.085
6,542,163	and over	1.0000	466,000	0.085

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.

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.

- 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

- 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

- 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 - Terrorism.
- viii) Premium developed under Code 9741 - Catastrophe (other than Certified Acts of Terrorism).

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MERIT RATING PLAN

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.

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.

- 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.

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 6****EFFECTIVE: JUNE 1, 2013****Page 10****MERIT RATING PLAN****EXAMPLES****EXAMPLE A**

Merit Rating Plan Adjustment Effective Date 08/09/99		
(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	06/11/95 to 06/11/96	08/09/96

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

Merit Rating Plan Adjustment Effective Date 12/09/99		
(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 6****EFFECTIVE: JUNE 1, 2013****Page 11****MERIT RATING PLAN****EXAMPLE C****Merit Rating Plan Adjustment
Effective Date
10/17/99**

(1) Experience Period <u>to be used for qualifying</u>	(2) <u>Employer's Policy History</u>	(3) Period used to determine <u>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 10/17/96	

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.

EXAMPLE D**Merit Rating Plan Adjustment
Effective Date
11/01/99**

(1) Experience Period <u>to be used for qualifying</u>	(2) <u>Employer's Policy History</u>	(3) Period used to determine <u>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.

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.

EXAMPLE – EMPLOYER NOT 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 9884 – Neutral

Based on the lost-time claims indicated below, the risk is not subject to a Merit Rating Plan adjustment.

<u>Policy Number</u>	<u>Policy Effective Date</u>	<u>Claim Number</u>	<u>Date of Injury</u>	<u>Indemnity Amount</u>
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%.

EXAMPLE – EMPLOYER SUBJECT TO MERIT RATING PLAN SURCHARGE**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 9886 – Surcharge

Based on the lost-time claims indicated below, the risk is not subject to a Merit Rating Plan surcharge of 5 percent.

<u>Policy Number</u>	<u>Policy Effective Date</u>	<u>Claim Number</u>	<u>Date of Injury</u>	<u>Indemnity Amount</u>
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.



January 4, 2013

DCRB CIRCULAR NO. 880

Refreshed
January 4, 2013 -
See Page 2.

To All Members of the DCRB:

Re: **WORKERS COMPENSATION RESIDUAL MARKET RATES
AND VOLUNTARY MARKET LOSS COSTS
EFFECTIVE DECEMBER 1, 2012
AMENDED DCRB FILING NO. 1201**

NOTE APPLICABLE PROVISIONS FOR CARRIER RATE FILINGS

DCRB Filing No. 1201, as originally submitted, proposed average increases of 43.53 percent in residual market rates and 38.27 percent in voluntary market loss costs to be effective on a new and renewal basis as of December 1, 2012.

The Insurance Department performed an extensive review of DCRB Filing No. 1201, including obtaining independent reviews of the filing from two consulting actuaries. In addition, the Insurance Department held three public information sessions discussing the processes used by the DCRB and the two consulting firms in arriving at their conclusions. The informational sessions and the public hearing held December 20, 2012 all invited comments from interested parties. In discussions between the Insurance Department, the Insurance Department's actuarial consultants and the DCRB, it was agreed that the DCRB would make and the Insurance Department would approve an amended filing requesting average increases of 19.0 percent in residual market rates and 14.6 percent in voluntary market loss costs based on the loss experience and analysis presented in the filing.

December 1, 2012 rating values are not subject to the Delaware Court of Chancery Memorandum Opinion and Order of July 24, 2009 (the Opinion and Order). See Bureau Circular No. 858 for further information. As a result, the rating values resulting from the negotiations with respect to DCRB Filing No. 1201 need no further adjustment. Recognizing the reductions required under the Opinion and Order as of December 1, 2011, the average increases in residual market rates and voluntary market loss costs effective December 1, 2012 are 26.06 percent and 21.66 percent, respectively.

PLEASE READ THE FOLLOWING BOLD TEXT IN ITS ENTIRETY, AS IT DESCRIBES CHANGES SPECIFICALLY APPLICABLE TO DCRB FILING NO. 1201

For purposes of carrier adoptions of DCRB Filing No. 1201 without changing loss cost multipliers or any other pricing feature(s), the Insurance Department has advised the DCRB that it will accept abbreviated filings submitted with the applicable filing fee (\$50) through the SERFF system. Such filings must include the following language in the General Information section of the SERFF forms:

The company is adopting the DCRB's revised loss costs as approved under DCRB Filing No. 1201 with no change to the company's current Loss Cost Multiplier of _____ or other rating values. The effective date of this adoption is _____, consistent with the calendar date of our adoption of DCRB Filing No. 1105.

The loss cost multiplier required to be inserted in the first blank of the above language is the loss cost multiplier shown on the first page of the most recent FORMS AND RATES BULLETIN 14 INCORPORATED that the carrier has filed with the Insurance Department. The date to be entered in the second blank is one year after the effective date upon which the carrier adopted the DCRB's December 1, 2011 filing.

Filings made in conformance with all of the above provisions will be given expedited handling at the Insurance Department and will not be subject to review by the Insurance Department's outside actuarial firm.

If a carrier wishes to change any loss cost multiplier(s) and/or any other pricing features effective with its adoption of DCRB Filing No. 1201, or if the carrier elects not to follow the abbreviated filing procedures set forth above, then the following procedures will continue to apply:

The carrier must file an amended (or re-file their existing) Insurer Adoption of DCRB Workers' Compensation Loss Costs form with the Delaware Insurance Department to adopt the revised loss costs on a new and renewal basis on or after December 1, 2012. Such filings must be made within 60 days of the effective date of DCRB Filing No. 1201, or by January 29, 2013.

A copy of the Insurance Department's "FORMS AND RATES BULLETIN 14 INCORPORATED" with forms applicable to these filings is attached for member reference and use.

Consistent with the provisions of Title 18, Chapter 26 of the Delaware Code, if insurer filings do not propose any rate(s) lower than the loss costs (by classification) included in the DCRB's amended DCRB Filing No. 1201, then proposed insurer rates may be implemented immediately after filing.

The following chart indicates the final approved overall average changes in rating values:

<u>Rating Value(s)</u>	<u>Approved Overall Average Change</u>
Residual Market Rates – Collectible	+26.06%
Residual Market Rates - Manual	+25.07%
Voluntary Market Loss Costs - Collectible	+21.66%
Voluntary Market Loss Costs - Manual (after Surcharge Offset)	+20.17%

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 **1.3618**. On a comparable basis, the implied loss cost multiplier for approved residual market rates effective December 1, 2012 is **1.4136**. (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 December 1, 2012 voluntary market loss costs requires an effective multiplier of approximately 1.4264).

A comparison of current and approved December 1, 2012 residual market expense provisions is shown below:

RESIDUAL MARKET RATES		
Expense Loading		
	<u>Current Percentage</u>	<u>Approved December 1, 2012 Percentage</u>
LOSS AND LOSS ADJUSTMENT EXPENSE		
Losses	60.51	57.23
Loss Adjustment Expense	10.50	11.04 ^a
Loss & Loss Adjustment	71.01	68.27
UNDERWRITING EXPENSES		
Commission	4.80	4.59
Other Acquisition	2.38	2.52
General Expenses	3.38	2.76
Premium Discount	8.53	8.77
State Premium Tax	2.00	2.00
Other State Tax	0.37	0.37
Uncollectible Premium	2.00	2.00
Administrative Assessment	2.42	2.47 ^b
Workers Compensation Fund	3.50	4.50
Deviations	0.00	0.00
Policyholder Dividends	0.00	0.00
Underwriting Profit	-0.39	1.75
Underwriting Expense Total	28.99	31.73

a As ratio to loss, loss adjustment expense = 0.1929

b As ratio to loss, administrative assessment = 0.0431

Other components of the filing were also approved as filed effective December 1, 2012. 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 qualifying wage table **effective June 1, 2013**
- Residual market expense constant
- Residual market minimum premium formula
- Excess loss factors
- Excess loss premium factors
- Retrospective rating

- Small Deductible Program
- Workplace Safety Program
- Merit Rating Plan

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 DCRB Filing No. 1201.

ADDITIONAL REVISIONS TO RATING VALUES

DCRB Filing No. 1201 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 included in the attachments to this circular.

Complete Manual pages consistent with the Insurance Commissioner's approval of amended DCRB Filing No. 1201 will be available on the DCRB website (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 or me at Extension 4413 or twisecarver@dcrb.com.

Timothy L. Wisecarver
President

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Attachments

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Remember to visit our website at 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**

Amended Effective December 1, 2012 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-G
				A-1	A-2	A-3	
005	17.94	25.59	2,000	6.20	7.88	8.40	F
0006	4.12	5.87	985	1.42	1.81	1.93	D
007	5.43	7.75	2,000	1.88	2.38	2.54	C
0008	2.53	3.61	1,145	0.87	1.11	1.18	D
009	27.29	38.92	2,000	9.44	11.98	12.77	G
0011	3.66	5.22	1,535	1.27	1.61	1.71	B
0012	4.27	6.09	1,740	1.48	1.88	2.00	D
0013	4.78	6.81	1,915	1.65	2.10	2.24	C
015	17.39	24.82	2,000	6.02	7.64	8.14	E
0016	3.37	4.81	855	1.17	1.48	1.58	C
0034	4.35	6.21	1,025	1.51	1.91	2.04	C
0036	4.38	6.26	1,030	1.52	1.93	2.05	C
055	4.65	6.64	1,875	1.30	1.71	1.90	F
059	4.88	6.96	1,950	1.36	1.79	1.99	E
0083	5.27	7.53	1,185	1.83	2.32	2.47	C
101	3.73	5.33	1,560	1.26	1.60	1.73	E
104	4.01	5.72	1,655	1.35	1.72	1.86	B
105	3.97	5.67	1,640	1.34	1.70	1.84	D
106	5.76	8.21	2,000	1.94	2.47	2.67	C
107	2.82	4.02	1,245	0.95	1.21	1.31	B
108	4.36	6.23	1,775	1.47	1.87	2.02	C
109	4.99	7.12	1,990	1.68	2.14	2.32	C
110	3.65	5.21	1,530	1.23	1.57	1.69	B
111	3.82	5.45	1,590	1.29	1.64	1.77	C
112	10.39	14.83	2,000	3.50	4.46	4.82	C
113	2.73	3.90	1,215	0.92	1.17	1.27	C
114	8.39	11.96	2,000	2.82	3.59	3.89	E
115	2.12	3.02	1,005	0.71	0.91	0.98	D
119	5.17	7.37	2,000	1.74	2.22	2.40	C
130	5.94	8.47	2,000	2.00	2.54	2.75	E
132	1.83	2.61	905	0.61	0.78	0.85	C
134	3.82	5.45	1,590	1.29	1.64	1.77	C
135	3.10	4.43	1,345	1.04	1.33	1.44	C
136	2.87	4.11	1,265	0.97	1.23	1.33	C
139	4.72	6.73	1,895	1.59	2.02	2.19	C
141	5.20	7.41	2,000	1.75	2.23	2.41	B
142	2.30	3.28	1,065	0.77	0.98	1.07	C
161	2.50	3.57	1,135	0.84	1.07	1.16	C
163	4.24	6.05	1,730	1.43	1.82	1.97	C
165	5.12	7.30	2,000	1.72	2.19	2.37	B
166	3.27	4.66	1,400	1.10	1.40	1.52	C
185	4.01	5.72	1,655	1.35	1.72	1.86	B
187	2.82	4.02	1,245	0.95	1.21	1.31	B
191	2.50	3.57	1,135	0.84	1.07	1.16	C

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** 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**

Amended Effective December 1, 2012 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-G
				A-1	A-2	A-3	
201	4.52	6.44	1,825	1.52	1.94	2.09	D
204	2.82	4.03	1,245	0.95	1.21	1.31	B
205	3.20	4.56	1,375	1.08	1.37	1.48	B
221	2.93	4.18	1,285	0.99	1.26	1.36	C
222	4.37	6.24	1,780	1.47	1.87	2.03	C
225	3.56	5.08	1,500	1.20	1.53	1.65	C
227	3.13	4.47	1,355	1.05	1.34	1.45	C
255	2.80	3.99	1,240	0.94	1.20	1.30	E
257	3.05	4.35	1,325	1.03	1.31	1.41	C
259	2.55	3.64	1,155	0.86	1.09	1.18	C
261	3.84	5.47	1,595	1.29	1.64	1.78	C
263	3.16	4.51	1,360	1.06	1.35	1.47	C
265	3.32	4.74	1,420	1.12	1.42	1.54	C
275	2.93	4.18	1,285	0.99	1.26	1.36	C
276	4.37	6.24	1,780	1.47	1.87	2.03	C
281	2.55	3.64	1,155	0.86	1.09	1.18	B
282	5.74	8.18	2,000	1.93	2.46	2.66	D
285	2.90	4.13	1,270	0.97	1.24	1.34	B
287	2.89	4.12	1,270	0.97	1.24	1.34	B
297	2.55	3.64	1,155	0.86	1.09	1.18	B
301	6.24	8.89	2,000	2.10	2.67	2.89	F
305	7.59	10.83	2,000	2.55	3.25	3.52	D
306	4.41	6.29	1,790	1.48	1.89	2.04	B
309	3.43	4.89	1,455	1.15	1.47	1.59	B
311	4.60	6.57	1,855	1.55	1.97	2.13	C
319	5.04	7.18	2,000	1.69	2.16	2.33	A
323	3.11	4.44	1,345	1.05	1.33	1.44	C
327	3.84	5.47	1,595	1.29	1.64	1.78	C
402	5.64	8.05	2,000	1.90	2.42	2.61	E
403	3.20	4.56	1,375	1.08	1.37	1.48	C
404	4.64	6.63	1,870	1.56	1.99	2.15	E
406	5.45	7.78	2,000	1.83	2.34	2.53	E
407	4.18	5.96	1,710	1.41	1.79	1.94	C
411	10.03	14.31	2,000	3.38	4.30	4.65	E
413	7.16	10.21	2,000	2.41	3.07	3.32	E
415	3.69	5.26	1,540	1.24	1.58	1.71	E
416	5.47	7.80	2,000	1.84	2.34	2.53	C
421	6.62	9.44	2,000	2.23	2.84	3.07	E
425	8.59	12.26	2,000	2.89	3.68	3.99	E
427	4.26	6.08	1,740	1.43	1.83	1.98	E
429	5.22	7.45	2,000	1.76	2.24	2.42	D
431	6.70	9.57	2,000	2.26	2.87	3.11	C
433	3.74	5.35	1,565	1.26	1.61	1.74	C
435	5.13	7.31	2,000	1.73	2.20	2.38	C
441	1.59	2.26	820	0.53	0.68	0.74	C

* 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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**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS
FOR DELAWARE COMPENSATION INSURANCE**

Amended Effective December 1, 2012 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-G
				A-1	A-2	A-3	
442	4.77	6.79	1,910	1.60	2.04	2.21	C
443	4.77	6.79	1,910	1.60	2.04	2.21	C
445	4.77	6.79	1,910	1.60	2.04	2.21	C
446	2.05	2.92	980	0.69	0.88	0.95	B
447	5.36	7.64	2,000	1.80	2.30	2.48	E
449	3.14	4.48	1,355	1.06	1.35	1.46	D
451	4.16	5.93	1,705	1.40	1.78	1.93	D
454	6.48	9.24	2,000	2.18	2.78	3.00	C
456	4.01	5.72	1,655	1.35	1.72	1.86	D
457	5.09	7.26	2,000	1.71	2.18	2.36	C
458	2.59	3.69	1,165	0.87	1.11	1.20	B
459	1.47	2.09	780	0.49	0.63	0.68	C
461	3.91	5.57	1,615	1.32	1.67	1.81	D
463	2.59	3.69	1,165	0.87	1.11	1.20	D
464	3.45	4.92	1,460	1.16	1.48	1.60	C
465	3.58	5.10	1,505	1.20	1.53	1.66	D
467	4.03	5.76	1,660	1.36	1.73	1.87	B
471	1.29	1.84	720	0.43	0.55	0.60	B
472	1.90	2.72	935	0.64	0.82	0.88	B
473	2.34	3.34	1,080	0.79	1.00	1.09	B
474	0.94	1.34	600	0.32	0.40	0.44	C
475	3.26	4.64	1,395	1.10	1.40	1.51	D
476	1.44	2.05	770	0.48	0.62	0.67	C
477	2.65	3.77	1,185	0.89	1.13	1.23	C
483	1.44	2.05	770	0.48	0.62	0.67	B
485	1.47	2.10	785	0.50	0.63	0.68	B
486	2.16	3.08	1,020	0.73	0.93	1.00	C
487	1.25	1.78	705	0.42	0.53	0.58	C
488	0.91	1.30	590	0.31	0.39	0.42	B
489	1.95	2.79	950	0.66	0.84	0.91	B
491	3.20	4.56	1,375	1.08	1.37	1.48	C
495	4.16	5.93	1,705	1.40	1.78	1.93	D
497	1.90	2.72	935	0.64	0.82	0.88	B
499	3.26	4.64	1,395	1.10	1.40	1.51	D
501	3.22	4.58	1,380	1.08	1.38	1.49	E
502	3.91	5.57	1,615	1.32	1.67	1.81	A
506	2.98	4.25	1,300	1.00	1.28	1.38	C
507	3.14	4.49	1,360	1.06	1.35	1.46	F
509	6.90	9.84	2,000	2.32	2.96	3.20	G
511	6.67	9.51	2,000	2.24	2.86	3.09	E
512	5.90	a 8.43	b 2,000	1.99	2.53	2.74	E
513	3.64	c 5.19	d 1,525	1.22	1.56	1.69	B
535	3.38	4.83	1,440	1.14	1.45	1.57	C

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a OD: \$1.18 Supplementary is not subject to experience or retrospective rating. Code as 0175.

b OD: \$1.69 Supplementary is not subject to experience or retrospective rating. Code as 0175.

c OD: \$0.36 Supplementary is not subject to experience or retrospective rating. Code as 0176.

d OD: \$0.52 Supplementary is not subject to experience or retrospective rating. Code as 0176.

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS
FOR DELAWARE COMPENSATION INSURANCE**

Amended Effective December 1, 2012 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-G
				A-1	A-2	A-3	
536	5.62	8.01	2,000	1.89	2.41	2.60	C
544	6.97	9.94	2,000	2.34	2.99	3.23	E
551	1.76	2.51	880	0.59	0.76	0.82	F
553	4.28	6.10	1,745	1.44	1.83	1.98	G
555	1.00	1.44	625	0.34	0.43	0.47	B
563	1.72	2.45	870	0.58	0.74	0.80	C
571	2.90	4.13	1,270	0.97	1.24	1.34	C
573	4.16	5.93	1,705	1.40	1.78	1.93	F
581	1.96	2.80	950	0.66	0.84	0.91	E
587	1.72	2.45	870	0.58	0.74	0.80	C
601	10.53	15.02	2,000	2.73	3.59	4.00	G
602	6.70	9.56	2,000	1.74	2.29	2.55	F
603	11.11	15.85	2,000	2.89	3.81	4.25	F
605	7.99	11.40	2,000	2.08	2.74	3.05	E
607	8.51	12.14	2,000	2.25	2.96	3.30	F
608	6.17	8.80	2,000	1.55	2.04	2.27	F
609	5.40	7.70	2,000	1.41	1.86	2.07	F
611	10.53	15.03	2,000	2.74	3.61	4.02	E
615	12.55	17.90	2,000	3.26	4.29	4.79	G
617	6.92	9.86	2,000	1.79	2.36	2.63	F
625	6.63	9.45	2,000	1.72	2.27	2.53	F
643	12.11	17.28	2,000	2.10	2.77	3.09	G
645	7.09	10.11	2,000	1.76	2.31	2.58	F
646	5.77	8.24	2,000	1.52	2.00	2.23	E
647	7.99	11.41	2,000	2.10	2.77	3.09	D
648	5.20	7.42	1,960	1.37	1.80	2.01	E
649	3.96	5.65	1,530	1.02	1.34	1.49	E
651	6.96	9.93	2,000	1.79	2.35	2.62	F
652	8.74	12.46	2,000	2.37	3.12	3.48	F
653	8.08	11.53	2,000	2.12	2.79	3.11	F
654	7.06	10.07	2,000	1.87	2.46	2.74	F
655	16.31	23.27	2,000	4.25	5.60	6.24	G
656	8.18	11.67	2,000	2.13	2.80	3.12	G
657	9.61	13.70	2,000	2.50	3.29	3.67	F
658	9.22	13.16	2,000	2.41	3.18	3.54	F
659	18.73	26.71	2,000	4.95	6.52	7.27	G
660	2.73	3.90	1,215	0.76	1.00	1.12	E
661	3.18	4.53	1,240	0.78	1.03	1.15	E
662	4.57	6.51	1,840	1.27	1.67	1.87	E
663	4.63	6.60	1,755	1.20	1.58	1.76	E
664	4.73	6.75	1,770	1.21	1.60	1.78	E
665	9.38	13.39	2,000	2.49	3.28	3.66	F
666	6.83	9.75	2,000	1.79	2.36	2.63	E
667	2.09	2.99	950	0.54	0.72	0.80	F
668	5.61	8.00	2,000	1.48	1.94	2.17	E

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FOR DELAWARE COMPENSATION INSURANCE**

Amended Effective December 1, 2012 on New and Renewal Business

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				A-1	A-2	A-3	
669	7.64	10.90	2,000	1.98	2.60	2.90	F
670	5.39	7.68	2,000	1.50	1.97	2.20	E
673	5.67	8.09	2,000	1.58	2.08	2.32	F
674	5.34	7.62	1,985	1.39	1.83	2.04	E
675	4.34	6.19	1,745	1.19	1.57	1.75	F
676	5.55	7.92	2,000	1.45	1.91	2.14	E
677	4.33	6.17	1,675	1.13	1.49	1.66	G
679	8.67	12.37	2,000	2.41	3.18	3.54	F
681	5.39	7.68	2,000	1.50	1.97	2.20	F
682	15.05	21.47	2,000	4.19	5.51	6.15	E
691	5.40	7.70	2,000	1.41	1.86	2.07	F
693	6.96	9.93	2,000	1.79	2.35	2.62	F
695	3.18	4.53	1,240	0.78	1.03	1.15	E
709	2.12	3.02	1,005	0.59	0.78	0.86	G
716	2.99	4.26	1,300	0.83	1.09	1.22	E
718	3.15	4.50	1,360	0.88	1.16	1.29	E
721	11.10	15.83	2,000	3.74	4.76	5.15	F
744	1.37	1.94	745	0.46	0.58	0.63	D
751	2.75	3.93	1,225	0.93	1.18	1.28	E
752	1.14	1.62	670	0.38	0.49	0.53	G
753	4.18	5.97	1,715	1.41	1.79	1.94	C
755	2.22	3.16	1,040	0.75	0.95	1.03	F
757	1.76	2.50	880	0.59	0.75	0.81	E
759	3.85	5.48	1,595	1.29	1.65	1.78	E
801	7.00	9.99	2,000	2.42	3.08	3.28	E
803	19.10	27.25	2,000	6.61	8.39	8.94	E
804	3.06	4.36	1,325	1.06	1.34	1.43	E
805	5.58	7.96	2,000	1.93	2.45	2.61	E
806	9.34	13.32	2,000	3.23	4.10	4.37	E
807	5.96	8.50	2,000	2.06	2.62	2.79	E
808	8.53	12.17	2,000	2.95	3.75	3.99	E
809	4.26	6.08	1,740	1.47	1.87	2.00	F
811	7.80	11.13	2,000	2.70	3.43	3.65	E
812	6.61	9.42	2,000	2.28	2.90	3.09	F
813	4.89	6.98	1,955	1.69	2.15	2.29	D
814	4.27	6.09	1,740	1.48	1.88	2.00	C
815	2.86	4.08	1,260	0.99	1.26	1.34	D
816	2.32	3.31	1,075	0.80	1.02	1.09	D
817	7.15	10.19	2,000	2.47	3.14	3.34	E
818	1.63	2.34	840	0.57	0.72	0.77	D
819	0.83	1.18	565	0.29	0.36	0.39	D
820	3.10	4.43	1,345	1.07	1.36	1.45	D
821	6.46	9.21	2,000	2.23	2.84	3.02	C
825	3.26	4.65	1,395	1.13	1.43	1.53	C
828	7.99	11.41	2,000	2.77	3.51	3.74	E
855	5.83	8.31	2,000	2.02	2.56	2.73	E
857	7.07	10.09	2,000	2.45	3.11	3.31	E

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				A-1	A-2	A-3	
858	8.14	11.60	2,000	2.81	3.57	3.81	F
859	8.84	12.61	2,000	3.06	3.88	4.14	E
860	9.00	12.83	2,000	3.11	3.95	4.21	E
862	8.30	11.84	2,000	2.87	3.65	3.88	E
865	2.12	3.03	1,005	0.73	0.93	0.99	C
867	4.89	6.98	1,955	1.69	2.15	2.29	D
871	6.34	9.05	2,000	2.19	2.79	2.97	D
877	2.92	4.16	1,280	1.01	1.28	1.36	B
879	2.96	4.22	1,295	1.02	1.30	1.38	B
880	4.89	6.98	1,955	1.69	2.15	2.29	C
881	3.07	4.37	1,330	1.06	1.35	1.44	B
882	7.29	10.40	2,000	2.52	3.20	3.41	B
883	2.62	3.73	1,175	0.91	1.15	1.22	B
884	0.86	1.23	575	0.30	0.38	0.40	B
885	3.11	4.45	1,350	1.08	1.37	1.46	C
886	2.51	3.58	1,140	0.87	1.10	1.17	B
887	1.29	1.85	725	0.45	0.57	0.61	C
889	0.25	0.35	365	0.09	0.11	0.12	B
890	0.62	0.88	490	0.21	0.27	0.29	C
891	1.20	1.72	695	0.42	0.53	0.56	B
895	0.47	0.66	440	0.16	0.20	0.22	B
896	2.20	3.14	1,035	0.76	0.97	1.03	A
897	2.22	3.17	1,040	0.77	0.98	1.04	A
898	3.96	5.65	1,635	1.37	1.74	1.85	C
899	1.54	2.19	805	0.53	0.68	0.72	C
903	0.50	0.71	450	0.17	0.22	0.23	E
904	1.56	2.22	815	0.54	0.68	0.73	E
907	5.16	7.36	2,000	1.78	2.27	2.42	B
910	7.12	10.17	2,000	2.46	3.13	3.34	C
911	4.87	6.95	1,950	1.68	2.14	2.28	B
914	2.92	4.16	1,280	1.01	1.28	1.36	B
915	3.26	4.65	1,395	1.13	1.43	1.53	C
916	1.74	2.48	875	0.60	0.76	0.81	B
917	3.60	5.14	1,515	1.25	1.58	1.69	C
918	2.95	4.21	1,290	1.02	1.30	1.38	C
919	2.37	3.37	1,090	0.82	1.04	1.11	B
920	0.65	0.93	505	0.23	0.29	0.31	C
921	5.73	8.17	2,000	1.98	2.52	2.68	D
922	3.43	4.89	1,455	1.19	1.51	1.60	D
923	2.96	4.22	1,295	1.02	1.30	1.38	B
924	2.89	4.12	1,270	1.00	1.27	1.35	B
925	2.17	3.10	1,025	0.75	0.96	1.02	B
926	3.07	4.37	1,330	1.06	1.35	1.44	B
927	1.10	1.56	655	0.38	0.48	0.51	B
928	2.62	3.73	1,175	0.91	1.15	1.22	B

* 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**

Amended Effective December 1, 2012 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-G
				A-1	A-2	A-3	
929	3.56	5.08	1,500	1.23	1.56	1.67	C
932	0.80	1.14	555	0.28	0.35	0.37	C
933	4.79	6.83	1,920	1.65	2.10	2.24	C
934	2.86	4.08	1,260	0.99	1.26	1.34	C
935	1.66	2.37	850	0.57	0.73	0.78	C
936	0.47	0.66	440	0.16	0.20	0.22	D
937	10.67	15.22	2,000	3.69	4.69	4.99	D
939	5.70	8.13	2,000	1.97	2.50	2.67	F
940	4.49	6.40	1,815	1.55	1.97	2.10	C
941	2.66	3.78	1,185	0.92	1.17	1.24	C
942	2.64	3.76	1,180	0.91	1.16	1.24	C
943	5.64	8.05	2,000	1.95	2.48	2.64	C
944	3.00	4.28	1,305	1.04	1.32	1.40	B
945	2.87	4.11	1,265	1.00	1.26	1.35	A
946	3.33	4.76	1,420	1.15	1.46	1.56	C
947	5.13	7.32	2,000	1.77	2.25	2.40	B
948	1.52	2.16	800	0.52	0.67	0.71	A
949	0.86	1.23	575	0.30	0.38	0.40	C
951	0.43	0.62	430	0.15	0.19	0.20	E
952	0.70	1.00	520	0.24	0.31	0.33	C
953	0.25	0.35	365	0.09	0.11	0.12	C
954	3.26	4.64	1,395	1.13	1.43	1.52	E
955	0.52	0.74	460	0.18	0.23	0.24	D
956	0.13	0.20	330	0.05	0.06	0.06	D
957	0.54	0.77	465	0.19	0.24	0.25	C
958	1.19	1.70	690	0.41	0.52	0.56	C
959	1.57	2.24	820	0.54	0.69	0.74	C
960	3.85	5.49	1,600	1.33	1.69	1.80	C
961	0.97	1.39	615	0.34	0.43	0.45	C
962	0.12	0.18	325	0.04	0.05	0.06	F
963	0.52	0.74	460	0.18	0.23	0.24	B
964	2.59	3.68	1,165	0.89	1.13	1.21	B
965	0.47	0.66	440	0.16	0.20	0.22	B
966	2.32	3.31	1,075	0.65	0.85	0.95	E
967	0.84	1.19	565	0.29	0.37	0.39	D
968	1.74	2.48	875	0.60	0.76	0.81	B
969	4.69	6.69	1,885	1.62	2.06	2.20	C
970	7.83	11.17	2,000	2.71	3.44	3.66	B
971	3.97	5.67	1,640	1.37	1.74	1.86	C
973	2.93	4.17	1,280	1.01	1.28	1.37	B
974	3.09	4.42	1,340	1.07	1.36	1.45	C
975	1.89	2.70	930	0.65	0.83	0.89	A
976	1.55	2.21	810	0.54	0.68	0.73	B
977	0.53	0.75	460	0.18	0.23	0.25	A
978	2.74	3.91	1,220	0.95	1.20	1.28	C

* 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**

Amended Effective December 1, 2012 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-G
				A-1	A-2	A-3	
979	4.02	5.74	1,660	1.39	1.77	1.88	C
980	3.58	5.10	1,505	1.24	1.57	1.67	E
981	2.82	4.03	1,245	0.98	1.24	1.32	A
983	7.69	10.98	2,000	2.66	3.38	3.60	C
984	0.29	0.41	380	0.10	0.13	0.14	C
985	4.16	5.94	1,705	1.44	1.83	1.95	E
986	1.60	2.29	830	0.55	0.70	0.75	C
988	0.23	0.33	360	0.08	0.10	0.11	C
991	7.83	11.17	2,000	2.71	3.44	3.66	A
992	4.26	6.08	1,740	1.47	1.87	2.00	E
995	8.28	11.82	2,000	2.87	3.64	3.88	F
997	1.00	1.43	625	0.35	0.44	0.47	D
999	4.96	7.08	1,980	1.72	2.18	2.32	D
4771	3.09	4.41	1,600	1.04	1.32	1.43	G
0771	0.77	1.10					G
4777	7.80	11.13	2,000	2.70	3.43	3.65	E
7405	1.39	1.98	915	0.48	0.61	0.65	E
7445	0.47	0.66					G
7413	1.25	1.79	800	0.43	0.55	0.59	G
7453	0.26	0.37					G
7421	1.53	2.18	805	0.53	0.67	0.72	F
7424	3.60	5.13	1,510	1.24	1.58	1.68	G
7428	1.73	2.46	870	0.60	0.76	0.81	E
9108	72.49	103.41					A
9740	0.01	0.02					
9741	0.01	0.01					
Per capita							
0908	198.24	282.77	563	68.55	87.07	92.78	C
0909	82.92	118.29	398	28.68	36.42	38.81	B
0912	284.74	406.17	686	98.47	125.06	133.27	B
0913	491.36	700.91	981	169.92	215.81	229.98	C
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 COMPENSATION RATING BUREAU, INC.
MISCELLANEOUS RATING VALUES
EFFECTIVE DECEMBER 1, 2012

Residual Market Expense Constant

It is proposed that the expense constant increase from \$270 to \$280

Corporate Officer Payrolls

The minimum individual payroll for an executive officer is increasing to \$500 per week.

The maximum individual payroll for an executive officer is increasing to \$2400 per week.

Retrospective Rating Values (Other Than USL&HW Coverages)

Residual Market Tax Multiplier

The residual market tax multiplier is 1.1351

Optional Loss Development Factors (unlimited basis)

First Adjustment	0.6506
Second Adjustment	0.5239
Third Adjustment	0.4479

State & Hazard Group Relativities

Hazard Group	A	1.791
	B	1.229
	C	1.006
	D	0.972
	E	0.819
	F	0.674
	G	0.588

Small Deductible Program Loss Elimination Ratios and Premium Credits

<u>Deductible</u> <u>Level</u>	<u>Loss</u> <u>Elimination</u> <u>Ratio</u>	<u>Premium</u> <u>Credit</u>
500	0.015	0.010
1,000	0.030	0.020
1,500	0.040	0.030
2,000	0.050	0.040
2,500	0.060	0.045
3,000	0.065	0.050
3,500	0.075	0.055
4,000	0.080	0.060
4,500	0.085	0.065
5,000	0.090	0.070

DELAWARE COMPENSATION RATING BUREAU, INC.
MISCELLANEOUS RATING VALUES
EFFECTIVE DECEMBER 1, 2012

Delaware Construction Classification Premium Adjustment Program: EFFECTIVE JUNE 1, 2013

<u>Average Hourly Wage</u>		<u>DCCPAP Credit</u>
\$18.84	or less	0%
\$18.85	\$19.25	5%
\$19.26	\$19.70	6%
\$19.71	\$20.20	7%
\$20.21	\$20.70	8%
\$20.71	\$21.20	9%
\$21.21	\$21.70	10%
\$21.71	\$22.25	11%
\$22.26	\$22.80	12%
\$22.81	\$23.35	13%
\$23.36	\$23.95	14%
\$23.96	\$24.55	15%
\$24.56	\$25.20	16%
\$25.21	\$25.85	17%
\$25.86	\$26.50	18%
\$26.51	\$27.20	19%
\$27.21	\$27.90	20%
\$27.91	\$28.60	21%
\$28.61	\$29.35	22%
\$29.36	\$30.15	23%
\$30.16	\$30.95	24%
Over \$30.95		25%

DELAWARE
Approved Effective: 12/1/2012

Excess Loss Pure Premium Factors including ALAE

Loss Limit	Hazard Group						
	A	B	C	D	E	F	G
\$10,000	0.806	0.825	0.832	0.838	0.850	0.869	0.878
\$15,000	0.779	0.801	0.811	0.816	0.831	0.853	0.865
\$20,000	0.756	0.782	0.791	0.798	0.816	0.840	0.854
\$25,000	0.738	0.764	0.775	0.782	0.801	0.828	0.843
\$30,000	0.720	0.747	0.760	0.768	0.788	0.817	0.832
\$35,000	0.704	0.733	0.747	0.754	0.775	0.806	0.824
\$40,000	0.689	0.720	0.733	0.743	0.764	0.796	0.815
\$50,000	0.665	0.697	0.713	0.720	0.743	0.778	0.799
\$75,000	0.613	0.649	0.666	0.676	0.701	0.740	0.763
\$100,000	0.576	0.612	0.630	0.640	0.667	0.709	0.733
\$125,000	0.543	0.581	0.600	0.610	0.637	0.682	0.708
\$150,000	0.516	0.554	0.574	0.584	0.612	0.656	0.684
\$175,000	0.491	0.530	0.550	0.561	0.590	0.634	0.663
\$200,000	0.469	0.509	0.530	0.540	0.569	0.615	0.643
\$225,000	0.448	0.487	0.509	0.520	0.550	0.598	0.626
\$250,000	0.427	0.469	0.490	0.503	0.533	0.582	0.611
\$275,000	0.408	0.450	0.473	0.486	0.516	0.565	0.595
\$300,000	0.388	0.432	0.455	0.470	0.501	0.549	0.580
\$325,000	0.371	0.413	0.438	0.453	0.485	0.535	0.565
\$350,000	0.354	0.397	0.421	0.437	0.470	0.520	0.552
\$375,000	0.338	0.382	0.406	0.421	0.455	0.506	0.539
\$400,000	0.322	0.366	0.391	0.407	0.440	0.493	0.526
\$425,000	0.307	0.352	0.377	0.393	0.427	0.479	0.513
\$450,000	0.293	0.337	0.363	0.379	0.413	0.466	0.500
\$475,000	0.279	0.323	0.350	0.365	0.401	0.454	0.487
\$500,000	0.267	0.311	0.336	0.353	0.388	0.441	0.475
\$600,000	0.223	0.266	0.292	0.306	0.343	0.397	0.432
\$700,000	0.186	0.229	0.253	0.268	0.303	0.357	0.392
\$800,000	0.159	0.197	0.220	0.235	0.267	0.322	0.359
\$900,000	0.135	0.171	0.194	0.206	0.239	0.292	0.326
\$1,000,000	0.1152	0.1507	0.1714	0.1828	0.2135	0.2661	0.3005
\$2,000,000	0.0583	0.0769	0.0885	0.0978	0.1172	0.1557	0.1844
\$3,000,000	0.0395	0.0518	0.0601	0.0670	0.0813	0.1110	0.1362
\$4,000,000	0.0300	0.0391	0.0453	0.0512	0.0625	0.0862	0.1078
\$5,000,000	0.0246	0.0318	0.0365	0.0414	0.0507	0.0703	0.0889
\$6,000,000	0.0210	0.0269	0.0306	0.0346	0.0427	0.0593	0.0756
\$7,000,000	0.0182	0.0230	0.0268	0.0301	0.0367	0.0512	0.0656
\$8,000,000	0.0162	0.0207	0.0237	0.0265	0.0324	0.0453	0.0582
\$9,000,000	0.0147	0.0185	0.0211	0.0237	0.0290	0.0402	0.0520
\$10,000,000	0.0132	0.0170	0.0193	0.0216	0.0265	0.0363	0.0470

DELAWARE
Approved Effective: 12/1/2012

Excess Loss Pure Premium Factors

Loss Limit	Hazard Group						
	A	B	C	D	E	F	G
\$10,000	0.714	0.730	0.736	0.741	0.753	0.769	0.777
\$15,000	0.689	0.709	0.718	0.722	0.736	0.755	0.765
\$20,000	0.669	0.692	0.700	0.706	0.722	0.744	0.755
\$25,000	0.653	0.676	0.686	0.692	0.709	0.733	0.746
\$30,000	0.638	0.661	0.672	0.680	0.698	0.723	0.737
\$35,000	0.623	0.649	0.661	0.668	0.686	0.714	0.729
\$40,000	0.610	0.637	0.649	0.658	0.676	0.705	0.721
\$50,000	0.588	0.617	0.631	0.637	0.658	0.689	0.707
\$75,000	0.543	0.575	0.589	0.598	0.621	0.655	0.676
\$100,000	0.510	0.541	0.558	0.566	0.591	0.627	0.649
\$125,000	0.481	0.515	0.531	0.540	0.564	0.604	0.626
\$150,000	0.457	0.490	0.508	0.517	0.542	0.581	0.605
\$175,000	0.435	0.469	0.487	0.497	0.522	0.562	0.587
\$200,000	0.415	0.450	0.469	0.478	0.503	0.545	0.569
\$225,000	0.397	0.431	0.451	0.460	0.487	0.529	0.554
\$250,000	0.378	0.415	0.434	0.445	0.472	0.515	0.541
\$275,000	0.361	0.398	0.419	0.430	0.457	0.501	0.527
\$300,000	0.344	0.382	0.403	0.416	0.443	0.487	0.514
\$325,000	0.329	0.366	0.388	0.401	0.430	0.473	0.501
\$350,000	0.313	0.352	0.373	0.387	0.417	0.460	0.489
\$375,000	0.299	0.338	0.360	0.373	0.404	0.448	0.477
\$400,000	0.286	0.325	0.346	0.361	0.391	0.436	0.465
\$425,000	0.272	0.312	0.334	0.348	0.378	0.425	0.454
\$450,000	0.260	0.299	0.321	0.336	0.366	0.413	0.442
\$475,000	0.248	0.287	0.310	0.324	0.355	0.402	0.432
\$500,000	0.236	0.276	0.298	0.312	0.344	0.391	0.421
\$600,000	0.198	0.236	0.259	0.271	0.304	0.351	0.384
\$700,000	0.165	0.203	0.224	0.237	0.269	0.316	0.347
\$800,000	0.141	0.175	0.195	0.208	0.236	0.286	0.318
\$900,000	0.120	0.151	0.172	0.183	0.212	0.259	0.289
\$1,000,000	0.1024	0.1338	0.1522	0.1622	0.1894	0.2359	0.2663
\$2,000,000	0.0522	0.0686	0.0789	0.0870	0.1042	0.1382	0.1636
\$3,000,000	0.0355	0.0463	0.0537	0.0599	0.0725	0.0988	0.1210
\$4,000,000	0.0271	0.0352	0.0406	0.0459	0.0559	0.0768	0.0959
\$5,000,000	0.0223	0.0287	0.0328	0.0372	0.0454	0.0628	0.0792
\$6,000,000	0.0192	0.0243	0.0277	0.0312	0.0383	0.0531	0.0675
\$7,000,000	0.0166	0.0209	0.0243	0.0272	0.0330	0.0459	0.0586
\$8,000,000	0.0149	0.0189	0.0215	0.0240	0.0292	0.0406	0.0520
\$9,000,000	0.0131	0.0170	0.0192	0.0215	0.0262	0.0361	0.0466
\$10,000,000	0.0117	0.0156	0.0176	0.0196	0.0240	0.0327	0.0421

DELAWARE
Approved Effective: 12/1/2012

Excess Loss Premium Factors including ALAE

Loss Limit	Hazard Group						
	A	B	C	D	E	F	G
\$10,000	0.572	0.585	0.590	0.594	0.603	0.616	0.622
\$15,000	0.553	0.568	0.575	0.578	0.589	0.605	0.613
\$20,000	0.536	0.554	0.561	0.566	0.578	0.596	0.606
\$25,000	0.523	0.542	0.550	0.554	0.568	0.587	0.598
\$30,000	0.511	0.530	0.539	0.545	0.559	0.580	0.591
\$35,000	0.499	0.520	0.530	0.535	0.550	0.572	0.584
\$40,000	0.489	0.510	0.520	0.527	0.542	0.565	0.578
\$50,000	0.472	0.494	0.506	0.510	0.527	0.552	0.567
\$75,000	0.435	0.461	0.472	0.479	0.498	0.525	0.542
\$100,000	0.409	0.434	0.447	0.454	0.474	0.503	0.520
\$125,000	0.386	0.413	0.426	0.433	0.452	0.484	0.502
\$150,000	0.367	0.393	0.408	0.415	0.435	0.466	0.485
\$175,000	0.349	0.376	0.391	0.398	0.419	0.450	0.470
\$200,000	0.333	0.361	0.376	0.384	0.404	0.437	0.456
\$225,000	0.318	0.346	0.362	0.369	0.391	0.424	0.444
\$250,000	0.303	0.333	0.348	0.357	0.379	0.413	0.433
\$275,000	0.290	0.320	0.336	0.345	0.367	0.402	0.422
\$300,000	0.276	0.307	0.323	0.334	0.356	0.391	0.412
\$325,000	0.264	0.294	0.311	0.322	0.345	0.380	0.401
\$350,000	0.252	0.283	0.299	0.311	0.334	0.369	0.392
\$375,000	0.241	0.272	0.289	0.299	0.324	0.360	0.382
\$400,000	0.230	0.261	0.278	0.289	0.313	0.350	0.373
\$425,000	0.219	0.250	0.268	0.279	0.303	0.341	0.364
\$450,000	0.209	0.240	0.258	0.270	0.294	0.331	0.355
\$475,000	0.199	0.230	0.249	0.260	0.285	0.323	0.347
\$500,000	0.190	0.222	0.239	0.251	0.276	0.314	0.338
\$600,000	0.159	0.189	0.208	0.218	0.244	0.282	0.307
\$700,000	0.133	0.164	0.180	0.191	0.216	0.254	0.279
\$800,000	0.114	0.141	0.157	0.167	0.190	0.230	0.255
\$900,000	0.097	0.122	0.139	0.147	0.171	0.208	0.232
\$1,000,000	0.0829	0.1080	0.1227	0.1308	0.1525	0.1897	0.2140
\$2,000,000	0.0427	0.0559	0.0641	0.0706	0.0843	0.1116	0.1319
\$3,000,000	0.0294	0.0381	0.0440	0.0489	0.0590	0.0800	0.0978
\$4,000,000	0.0227	0.0291	0.0335	0.0377	0.0457	0.0625	0.0777
\$5,000,000	0.0189	0.0240	0.0273	0.0308	0.0373	0.0512	0.0643
\$6,000,000	0.0163	0.0205	0.0231	0.0260	0.0317	0.0434	0.0550
\$7,000,000	0.0140	0.0177	0.0204	0.0227	0.0274	0.0377	0.0478
\$8,000,000	0.0119	0.0160	0.0182	0.0202	0.0244	0.0335	0.0426
\$9,000,000	0.0104	0.0144	0.0164	0.0182	0.0220	0.0299	0.0383
\$10,000,000	0.0093	0.0128	0.0151	0.0167	0.0202	0.0271	0.0347

DELAWARE
Approved Effective: 12/1/2012

Excess Loss Premium Factors

Loss Limit	Hazard Group						
	A	B	C	D	E	F	G
\$10,000	0.506	0.518	0.522	0.526	0.534	0.545	0.551
\$15,000	0.489	0.503	0.509	0.512	0.522	0.536	0.543
\$20,000	0.475	0.491	0.497	0.501	0.512	0.528	0.536
\$25,000	0.463	0.480	0.487	0.491	0.503	0.520	0.529
\$30,000	0.453	0.469	0.477	0.482	0.495	0.513	0.522
\$35,000	0.442	0.461	0.469	0.475	0.487	0.506	0.517
\$40,000	0.433	0.452	0.461	0.467	0.480	0.500	0.511
\$50,000	0.418	0.438	0.448	0.452	0.467	0.489	0.502
\$75,000	0.386	0.408	0.418	0.424	0.441	0.465	0.479
\$100,000	0.362	0.384	0.396	0.402	0.419	0.445	0.461
\$125,000	0.342	0.366	0.377	0.383	0.400	0.429	0.445
\$150,000	0.325	0.348	0.361	0.367	0.385	0.412	0.430
\$175,000	0.309	0.334	0.346	0.353	0.371	0.399	0.416
\$200,000	0.295	0.321	0.333	0.340	0.358	0.387	0.404
\$225,000	0.282	0.307	0.320	0.327	0.346	0.376	0.394
\$250,000	0.269	0.295	0.309	0.316	0.336	0.366	0.384
\$275,000	0.257	0.283	0.298	0.306	0.325	0.356	0.374
\$300,000	0.245	0.272	0.287	0.296	0.315	0.346	0.365
\$325,000	0.234	0.260	0.276	0.286	0.305	0.336	0.356
\$350,000	0.223	0.250	0.265	0.276	0.296	0.327	0.347
\$375,000	0.213	0.241	0.256	0.266	0.287	0.319	0.339
\$400,000	0.204	0.231	0.247	0.257	0.278	0.310	0.330
\$425,000	0.194	0.222	0.238	0.248	0.269	0.302	0.322
\$450,000	0.186	0.213	0.229	0.239	0.260	0.293	0.314
\$475,000	0.177	0.204	0.221	0.230	0.253	0.286	0.307
\$500,000	0.169	0.197	0.212	0.222	0.245	0.278	0.299
\$600,000	0.141	0.168	0.185	0.193	0.216	0.250	0.272
\$700,000	0.118	0.145	0.160	0.169	0.192	0.225	0.247
\$800,000	0.101	0.125	0.139	0.149	0.169	0.204	0.226
\$900,000	0.086	0.109	0.123	0.131	0.152	0.185	0.206
\$1,000,000	0.0739	0.0961	0.1091	0.1162	0.1354	0.1683	0.1899
\$2,000,000	0.0384	0.0500	0.0573	0.0630	0.0752	0.0993	0.1172
\$3,000,000	0.0266	0.0342	0.0395	0.0438	0.0527	0.0713	0.0871
\$4,000,000	0.0206	0.0263	0.0302	0.0339	0.0410	0.0558	0.0693
\$5,000,000	0.0172	0.0218	0.0247	0.0278	0.0336	0.0459	0.0575
\$6,000,000	0.0148	0.0187	0.0210	0.0235	0.0286	0.0390	0.0492
\$7,000,000	0.0123	0.0163	0.0186	0.0207	0.0248	0.0339	0.0429
\$8,000,000	0.0105	0.0146	0.0167	0.0184	0.0221	0.0302	0.0383
\$9,000,000	0.0092	0.0128	0.0151	0.0167	0.0200	0.0270	0.0344
\$10,000,000	0.0083	0.0113	0.0134	0.0154	0.0184	0.0246	0.0313



January 17, 2013

Refreshed
1/18/13

DCRB CIRCULAR NO. 882

To All Members of the DCRB:

Re: **APPROVAL OF DCRB FILING NO. 1203**

- 1) **Revisions to Employers Liability and Admiralty or FELA Coverage Increased Limits Percentages and Factors – NCCI Item Filing B-1425, Related Manual Rule Housekeeping Revisions – EFFECTIVE JUNE 1, 2013**
- 2) **Statistical Plan Revisions Related to NCCI Item Filing B-1425 and Additional Revisions – EFFECTIVE JUNE 1, 2013 WITH SPECIFIED ITEMS EFFECTIVE JUNE 1, 2013 ON AN OPTIONAL BASIS, JANUARY 1, 2014 ON A MANDATORY BASIS**

The Delaware Compensation Rating Bureau, Inc. (DCRB) has filed and the Insurance Commissioner has approved Basic Manual and Statistical Plan Manual revisions to reflect countrywide changes in line with National Council on Compensation Insurance, Inc. (NCCI) Item Filing B-1425, which revises employer liability increased limits factors. Additionally, housekeeping revisions to both Manuals and miscellaneous revisions to the Statistical Plan Manual are also approved with the effective dates as shown below.

- 1) **Basic Manual** – these changes are effective June 1, 2013
 - Revisions to Section 1, Rule VIII – Table for Increased Limits
 - Miscellaneous housekeeping changes

NCCI Item Filing B-1425 provides two sets of employer liability increased factors, with the choice of lower or higher table factors based on each state's portion of employer liability losses relative to total workers compensation losses in that state. In Delaware, the lower table of factors has been filed and approved. This represents significant reductions to Delaware's factors.

The Manual changes are shown following:

SECTION 1

RULE II – EXPLANATION OF COVERAGES AND METHODS OF INSURING

A. PART ONE – WORKERS COMPENSATION INSURANCE

1. Description of Workers Compensation Coverage

No Change

C. PART TWO – EMPLOYERS LIABILITY INSURANCE

1. Description of Employers Liability Insurance

No Change

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 not provided by the Standard Policy. Refer to Rule XII for rules and endorsements to cover or, limit ~~or exclude~~ this exposure.

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 after ~~before~~ application of any carrier rate but before application of experience rating modification or retrospective rating adjustment.

TABLE FOR INCREASED LIMITS *

Classification Statistical Codes	Limits of Liability	Percentage
	(000s omitted)	
9803	100 / 100 / 1,000	70% <u>0.1%</u>
9804	100/100/2,500	1.20%
9805	100 / 100 / 5,000	4.70% <u>0.5%</u>
9806	100 / 100 / 10,000	2.40% <u>1.0%</u>
9807	500 / 500 / 500	4.90% <u>0.8%</u>
9808	500 / 500 / 1,000	2.20% <u>0.9%</u>
9809	500/500/2,500	2.70%
9810	500 / 500 / 5,000	3.20% <u>1.3%</u>
9811	500 / 500 / 10,000	3.90% <u>1.8%</u>
9812	1,000 / 1,000 / 1,000	3.30% <u>1.1%</u>
9813	1,000/1000,2,500	3.80%
9814	1,000 / 1,000 / 5,000	4.40% <u>1.5%</u>
9815	1,000 / 1,000 / 10,000	5.00% <u>2.0%</u>
9816	Over 1,000 / 1,000 / 10,000	(a)
<u>9837</u>	<u>All other</u>	<u>Refer to Table 1</u>
	<u>(a) Apply to DCRB for higher limit charges.</u>	

Table 1

	<u>Loss Limits</u>	<u>Minimum * Premiums</u>	<u>500</u>	<u>1,000</u>	<u>2,000</u>	<u>3,000</u>	<u>4,000</u>	<u>5,000</u>	<u>6,000</u>	<u>7,000</u>	<u>8,000</u>	<u>9,000</u>	<u>10,000</u>
<u>Bodily</u>													
<u>Injury by</u>	<u>100</u>		<u>0.00%</u>	<u>0.10%</u>	<u>0.20%</u>	<u>0.30%</u>	<u>0.40%</u>	<u>0.50%</u>	<u>0.60%</u>	<u>0.70%</u>	<u>0.80%</u>	<u>0.90%</u>	<u>1.00%</u>
<u>Accident</u>	<u>200</u>	<u>\$75</u>	<u>0.20%</u>	<u>0.30%</u>	<u>0.40%</u>	<u>0.50%</u>	<u>0.60%</u>	<u>0.70%</u>	<u>0.80%</u>	<u>0.90%</u>	<u>1.00%</u>	<u>1.10%</u>	<u>1.20%</u>
<u>Each</u>	<u>300</u>	<u>\$75</u>	<u>0.40%</u>	<u>0.50%</u>	<u>0.60%</u>	<u>0.70%</u>	<u>0.80%</u>	<u>0.90%</u>	<u>1.00%</u>	<u>1.10%</u>	<u>1.20%</u>	<u>1.30%</u>	<u>1.40%</u>
<u>Accident</u>	<u>400</u>	<u>\$75</u>	<u>0.60%</u>	<u>0.70%</u>	<u>0.80%</u>	<u>0.90%</u>	<u>1.00%</u>	<u>1.10%</u>	<u>1.20%</u>	<u>1.30%</u>	<u>1.40%</u>	<u>1.50%</u>	<u>1.60%</u>
<u>Limit and</u>	<u>500</u>	<u>\$75</u>	<u>0.80%</u>	<u>0.90%</u>	<u>1.00%</u>	<u>1.10%</u>	<u>1.20%</u>	<u>1.30%</u>	<u>1.40%</u>	<u>1.50%</u>	<u>1.60%</u>	<u>1.70%</u>	<u>1.80%</u>
<u>Bodily</u>	<u>1,000</u>	<u>\$120</u>	-	<u>1.10%</u>	<u>1.20%</u>	<u>1.30%</u>	<u>1.40%</u>	<u>1.50%</u>	<u>1.60%</u>	<u>1.70%</u>	<u>1.80%</u>	<u>1.90%</u>	<u>2.00%</u>
<u>Injury by</u>	<u>2,000</u>		-	-	<u>1.40%</u>	<u>1.50%</u>	<u>1.60%</u>	<u>1.70%</u>	<u>1.80%</u>	<u>1.90%</u>	<u>2.00%</u>	<u>2.10%</u>	<u>2.20%</u>
<u>Disease</u>	<u>3,000</u>		-	-	-	<u>1.60%</u>	<u>1.70%</u>	<u>1.80%</u>	<u>1.90%</u>	<u>2.00%</u>	<u>2.10%</u>	<u>2.20%</u>	<u>2.30%</u>
<u>Each</u>	<u>4,000</u>		-	-	-	-	<u>1.80%</u>	<u>1.90%</u>	<u>2.00%</u>	<u>2.10%</u>	<u>2.20%</u>	<u>2.30%</u>	<u>2.40%</u>
<u>Employee</u>	<u>5,000</u>		-	-	-	-	-	<u>2.00%</u>	<u>2.10%</u>	<u>2.20%</u>	<u>2.30%</u>	<u>2.40%</u>	<u>2.50%</u>
<u>Limit</u>	<u>6,000</u>		-	-	-	-	-	-	<u>2.20%</u>	<u>2.30%</u>	<u>2.40%</u>	<u>2.50%</u>	<u>2.60%</u>
<u>(\$000</u>	<u>7,000</u>		-	-	-	-	-	-	-	<u>2.40%</u>	<u>2.50%</u>	<u>2.60%</u>	<u>2.70%</u>
<u>Omitted)</u>	<u>8,000</u>		-	-	-	-	-	-	-	-	<u>2.60%</u>	<u>2.70%</u>	<u>2.80%</u>
<u>-</u>	<u>9,000</u>		-	-	-	-	-	-	-	-	-	<u>2.80%</u>	<u>2.90%</u>
	<u>10,000</u>		-	-	-	-	-	-	-	-	-	-	<u>3.00%</u>

* Increased limits of employers liability are available under the Delaware Insurance Plan upon request, subject to maximum limits of \$1million/\$1million/\$1million. Minimum premiums displayed with Table 1 are applicable to Delaware Residual Market. The same minimum premium applies for all the Bodily Injury by Disease policy limits within the same row.

(3) The premium for increased limits shall be subject to any 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 and retrospective rating.

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

- (a) The standard limits under Part Two Employers Liability for employees subject to ~~V~~voluntary ~~C~~ompensation insurance may be increased.
- (b) The premium for the increased limits shall be determined ~~by using on the basis of~~ the Table factors in Rule A.2. b. the following table:

Limit of Liability	Factor
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
Over 1,000 / 1,000 / 10,000	(a)
(a) Apply to Bureau for higher limit factor	

1. Premium Determination

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

No Change

RULE XII – U.S. LONGSHORE AND HARBOR WORKERS' COMPENSATION 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

A. Description of Coverage Programs	No Change
B. Coverage	No Change
	No Change

~~G. 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).~~

D. E. LIMITS OF LIABILITY

No Change

Questions regarding these changes should be addressed to Betty Ann Campbell, Director – Rating Rules & Policy Reporting, at Extension 4425 or bcampbell@dcrb.com.

2) Statistical Plan Manual

- **Changes effective June 1, 2013**
 - Revisions to Employers Liability and Admiralty or FELA Coverage Increased Limits Table
- **Changes effective June 1, 2013 on an OPTIONAL basis, January 1, 2014 on a MANDATORY basis**
 - Housekeeping revisions to include typographical errors and language standardization
 - Addition to and deletion of certain data elements
 - Addition of new code values
 - Clarification of language for reporting instructions and code values
 - Updated example forms (there is no material change to reporting requirements)

Complete Statistical Plan Manual revisions are attached to this circular.

Questions regarding Statistical Plan changes should be addressed to Bonnie Piacentino, Vice President – Data Management, at Extension 4456 or bpacentino@dcrb.com.

Both the Basic Manual and Statistical Plan Manual will be available on our website (www.dcrb.com) at a later date.

Timothy L. Wisecarver
President

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Remember to visit our web site at www.dcrb.com for more information about this and other topics.

DELAWARE STATISTICAL PLAN MANUAL CHANGES

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

SECTION I - GENERAL RULES/DEFINITIONS

A. Scope of Report

A report must be filed for every policy insuring liability under Delaware Workers' Compensation and Occupational Disease Acts, as well as for every voluntary compensation policy providing coverage in Delaware. All reports must be filed with the **Delaware Compensation Rating Bureau Inc., The Widener United Plaza Building, 6th Floor Suite 1500, One South Penn Square 30 South 17th Street, Philadelphia, PA 19107-19103-35774077.**

Items **B through J** remain unchanged.

K. Loss Rules

Items Number **1 through 7** remain unchanged.

8. Correction and Subsequent Reports

Item **a.** remains unchanged.

b. Correction Reports

- (1) A correction report must be filed when any of the following occur between valuation dates:

Item **a.** remains unchanged.

- (b) The claim, or any part thereof, is declared non-compensable (as defined in ~~an the experience~~ Experience rating Rating plan Plan).

Item **c.** remains unchanged.

- (d) The claim's catastrophe code values are found to have been included or excluded in error.

If the claim was declared non-compensable, a Code "05" must be reported in the Type of Settlement portion of the Loss Conditions field. In the case of recovery against a third party, a Code "03" must be reported in the Type of Recovery portion of the Loss Conditions field, etc. (See Section IV, Codes)

Items **(2) through (3)** remain unchanged.

Item **c.** remains unchanged.

Items Number **9 through 10** remain unchanged.

Item **L** remains unchanged.

M. General Rules and Definitions

Items Number **1 through 9** remain unchanged.

10. Type of ~~Coverage~~ Claim

DELAWARE STATISTICAL PLAN MANUAL CHANGES

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

Items **a. through c.** remain unchanged.

- d. ~~Liability Over. Refers to a particular Employers Liability coverage situation where a third party, who is being sued by an employee, in turn sues the employer. Any damages incurred to the employer are classified as liability over and are in addition to compensation payments made to the injured employee.~~

DELAWARE STATISTICAL PLAN MANUAL CHANGES

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

SECTION II – REPORTING REQUIREMENTS

A. Rules Common to Premiums and Losses

Item Number 1 remains unchanged.

2. Estimated Audits

If for any reason data is unavailable to the carrier before the filing date, an estimated audit must be filed with the Bureau and the Policy Conditions field "Estimated ~~Exposures~~ Audit Code" shall be marked with the ~~symbol "Y"~~ appropriate code.

Items Number 3 through 6 remain unchanged.

7. Policy Conditions

Report the 1-position indicator or code for each policy condition ~~which is indicated by a "Y" in the appropriate box for each condition~~ that applies: three-year fixed rate indicator, multistate policy indicator, estimated ~~exposure indicator~~ audit code, retrospective rated indicator, canceled mid-term indicator and managed care organization indicator.

Item Number 8 remains unchanged.

9. Deductible Type Codes

Report the two 42-digit codes s that identify ies the type of deductible being reported.

First Two Positions Losses Subject to Deductible Code

Code Description

00	No Deductible
01	Medical Losses Only
02	Indemnity Losses Only
03	Medical & Indemnity Losses

Second Two Positions Basis of Deductible Calculation Code

Code Description

00	No Deductible
01	Per Claim
02	Per Accident
03	Per Policy <u>Aggregate Limit</u>
04	Percent of Claim Cost
05	Percent of Premium
06	Coinsurance Only <u>Percent with Per Claim Limit</u>
07	Benefits Coinsurance <u>Percent with Per Claim Amount and Coinsurance Limit</u>
08	Per Accident Coinsurance <u>Percent with Per Accident Amount and Coinsurance Limit</u>
09	Per Policy & Accident <u>Amount with Per Policy Aggregate Limit</u>
10	Per Claim <u>Amount with and Per</u> Policy Aggregate <u>Limit</u>
11	Coinsurance Percent With <u>Per</u> Claim <u>Amount Limit</u> and <u>Per</u> Policy Aggregate Limits
12	Variable

DELAWARE STATISTICAL PLAN MANUAL CHANGES

Table for Increased Limits – Section IV, Item B.3.a.(1) Mandatory Effective June 1, 2013

All Other Changes Optional Effective June 1, 2013 Mandatory Effective January 1, 2014

Items Number **10 through 12** remain unchanged.

B. Exposure Information

Items Number **1 through 3** remain unchanged.

4. Exposure Amount

- a. Payrolls reported must be audited payrolls even on minimum premium risks. When a final audit has not been made at the time of filing a report, the policy condition field Estimated **Exposures Audit Code** should be marked with the symbol "Y" and without further request MUST be replaced by a revised report as soon as audited payrolls are available.

Items **b. through d.** remain unchanged.

- e. The Manual rules provide that the payroll of all employees exposed to a foundry, abrasive, sand blasting hazard, carcinogen, radiation or federal black lung (except those rated under a classification where the Bureau Rating Values provide coverage for silicosis) will have a special supplementary disease rate charge in addition to the Bureau Loss Cost. Such payroll, together with the manual premium derived from the supplemental rate charge, shall be assigned to the appropriate code, such as ~~0066, 0133, 9985, 0176~~**0175**, or **0164**. Refer to Section IV Item B.3. of this Plan for a complete list. The payroll reported for these codes shall be shown but shall not be used in determining the risk's total payroll. However, the premium resulting from the application of the supplemental disease rates shall be included in the total premium reported, on one of the lines captioned "D," "E" or "F."
- f. The Manual rules provide that the payroll of all employees exposed to or engaged in the following hazards will have a mandatory catastrophe reserve rate which is not subject to experience or retrospective rating in addition to the Bureau Loss Cost. Such payroll, together with the Manual premium from the mandatory catastrophe reserve rate charge, shall be assigned to the appropriate code:

Class	Hazard	Code
4771	Manufacturing of Explosives or Ammunition	0771
4773	Manufacturing of high explosives	0773
4774	Manufacturing of high explosives	0774
4775	Handling of explosives or mixing of fulminate	0775
4776	Handling of explosives or mixing of fulminate	0776
4779	Mixing and/or loading of charges	0779
7323	Stevedoring -- handling of ammunition	0763
7405	All members of the flying crew of scheduled and supplemental air carriers	7445
7413	All members of the flying crew of commuter air carriers	7453

Items Number **5 through 10** remain unchanged.

C. Loss Information

Item Number **1** remains unchanged.

DELAWARE STATISTICAL PLAN MANUAL CHANGES

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

2. Claim Number

Item **a.** remains unchanged.

~~b. Each claim on which the total loss (indemnity and medical combined) is greater than \$2,000 must be listed individually with the appropriate claim number.~~

~~c. At the option of the carrier all other medical only or temporary claims may be listed individually or may be grouped by Manual classification and by type of injury within each Manual classification.~~

~~The number of claims within each group shall be entered in the column captioned Accident Date/Number of Claims. In counting the number of claims, claims closed without payment shall be omitted. If one or more claims within the group are open, such a group shall be considered open and revised experience shall be reported in accordance with the rules of this Plan. If the grouping option is elected, claims must be grouped separately according to loss conditions codes as designated in Section IV, Item C.3.~~

~~**NOTE:** If claims otherwise eligible for the claim grouping option contained Catastrophe Code No. Numbers 48 or 87, these claims must be grouped separately with “48” or “87” reported in the Catastrophe Number field. Refer to Section II, C. 11. for definition of losses included under Catastrophe Code No. Numbers 48 or 87.~~

3. Accident Date/Number of Claims

~~For claims, which are listed individually, Entering of the accident date by reporting the month, day and year on which the injury occurred is required. Where a number of claims are summarized by the group option, report the number of claims contained in the reported grouped claim. Number of claims is not reported for individually listed claims.~~

Items Number **4 through 6** remain unchanged.

7. Injury Type

Items **a. through e.** remain unchanged.

f. *Permanent Partial Disability Code - 09*

- (1) Cases involving partial disability or permanent injuries, as defined in Sections ~~306(b)~~2325 or ~~306(e)~~2326, respectively, of the Workers' Compensation Act. Such cases involve loss, or loss of use, of members of the body, sight or hearing and disfigurement of the head, neck or face. Do not include permanent injuries defined as Permanent Total above.

Item Number **2** remains unchanged.

Item Number **8** remains unchanged.

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Mandatory Effective June 1, 2013

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Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

9. **Loss Conditions ~~Codes~~**

Loss Coverage Act

Code	Description
------	-------------

01	State or Federal Act, excl. USL&HW
02	USL&HW "F" or non "F" Coverage
<u>03</u>	<u>Federal Coal Mine Health and Safety Act Only</u>
<u>04</u>	<u>Federal Coal Mine Health and Safety Act and/or the State Act</u>

Type of ~~Coverage~~Claim

Code	Description
------	-------------

01	Workers' Compensation Only
02	Employers' Liability Only
03	Workers' Comp. & Employers' Liability-

Item Number **10** remains unchanged.

11. **Catastrophe Number (Cat. No.)**

Any accident resulting in two or more reported claims must be reported as a catastrophe. In reporting catastrophes, all claims (compensable as well as non-compensable and contract medical) resulting from this accident shall be designated by placing the numeral "1" in the column captioned Cat. No. opposite each claim. If there is more than one catastrophe under the policy, each succeeding catastrophe should be designated by means of a separate serial number "2", "3", etc., up to and including "10". After the number "10" is assigned the next number in the sequence will reprocess to number "1". Numbers "11" through "99" are reserved for ISO assigned catastrophe codes. A separate series of catastrophe numbers shall be used for each policy.

EXCEPTIONS: ~~Report Catastrophe Code No. 48 for all claims directly arising from the commercial airline hijackings of September 11, 2001 and the resulting subsequent events with accident dates of September 11, 2001 through September 14, 2001.~~

~~**Note:** Catastrophe Code Number 48 will apply to both single and multiple claims.~~

~~a. Report Catastrophe Code Number 48 for all claims directly arising from the commercial airline hijackings of September 11, 2001 and the resulting subsequent events with accident dates of September 11, 2001 through September 14, 2001.~~

~~b. Report Catastrophe Code Number 87 for all occupational diseases claims emanating from the rescue, recovery and clean-up operations at the World Trade Center site that were undertaken between September 11, 2001 and September 12, 2002, as defined in Article 8-A of the New York Workers' Compensation Law (Chapter 446 of the Laws of 2006).~~

~~**Note:** Catastrophe Code Number 48 and 87 will apply to both single and multiple claims.~~

Item Number **12** remains unchanged.

13. **Social Security Number (Optional)**

~~Report the claimant's social security number on individually reported claims.~~

Items Number **14 through 16** will be renumbered **13 through 15**.

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16. Lump Sum Indicator

Report the value that identifies a lump sum agreement for the claim.

<u>Indicator</u>	<u>Description</u>
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<u>Y</u>	<u>Claim has been settled by an agreement to a lump sum amount.</u>
----------	---

<u>N</u>	<u>Claim has not been settled with a lump sum agreement.</u>
----------	--

Items Number **17 through 21** remain unchanged.

22. Weekly Wage Amount

Report the actual weekly wage amount at the date of injury upon which the indemnity benefits are based. (Do not report the maximum or minimum weekly earnings specified in the state law.)

Items Number **22 through 23** will be renumbered **23 through 24**.

D. Loss Totals

1. Total Number of Claims

Report the total number of claims reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total. ~~Individually listed claims count as 1, while grouped claims equal the number of claims being grouped.~~

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SECTION III - INDIVIDUAL CASE REPORTS

A. Individual Case Reports Rules

1. **Claims on Which Required.** Individual Case Reports shall be filed for the following:

Items **a. through b.** remain unchanged.

NOTE: Delaware has no statutory maximum for incurred indemnity.

Individual Case Reports shall be filed concurrently with the submission of individual risk experience. ~~Individual Case Reports in connection with subsequent reportings of experience are required if the incurred indemnity amounts, the classification code or the type of injury changes from the previous reporting. (For examples, see Section VI.)~~

2. **General Instructions** for Reporting Information on the Individual Case Reports.
ALL INFORMATION ON THE INDIVIDUAL CASE REPORT MUST AGREE WITH THE CORRESPONDING INFORMATION SHOWN ON THE UNIT REPORT.

Items **a. through j.** remain unchanged.

- k. *Policy Effective Date.* Report the date on which the policy became effective ~~coded as MM/DD/YY.~~

Item **l.** remains unchanged.

- m. *Claim Status Code.* Enter the appropriate Claim Status Code, use 0 for an open claim or 1 for a closed claim.

Item **n.** remains unchanged.

- o. *Loss Conditions Codes.* ~~This-These~~ fields ~~is-are~~ not required since the information is on the Unit Statistical Report. However, if reported, ~~this-these entry-entries~~ should be identical with the ~~entry-entries~~ in the Loss Condition fields on the corresponding unit report as provided in Section IV, Item C.3.

Items **p. through r.** remain unchanged.

- s. *Accident Date.* Enter the date of the accident ~~in this space coded as MM/DD/YY.~~

- t. *Date of Death.* (Death Claims Only) Enter the date of death ~~coded as MM/DD/YY.~~

- u. *Date Reported.* Enter the date at which the application for benefits was filed ~~coded as MM/DD/YY.~~

- v. *Date of Birth.* Enter the injured worker's date of birth ~~coded as MM/DD/YY.~~

Items **w. through y.** remain unchanged.

- z. *Worker's Sex.* Enter the code for the sex of the injured worker.

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~~z~~aa. *Average Weekly Wage.* Enter the average weekly wage as computed in accordance with the statutory provisions regarding determination of average wage. The full wage should be reported rather than the wage sufficient to qualify for the maximum weekly compensation. Report amount rounded to the nearest whole dollar.

~~aa.~~ *Injury Description Code.* This field is not required since the information is on the Unit Statistical Report. However, if reported, enter the ~~three~~ 62-digit codes from the injury description and cause of injury code grid in Section IV, which most accurately describes the conditions of the injury.

Item ~~bb.~~ will be renumbered **cc.**

~~eedd.~~ *Date Closed.* Enter the date the claim was closed, if applicable, ~~coded MM/YY.~~

Items ~~dd. through ff.~~ will be renumbered **ee. through gg.**

~~gghh.~~ *Social Security Number.* This field is not required by Delaware. ~~However, if reported, enter the claimants 9-digit number assigned by the Social Security Administration.~~

~~hhij.~~ *Date Single Sum Paid.* Enter the date single sum settlement was paid ~~coded MM/DD/YY.~~

Items **ii. through jj.** will be renumbered **jj. through kk.**

3. **Specific Instructions for Reporting Information on Individual Case Reports, Other Than Pension.**

Item **a.** remains unchanged.

b. *Scheduled Indemnity.*

- (1) *Percent Disability.* Report the percentage of loss, or loss of use, of the specific extremity, digit, vision or hearing on which the benefit is based. ~~In Delaware, the percentage MUST be 100.~~

Item **c. through d.** remain unchanged.

e. *Vocational Rehabilitation Total Incurred.* Report the incurred amount (paid plus outstanding) of any vocational rehabilitation expenses incurred as of the valuation date. The corresponding ~~loss condition~~ Vocational Rehabilitation Indicator also must be used. See Section IV.

Item **f.** remains unchanged.

4. **Specific Instructions for Reporting Information on Individual Case Reports, Pension Benefits.**

a. *Beneficiary Data.* Report the 1-digit numeric code corresponding to each different type of beneficiary. Refer to Section IV, Item D.12. for the code list. A separate code must be given for each beneficiary even if more than one beneficiary falls within the same code. For each beneficiary report the date ~~of~~ when the beneficiary was born ~~coded as MM-DD-YY.~~

Items **b. through f.** remain unchanged.

Item Number **5** remains unchanged.

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SECTION IV - CODES

A. Codes Common to Premiums and Losses

Items Number 1 through 4 remain unchanged.

5. Deductible Type Codes

Identifies the type of deductible being reported.

First Two Positions~~Losses Subject to Deductible Code~~

Code	Description
00	No Deductible
01	Medical Losses Only
02	Indemnity Losses Only
03	Medical & Indemnity Losses

Second Two Positions~~Basis of Deductible Calculation Code~~

Code	Description
00	No Deductible
01	Per Claim
02	Per Accident
03	Per Policy <u>Aggregate Limit</u>
04	Percent of Claim Cost
05	Percent of Premium
06	Coinsurance Only <u>Percent with Per Claim Cost</u>
07	Benefits Coinsurance <u>Percent with Per Claim Amount and Coinsurance Limit</u>
08	Per Accident Coinsurance <u>Percent with Per Claim Accident Amount and Coinsurance Limit</u>
09	Per Policy & Accident <u>Amount with Per Policy Aggregate Limit</u>
10	Per Claim <u>Amount with and Per Policy Aggregate Limit</u>
11	Coinsurance Percent With <u>Per Claim Amount Limit</u> and <u>Per Policy Aggregate Limits</u>
12	Variable

6. Policy Conditions

Report the 1-position indicator or code "Y" or "N" for each policy conditions.

Items a. through c. remain unchanged.

d. Estimated ~~Exposure Indicator~~Audit Code

"Y" = Exposures expressed on the unit report are estimated.
"N" = Exposures expressed on the unit report are the result of the an audit.
U = Insured has refused or not responded to requests to provide carrier with access to books and records. Audit has been closed as uncooperative. Exposures expressed on unit report are estimated.

Items e. through g. remain unchanged.

B. Exposure Information Codes

Item Number 1 remains unchanged.

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2. Exposure Coverage

Code Description

- 01 State or Federal Act, excl. USL&HW
- 02 USL&HW "F" or non "F" Coverage
- 03 Federal Coal Mine Health and Safety Act Only
- 04 Federal Coal Mine Health and Safety Act and/or the State Act
- 10 Voluntary Coverage Not Mandatory by State Act

3. Premium Codes

- a. Premium Subject to Experience Modification (~~Reported Above Line "A"~~)
 - (1) Premium for Increased Limits

Table for Increased Limits Effective 01/01/8806/01/13

Limits of Liability (000's omitted)	Percentage	Codes
100/100/1,000	1.70%	9803
<u>100/100/2,500</u>	<u>1.20%</u>	<u>9804</u>
100/100/5,000	1.70%	9805
100/100/10,000	2.40%	9806
500/500/500	1.90%	9807
500/500/1,000	2.20%	9808
<u>500/500/2,500</u>	<u>2.70%</u>	<u>9809</u>
500/500/5,000	3.20%	9810
500/500/10,000	3.90%	9811
1,000/1,000/1,000	3.30%	9812
<u>1,000/1,000/2,500</u>	<u>3.80%</u>	<u>9813</u>
1,000/1,000/5,000	4.40%	9814
1,000/1,000/10,000	5.00%	9815
Over 1,000/1,000/10,000	a	9816
<u>All Other</u>		<u>9837</u>

Note: The iIncreased limits factors applied to non-ratable classification exposures should be reported as not subject to the experience modification ~~on Line "D", "E" or "F"~~.

Items Number **(2) through (6)** remain unchanged.

- b. Premium Not Subject to Experience Modification (~~Reported on lines "D", "E" or "F"~~)

(1) Loss Constant	Code 0032
(21) Seat Surcharge	Code 9108
(32) Short Rate Penalty Premium	Code 0931
(43) Risk Minimum Premium	Code 0990
(54) Optional Supplemental Loadings	
For Class 447	Code 0066
For Class 445	Code 0067
For Class 512	Code 0175
For Class 513	Code 0176
For Black Lung Experience	Code 0164
For Carcinogen Experience	Code 0133

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For Radiation Experience	Code 9985
(65) Mandatory Supplemental Loadings	
For Class 615	Code 0152
For Class 615	Code 0164
For Class 810	Code 0162
For Class 4771	Class 0771
For Class 4773	Code 0773
For Class 4774	Code 0774
For Class 4775	Code 0775
For Class 4776	Code 0776
For Class 4779	Code 0779
For Class 7323	Code 0763
For Class 7405	Code 7445
For Class 7413	Code 7453
(76) Delaware Construction Credit Premium Adjustment Program (DCCPAP)	Code 9046
(87) Certified Safety Committee Credit Program Delaware Workplace Safety Credit (DWSP)	Code 9880
(98) Assigned Risk Surcharge	Code 0277
(409) Deductible Applied to Manual Premium After Experience Modification Deductible	Code 9663
(4410) Merit Rating Plan Adjustment Neutral	Code 9884
(4211) Merit Rating Plan Adjustment - 5% Credit Adjustment	Code 9885
(4312) Merit Rating Plan Adjustment - 5% Debit Adjustment	Code 9886
(4413) Schedule Rating Plan Credit	Code 9887
(4514) Schedule Rating Plan Debit	Code 9889

Item c. remains unchanged.

C. Loss Information Codes

Items Number 1 through 2 remain unchanged.

3. Loss Conditions

Loss Coverage Act

Code	Description
01	State or Federal Act, excl. USL&HW
02	USL&HW "F" or non "F" Coverage
03	<u>Federal Coal Mine Health and Safety Act Only</u>
04	<u>Federal Coal Mine Health and Safety Act and/or the State Act</u>

Type of Coverage Claim

Code	Description
01	Workers' Compensation Only
02	Employers' Liability Only
03	Workers' Comp. & Employers' Liability

Items Number 4 through 6 remain unchanged.

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7. Lump Sum Indicator

<u>Indicator</u>	<u>Description</u>
<u>Y</u>	<u>Claim has been settled by an agreement to a lump sum amount.</u>
<u>N</u>	<u>Claim has not been settled with a lump sum agreement.</u>

8.7 Fraudulent Claim Code

D. Individual Case Report Codes

Items Number **1 through 2** remain unchanged.

3. Report Type

<u>Code</u>	<u>Description</u>
<u>4</u>	<u>Claim involving Life Pension Benefits</u>
<u>2</u>	<u>Claim not involving Life Pension Benefits</u>

4. Managed Care Organization Type Code

<u>Code</u>	<u>Description</u>
<u>00</u>	<u>The claim is not administered by an approved managed care organization (MCO).</u>
<u>01</u>	<u>The claim's medical losses are administered by an approved managed care organization (MCO) not specifically listed in Codes 02-05 below.</u>
<u>02</u>	<u>The claim's medical losses are administered by a health maintenance organization (HMO).</u>
<u>03</u>	<u>The claim's medical losses are administered by a preferred provider organization (PPO).</u>
<u>04</u>	<u>The claim's medical losses are administered by an exclusive provider organization (EPO).</u>
<u>05</u>	<u>The claim's medical losses are administered by an independent practice association (IPA).</u>

Item Number **4** is to be renumbered **8**.

Item Number **5** is to be renumbered **3**.

Items Number **6 through 7** are to be renumbered **5 through 6**.

7. Worker's Sex

<u>Code</u>	<u>Description</u>
<u>M</u>	<u>Male</u>
<u>F</u>	<u>Female</u>

9.8 Reserved Type

Items Number **9 through 11** are to be renumbered **10 through 12**.

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13.42 **Beneficiary Code**

Code	Description
1	Injured Worker
2	Widow
3	Widower
4	Sons or Daughters
5	Brothers or Sisters
6	Mothers or Fathers
7	Other
<u>9</u>	<u>Handicapped Child</u>

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Injury Description Coding	
Part of Body	
Code	Narrative Description
VI. Multiple Body Parts	
99. Whole Body	<u>A code referencing the anatomic classification of the injury.</u>

Injury Description Coding	
Cause of Injury	
Code	Narrative Description
I. Burn or Scald - Heat or Cold Exposures - Contact With	<u>*</u>
01. Chemicals	<u>Includes hydrochloric acid, sulfuric acid, battery acid, methanol, antifreeze.</u>
02. Hot Objects or Substances	<u>*</u>
03. Temperature Extremes	<u>Non-impact injuries resulting in a burn due to hot or cold temperature extremes. Includes freezing or frostbite.</u>
04. Fire or Flame	<u>*</u>
05. Steam or Hot Fluids	<u>*</u>
06. Dust, Gases, Fumes or Vapors	<u>Includes inhalation of carbon dioxide, carbon monoxide, propane, methane, silica (quartz), asbestos dust and smoke.</u>
07. Welding Operation	<u>Includes welder's flash (burns to skin or eyes as a result of exposure to intense light from welding.)</u>
08. Radiation	<u>Includes effects of ionizing radiation found in X-rays, microwaves, nuclear reactor waste, and radiating substances and equipment. Includes non-ionizing radiation such as sunburn.</u>
09. Contact With, NOC.	<u>Not otherwise classified in any other code. Includes cleaning agents and fertilizers.</u>
11. Cold Objects or Substances	<u>*</u>
14. Abnormal Air Pressure	<u>*</u>
84. Electrical Current	<u>Includes electric shock, electrocution and lightning.</u>
II. Caught In, Under or Between	<u>*</u>
10. Machine or Machinery	<u>Running or meshing objects, a moving and a stationary object, two or more moving objects</u>

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12. Object Handled	<u>Includes medical hospital bed & parts, wheelchair, clothespin vise.</u>
13. Caught In, Under or Between, NOC.	<u>Not otherwise classified in any other code.</u>
20. Collapsing Materials (Slides of Earth)	Either Man Made or Natural
III. Cut, Puncture, Scrape Injured By	<u>*</u>
15. Broken Glass	<u>*</u>
16. Hand Tool, Utensil; Not Powered	<u>Includes needle, pencil, knife, hammer, saw, axe, screwdriver.</u>
17. Object Being Lifted or Handled	<u>Includes being cut, punctured or scraped by a person or object being lifted or handled.</u>
18. Powered Hand Tool, Appliance	<u>Includes drill, grinder, sander, iron, blender, welding tools, nail gun.</u>
19. Caught, Puncture, Scrape, NOC.	<u>Not otherwise classified in any other code. Includes power actuated tools.</u>
IV. Fall, Slip or Trip Injury	<u>*</u>
25. From Different Level (Elevation)	<u>Off Wall, Catwalk, Bridge, Etc. Includes collapsing chairs, falling from piled materials, off wall, catwalk, bridge.</u>
26. From Ladder or Scaffolding	<u>*</u>
27. From Liquid or Grease Spills	<u>*</u>
28. Into Openings	<u>Shafts, Excavations, Floor Openings, Etc. Includes mining shafts, excavations, floor openings, elevator shafts.</u>
29. On Same Level	<u>*</u>
30. Slipped, Do Not Fall	<u>Slip or trip and did not come in contact with the floor or ground.</u>
31. Fall, Slip or Trip, NOC.	<u>Not otherwise classified in any other code. Includes tripping over object, slipping on organic material, slip but fall not specified.</u>
32. On Ice or Snow	<u>*</u>
33. On Stairs	<u>*</u>
V. Motor Vehicle	<u>*</u>
40. Crash of Water Vehicle	<u>*</u>
41. Crash of Rail Vehicle	<u>*</u>
45. Collision or Sideswipe With Another Vehicle	<u>Both Vehicles in Motion Vehicle collision, both vehicles in motion.</u>

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46. Collision with a Fixed Object	Standing Vehicle or Stationary Object Collision occurring with standing vehicle or stationary object.
47. Crash of Airplane	*
48. Vehicle Upset	Includes overturned or jackknifed. Overturned or Jackknifed
50. Motor Vehicle, NOC.	Not otherwise classified in any other code. Includes injuries due to sudden stop or start, being thrown against interior parts of the vehicle and vehicle contents being thrown against occupants.
VI. Strain or Injury By	*
52. Continual Noise	Injury to ears or hearing due to the cumulative effects of constant or repetitive noise.
53. Twisting	Free bodily motion that imposes stress or strain on some part of body. Includes assumption of unnatural position, involuntary motions induced by sudden noise, fright or loss of balance.
54. Jumping	*
55. Holding or Carrying	Applies to objects or people. Includes restraining a person.
56. Lifting	Includes objects or people.
57. Pushing or Pulling	Includes objects or people.
58. Reaching	*
59. Using Tool or Machinery	*
60. Strain or Injury By, NOC.	Not otherwise classified in any other code.
61. Wielding or Throwing	Physical effort or overexertion from attempts to resist a force applied by an object being handled.
97. Repetitive Motion	Carpel Tunnel Syndrome Cumulative injury or condition caused by continual, repeated motions; strain by excessive use. Includes Carpal Tunnel Syndrome.
VII. Striking Against or Stepping On	<u>NOTE: Applies to cases in which the injury was produced by the impact created by the person, rather than by the source.</u>
65. Moving Part of Machine	*
66. Object Being Lifted or Handled	*
67. Sanding, Scraping, Cleaning Operation	Include scratches or abrasions caused by sanding, scraping, cleaning operations.
68. Stationary Object	*
69. Stepping on Sharp Object	*
70. Striking Against or Stepping On, NOC.	Not otherwise classified in any other code.

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VIII. Struck or Injured By	Includes Kicked, Stabbed, Bit, Etc. NOTE: Applies to cases in which the injury was produced by the impact created by the source of injury, rather than by the injured person.
74. Fellow Worker; Patient	Not in Act of a Crime Struck by co-worker, either on purpose or accidentally. Includes being struck by a patient while lifting or moving them not in act of a crime.
75. Falling or Flying Object	* —
76. Hand Tool or Machine in Use	* —
77. Motor Vehicle	Applies when a person is struck by a motor vehicle, including rail vehicles, water vehicles, airplanes.
78. Moving Parts of Machine	* —
79. Object Being Lifted or Handled	Includes dropping object on body part.
80. Object Handled By Others	Includes another person dropping object on injured person's body part.
81. Struck or Injured, NOC.	Includes Kicked, Stabbed, Bit, Etc. Not otherwise classified in any other code. Includes kicked, stabbed, bitten.
85. Animal or Insect	Includes bite, sting or allergic reaction.
86. Explosion or Flare Back	Rapid expansion, outbreak, bursting, or upheaval. Includes explosion of cars, bottles, aerosol cans, or buildings. "Flare back" involves superheated air and combustible gases at temperatures just below the ignition temperature.
88. Natural Disaster	
91. Mold	
96. Terrorism	
IX. Rubbed or Abraded By	Not otherwise classified in any other code. Includes foreign body in ears.
94. Repetitive Motion	Callous, Blister, Etc. Caused by repeated rubbing or abrading; applies to non-impact cases in which the injury was produced by pressure, vibration or friction between the person and the source of injury. Includes callous, blister.
95. Rubbed or Abraded, NOC.	Not otherwise classified in any other code. Includes foreign body in ears.
X. Miscellaneous Causes	* —
82. Absorption, Ingestion or Inhalation, NOC	Not otherwise classified in any other code. Applies only to non-impact cases in which the injury resulted from inhalation, absorption (skin contact), or ingestion of harmful substances.

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87. Foreign Matter (Body) in Eye(s)	<u>Injury to eyes resulting from foreign matter that is not otherwise classified in any other code.</u>
<u>88. Natural Disaster</u>	<u>Injury resulting from natural disaster. Includes hurricane, earthquake, tornado, flood, forest fire.</u>
89. Person in Act of a Crime	<u>Robbery or Criminal Assault Specific injury, other than gunshot, caused as a result of contact between injured person and another person in the act of committing a crime. Includes robbery or criminal assault.</u>
90. Other Than Physical Cause of Injury	<u>Stress, shock, or psychological trauma that develops in relation to a specific incident or cumulative exposure to conditions.</u>
<u>91. Mold</u>	<u>Includes mildew.</u>
<u>93. Gunshot</u>	<u>Injury is caused by the discharge of a firearm. Includes instances where injury arises from being struck by the fired projectile, burned by muzzle blast or deafened by report of gunshot.</u>
<u>96. Terrorism</u>	<u>An act that causes injury to human life, committed by one or more individuals as part of an effort to coerce a population group(s) or to influence the policy or affect the conduct of any government(s) by coercion.</u>
98. Cumulative, NOC	<u>All Other Cumulative, not otherwise classified in any other code. Involves cases in which the cause of injury occurred over a period of time, any condition increasing in severity over time.</u>
99. Other - Miscellaneous, NOC	<u>Not otherwise classified in any other code.</u>

* Intentionally left blank.

DELAWARE STATISTICAL PLAN MANUAL CHANGES

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective June 1, 2013

All Other Changes
Optional Effective June 1, 2013
Mandatory Effective January 1, 2014

SECTION VI - EXAMPLES

Examples Number **1 through 21** have been updated to include the new data elements and to improve consistency in dates, presentation and wording only. No material changes have been made to the reporting requirements. See attached.

SECTION IX - ELECTRONIC SUBMISSION

The Workers Compensation Insurance Organizations (WCIO) has developed standards for the electronic transmission of information between insurers and rating/advisory organizations. ~~The Workers Compensation Data Specifications Manual has been modified to provide for the Advisory Statistical Work Group (ASWG) changes. These specifications are available for unit statistical reporting and individual case reports. These standards are compiled into a series of flat file data specifications referred to as the Workers Compensation Data Specifications Manual. Delaware has adopted the Workers Compensation Insurance Organizations (WCIO) Data Processing~~Electronic Data Interchange (EDI) Subcommittee's changes to WCSTAT. The Bureau encourages the use of electronic submission. Carriers should contact the Bureau's ~~Systems & Programming~~Systems or Statistical Departments at (215) 568-2371 to discuss establishing an approval and implementation schedule for submitting WCSTAT electronically. ~~Carriers desiring a copy of the Workers Compensation Data Specifications Manual can be found on the WCIO website at www.wcio.org. may obtain it by contacting the Subcommittee's Manual Coordinator at the National Council on Compensation Insurance, Inc. (NCCI).~~

SECTION VI - EXAMPLES

Section VI contains **examples** of certain common types of reports required by the Bureau's Statistical Plan. The examples are for illustration purposes only. The rates should not be used for filing purposes, consult the Delaware Manual of Rules, Classifications and Rating Values for the appropriate rating values. For maximum benefit, the **examples** should be carefully studied in connection with the applicable instructions in the Plan. Some examples may show optional fields coded, refer to the coding sections of this plan for mandatory and optional filing requirements.

Questions regarding any phase of the Plan or the submission of reports should be referred directly to the Statistical Department of the Bureau.

In several instances related reports have been brought together to form a single illustration in order to make the **examples** more meaningful. Appropriate discussion, comments and notes follow.

The Unit Statistical Report **I** and the Individual Case Report must be submitted full size (8½" x 11").

Example 1 - First Report Requiring Two Unit Reports

In this **example** it is assumed that more than one experience modification applies during the policy period.

Note that it is necessary to use more than one unit card to report the experience. The Mod Effective Date references the effective date of each modification. The exposure and premium side of the card gives the information by classification and the experience modification for each period separately. The effective and expiration dates shown are for the entire policy period.

Note that the risk's totals for the entire policy period are shown on the second card.

UNIT STATISTICAL REPORT

POLICY INFORMATION																										
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No							
01				99998	WC4444		01/01/09		01/01/10		07															
Insured's Name: : PDQ Refining Company														F.E.I.N. →123456789				Pending File No.								
Insured's Address:														T.P.E / F.E.I.N. →												
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use	
11/01/09		11/01/09		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000									
EXPOSURE INFORMATION																										
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
																				Act	Type	Recv	Clm	Settl		
	R	01	0581	129040	6.99	9020		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
	R	01	0951	80950	.96	777		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
	R	01	0953	15010	.49	74		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
	R	01	9664			385		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
SUBJECT								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
							Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
NOT SUBJ								Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
		D.						Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		E.						Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
	F.																									
AFTER STD				Total Standard Exposure		Total Standard Premium		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
				423344		19832																				
		H.	006_	Premium Discount Amount				Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		I.	0900	Expense Constant Amount				Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
	R	J.	9740		.02	45		LOSS TOTALS																		
	R	K.	9741		.01	23		Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical						
	L.						Tot. Claimant's Attnry. Fees		Tot. Employer's Attnry. Fees		Reserved For Future Use				Total ALAE Paid		Total ALAE Incurred									
							15000								12500		4235									

UNIT STATISTICAL REPORT

POLICY INFORMATION																													
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number			Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No									
01				99998	WC4444			01/01/09		01/01/10		07																	
Insured's Name: PDQ Refining Company															F.E.I.N. → 123456789					Pending File No.									
Insured's Address:															T.P.E / F.E.I.N. →														
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use				
11/01/08		11/01/08		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std			1000												
EXPOSURE INFORMATION																													
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
																					Act	Type	Recv	Clm	Settl				
		R	01	0581	110486	6.99		7723	R	15000	04/22/09			125083		900		0581	09	0	01 01 01 01 00					07	00	00	
		R	01	0951	75008	.96		720		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
		R	01	0953	12850	.49		63		Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
SUBJECT	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		R	01	9664				332	R	15001	05/02/09			9000		3000		0581	09	0	01	01	01	01	00	07	00	00	
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
NOT SUBJ	Upd Type	A. Total Subject Premium				8174	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
		R						1.080		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
								8828		Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
NOT SUBJ	Upd Type	D.					Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
AFTER STD	Upd Type	G.				Total Standard Exposure	Total Standard Premium	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
AFTER STD	Upd Type	H.				006_	Premium Discount Amount	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
AFTER STD	Upd Type	I.				0900	Expense Constant Amount	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
AFTER STD	Upd Type	J.				9740	.02	40	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
AFTER STD	Upd Type	K.						Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
AFTER STD	Upd Type	L.						Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
AFTER STD	Upd Type	M.						Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
AFTER STD	Upd Type	N.						Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
AFTER STD	Upd Type	O.						Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
AFTER STD	Upd Type	P.						Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
AFTER STD	Upd Type	Q.						Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
AFTER STD	Upd Type	R.						Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
AFTER STD	Upd Type	S.						Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
AFTER STD	Upd Type	T.						Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
AFTER STD	Upd Type	U.						Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
									Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage													

Example 2 - Exposure Correction Report

In this instance, missing statistical Code 9741 has been added to each split period and a change in payroll distribution has been assumed. Exposure correction cards revising each of the original unit cards are necessary.

Note that the first line of exposure information is the previously reported information indicated by a **P** in the Update Type field. The second line of exposure information is the revised information indicated by a **R** in the Update Type field.

Note: When reporting electronically and changing an experience modification it is required that all Previous and Revised exposure records that are subject to the experience modification be reported.

Only the second revised unit card carries the risk's totals.

UNIT STATISTICAL REPORT

POLICY INFORMATION																															
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No																	
01	01	E		99998	WC4444	01/01/09	01/01/10	07																							
Insured's Name: PDQ Refining Company											F.E.I.N. →123456789				Pending File No.																
Insured's Address:											T.P.E / F.E.I.N. →																				
Mod. Effective Date	Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use											
11/01/09	11/01/09		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000															
EXPOSURE INFORMATION														LOSS INFORMATION																	
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type					
		Act	Type	Recv	Clm	Settl																									
		P	01	0581	129040	6.99		9020		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
		R	01	0581	119040	6.99		8321		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
SUBJECT	Upd Type	P	01	9664		385	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
		R	01	9664		358			Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
									Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
NOT SUBJ	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
									Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
AFTER STD	Upd Type	A. Total Subject Premium			8814		Upd Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
		R B. Experience Mod (XX.XXX)			1.160				Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
		C. Total Modified Premium			10224				Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
AFTER STD	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
									Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
AFTER STD	Upd Type	G. Total Standard Exposure			Total Standard Premium		Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
		423344			19778				Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
									Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
AFTER STD	Upd Type	H.	006	Premium Discount Amount			Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
		I.	0900	Expense Constant Amount				Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
		P	J.	9740	.02	45			Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
		R	K.	9740	.02	43			Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
		R	L.	9741	.01	22			Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
LOSS TOTALS																															
Reserved For Future Use								Total No. Claims				Total Incurred Indemnity				Total Incurred Medical				Reserved For Future Use				Total Paid Indemnity				Total Paid Medical			
Tot. Claimant's Attnry. Fees								Tot. Employer's Attnry. Fees				Reserved For Future Use								Total ALAE Paid				Total ALAE Incurred							

POLICY INFORMATION

USR FORM - 4/1/13

Example 3 - Loss Correction Report

The correction was necessary because of the revised jurisdiction state. The jurisdiction state is the governing jurisdiction which will administer the claim and which statutes will apply to the claim adjustment process when that state is different from the exposure state.

When revising loss information on a loss correction report, report all information on the previous and revised sides of the claim. The risk totals shown must be the revised totals only.

Note: Even if the totals were being changed due to a change in an amount on a claim, the correction type would still be a "L".

UNIT STATISTICAL REPORT

POLICY INFORMATION																										
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No												
01	02	L		99998	WC4444	01/01/09	01/01/10	07																		
Insured's Name: PDQ Refining Company										F.E.I.N. → 123456789			Pending File No.													
Insured's Address:										T.P.E / F.E.I.N. →																
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use							
3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std																
N	Y		N	N	N	N		01	01	01	03	01			1000											
EXPOSURE INFORMATION												LOSS INFORMATION														
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
									Part	Nature	Cause						Occupation Description	Voc.	Lump	Fraud	Deduct.				Paid Indemnity	Paid Medical
							P	15000	04/22/09			125083	900	0581	09	0	01	01	01	01	00	07	00	00		
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical								
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
								15000							12500											
S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
									Part	Nature	Cause						Occupation Description	Voc.	Lump	Fraud	Deduct.				Paid Indemnity	Paid Medical
							R	15000	04/22/09			125083	900	0581	09	0	01	01	01	01	00	37	00	00		
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical								
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
								15000							12500											
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
									Part	Nature	Cause						Occupation Description	Voc.	Lump	Fraud	Deduct.				Paid Indemnity	Paid Medical
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical								
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
								15000							12500											
G.	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
									Part	Nature	Cause						Occupation Description	Voc.	Lump	Fraud	Deduct.				Paid Indemnity	Paid Medical
								Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical								
								Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
								15000							12500											
LOSS TOTALS																										
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical												
								5	136293	4460		35731	4235													
								Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid	Total ALAE Incurred												
								15000					12500													

Example 4 - Deductible; Rated Risk

This deductible is to be applied after the experience modification. Additional premium for Employers Liability Increased Limits is subject to the deductible credit.

Note: When reporting electronically both the modification effective date and the rate effective date must be reported for each exposure record. Within each split period, these dates should equal each other and should reflect the applicable anniversary rating date.

POLICY INFORMATION

USR FORM - 4/1/13

Example 5 - Deductible; Rated Risk with Construction Credit

This deductible is to be applied after the experience modification. Additional premium for Employers Liability Increased Limits is subject to the deductible credit.

The Delaware Construction Credit Adjustment Program (DCCPAP) is applied to the modified premium inclusive of the non-ratable elements and supplement surcharge premiums.

UNIT STATISTICAL REPORT

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State		State Effective Date		Certificate Number		Card Serial No.		Risk ID Number		Page No		Last Page No					
01				12345	WC9949		01/01/09		01/01/10		07																	
Insured's Name: XYZ Industries															F.E.I.N. → 123456789					Pending File No.								
Insured's Address:															T.P.E / F.E.I.N. →													
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type		Deduct. Percent		Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use	
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std														
				N	Y		N	N	N	N		01	01	01	03	02		1000										
EXPOSURE INFORMATION														LOSS INFORMATION														
C O D E S S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
																			Act	Type	Recv	Clm	Settl					
	R	01	0609	742345	12.10	89824		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
	R	01	0951	1169584	.96	11228		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
	R	01	0953	835267	.49	4093		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
	R	01	9807			1998		Case Number		Part	Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity				Paid Medical	
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
								Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number		Part	Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity				Paid Medical	
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
A. Total Subject Premium					107143			Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number		Part	Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity				Paid Medical	
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
B. Experience Mod (XX.XXX)								Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number		Part	Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity				Paid Medical	
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
C. Total Modified Premium								Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number		Part	Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity				Paid Medical	
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
NOT SUBJ	R	D.	9046		.23	24643		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
	R	E.	9663			2888		Case Number		Part	Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity				Paid Medical	
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
		F.						Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
G.				Total Standard Exposure		Total Standard Premium		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
				2747196		79612		Case Number		Part	Nature	Cause	Occupation Description						Voc.	Lump	Fraud	Deduct.	Paid Indemnity				Paid Medical	
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
AFTER STD	R	H.	0063	Premium Discount Amount		8678		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
	R	I.	0900	Expense Constant Amount		200		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
	LOSS TOTALS																											
	R	J.	9740		.02	549		Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical								
	R	K.	9741		.01	275		Tot. Claimant's Attnry. Fees		Tot. Employer's Attnry. Fees		Reserved For Future Use					Total ALAE Paid			Total ALAE Incurred								
		L.																										

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2013

Page 7

Section VI

EXAMPLES

Example 6 - Short Rate Cancellation; Rated Risk

When a policy is canceled short term, the actual payroll and manual premium developed shall be reported. The additional premium charged as a penalty for short-term policies is determined by extending the payrolls to a full policy period, determining the resulting premiums and applying the appropriate factor from the short rate cancellation table. Refer to the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and for Employers Liability Insurance for the Short Rate Cancellation Table.

Premium developed from actual exposure

$$\$15,312 + \$1,878 = \$17,190$$

Short Rate Penalty Premium Calculation

1) Actual Policy Period = 6 months

2) Payroll extended to an annual basis

$$180,559 \times \frac{365 \text{ days}}{181 \text{ days}} = 364,111$$

$$3,894 \times \frac{365 \text{ days}}{181 \text{ days}} = 7,853$$

3) Annual Premiums

a) Rated

Class	Payroll	Rate	Premium
0513	364,111	8.75	\$31,860
0953	7,853	0.49	\$ 38
Total Subject Premium			\$31,898
Experience Modification			.968
Total Modified Premium			\$30,877
Total Standard Premium			\$30,877 + \$3,787 = \$34,664

b) Non-rated

Class	Payroll	Rate	Premium
0176	364,111	1.04	\$3,787

4) Short Rate Percentage 6 months = .60

5) Short Rate premium for canceled policy = \$34,664 x .60 = \$20,798

6) Short Rate penalty premium code 0931 = \$20,798 - \$17,190 = \$3,608

UNIT STATISTICAL REPORT

POLICY INFORMATION																										
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No							
01				78972	60666		01/01/09		07/01/09		07															
Insured's Name: AZA Company														F.E.I.N. → 123456789				Pending File No.								
Insured's Address:														T.P.E / F.E.I.N. →												
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use	
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std												
				N	N		N	N	Y	N		01	01	01												
EXPOSURE INFORMATION														LOSS INFORMATION												
C O D E S	Upd. Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type
																			Act	Type	Recv	Clm	Settl			
	R	01	0513	180559	8.75	15799		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
	S U B J E C T	Upd. Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
N O T S B J		Upd. Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.
	R	D.	0176	180559	1.04	1878		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
	A F T E R S T D	Upd. Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.
		H.	006_	Premium Discount Amount				Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		I.	0900	Expense Constant Amount				Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred				
		J.	9740		.02	37		LOSS TOTALS																		
	K.	9741		.01	18		Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical							
	L.						Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees			Reserved For Future Use					Total ALAE Paid			Total ALAE Incurred						

Example 7 - Ratable Class; Mandatory Non-Ratable Element

For class codes such as 4771, 7405 and 7413 where there is a Mandatory Non-Ratable Element established by the Bureau and shown on the Bureau Data Card. When reporting these classifications, the ratable element is reported above line "A" on the hard copy unit and the premium is subject to the experience modification. The mandatory non-ratable element is reported below line "C", on the hard copy unit.

UNIT STATISTICAL REPORT

POLICY INFORMATION																															
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No												
01				19872	WC2795461		01/01/09		01/01/10		07																				
Insured's Name: FBA Company														F.E.I.N. → 123456789				Pending File No.													
Insured's Address:														T.P.E / F.E.I.N. →																	
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use						
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std																	
				N	N		N	Y	N	N		01	01	01																	
EXPOSURE INFORMATION														LOSS INFORMATION																	
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type					
																				Act	Type	Recv	Clm	Settl							
		R	01	7405	82351	55.37		45598		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
										Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
										Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
S U B J E C T	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
									Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
										Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
N O T S B J	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
									Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
A F T E R S T D	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
									Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
G.		Total Standard Exposure		Total Standard Premium		Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type						
		83938		46744				Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
								Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical								
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred												
LOSS TOTALS																															
Reserved For Future Use								Total No. Claims				Total Incurred Indemnity				Total Incurred Medical				Reserved For Future Use				Total Paid Indemnity				Total Paid Medical			
Tot. Claimant's Attny. Fees								Tot. Employer's Attny. Fees				Reserved For Future Use								Total ALAE Paid				Total ALAE Incurred							

Example 8 - Ratable Class; Optional Non-Ratable Element

An Optional Non-Ratable Element is established by the Bureau and shown on the Bureau Data Card when the non-ratable element is authorized by the Bureau's Classification Department. - This example reflects ratable class Code 0512 and the optional, non-ratable Code 0175. Note that while this specific example uses these two classes only, it is also applicable to any other Bureau established, optional non-ratable codes such as those associated with classification Code 0513, Code 7421 and classifications with radiation or carcinogen exposure.

When reporting these classifications, the ratable element is reported above line "A" on the hard copy unit, and the premium is subject to the experience modification. The optional non-ratable element is reported below line "C" on the hard copy unit.

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No								
01				16928	97523A		01/01/09		01/01/10		07																
Insured's Name: GEE Corp														F.E.I.N. → 123456789				Pending File No.									
Insured's Address:														T.P.E / F.E.I.N. →													
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use		
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std													
				N	Y		N	N	N	N		01	01	01													
EXPOSURE INFORMATION														LOSS INFORMATION													
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																				Act	Type	Recv	Clm	Settl			
		R	01	0512	258870	55.37		143336		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
										Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.
S U B J E C T	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
									Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
N O T S B J	Upd Type	A. Total Subject Premium				143343	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		R B. Experience Mod (XX.XXX)				0.915			Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		C. Total Modified Premium				131159			Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
		R	D.	0175	258870	.59		1527		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
			E.							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred					
A F T E R S T D	Upd Type	G.				Total Standard Exposure 260198	Total Standard Premium 132686	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
		H. 006_				Premium Discount Amount			Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		I. 0900				Expense Constant Amount			Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred						
		R	J.	9740		.02	52			LOSS TOTALS																	
		R	K.	9741		.01	26			Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical					
	L.						Tot. Claimant's Attnry. Fees		Tot. Employer's Attnry. Fees		Reserved For Future Use					Total ALAE Paid			Total ALAE Incurred								

Example 9 - First Report Requiring an Individual Case Report; Rated Risk

Note the treatment of the experience modification on lines "A", "B", "C" on the hard copy unit. ■

Also note this risk has qualified for the Delaware Workplace Safety Program (Code 9880). The Delaware Workplace Safety Program Credit is to be applied to the manual premium after the application of the experience modification. When applicable the employers liability should be calculated and the Increased Limits premium is subject to the Delaware Workplace Safety Program Credit.

UNIT STATISTICAL REPORT

POLICY INFORMATION																													
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No										
01				94999	WC54321		07/01/09		07/01/10		07																		
Insured's Name: PAZ Industries Corporation														F.E.I.N. → 123456789				Pending File No.											
Insured's Address:														T.P.E / F.E.I.N. →															
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use				
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std															
				N	N		N	Y	N	N		01	01	01															
EXPOSURE INFORMATION														LOSS INFORMATION															
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
																				Act	Type	Recv	Clm	Settl					
	R	01	0101	1214435	6.91	83917	R	46096		07/28/09			181500		7027		0101	09	0	01	01	01	01	00	00	00			
	R	01	0951	675210	.96	6482		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
	R	01	0953	20800	.49	102		Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
S U B J E C T							Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
	R	46114		08/05/09			1323		137		0101	05	1	01	01	01				00	00	00							
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
								Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
R	46122		10/01/09			273743		13000		0101	02	0	01	01	01	01	00				00	00							
N O T S B J								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
	R	D.	9880		.05	7331		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
A F T E R S T D								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
	G.				Total Standard Exposure		Total Standard Premium		Upd Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
	1910445		139281																										
		H.	006_	Premium Discount Amount					Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
	I.	0900	Expense Constant Amount					Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
R	J.	9740		.02	382		LOSS TOTALS																						
R	K.	9741		.01	191		Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical										
	L.						Tot. Claimant's Attnry. Fees		Tot. Employer's Attnry. Fees		Reserved For Future Use		Total ALAE Paid		Total ALAE Incurred														
							35000						20164		28796		9737												
													20000																

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

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Section VI

EXAMPLES

Example 9a - Individual Case Report; Permanent Total Disability

Use Table III-M-A

Type Claim - State Act Trauma

Average Weekly Wage - \$459

Effective Date - 07/01/09

Date of Valuation - 01/01/11

1st Level Report - Open

Date of Accident - 10/01/09

Date of Birth - 04/01/57

Employee's age @ Valuation - 53 (sex - M)

No. Wks. Benefits Pd. to Valuation

Date - 457 days / 7 days = 65.286 wks

Present Value of Future Payments

Weekly Benefit = $.6667 \times (\$459) = \306

Present Value of \$1 @ Age 53 = 15.948 {Table III-M-A}

$\$306 \times 52 \times 15.948 = \$253,765$

Indemnity Paid to Valuation

Date - $65.286 \times 306 = 19,978$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0101	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 94999	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER						
POLICY NUMBER WC54321		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 46122		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00				JURIS STATE 07	MCO TYPE 00
INSURED NAME PAZ Industries Corporation							ACC. DATE MO DAY YR 10 01 09		DATE OF DEATH MO DAY YR		DATE REPORTED MO DAY YR 10 01 09		DATE OF BIRTH MO DAY YR 04 01 57		SURG CODE 1	ATTNY CODE* 3
WORKER LAST NAME Jones	WORKERS SEX M	AVG. WEEKLY WAGE 459	INJURY DESC. CODE* →	PART 30	NATURE 13	CAUSE 10	OCCUPATION Miller				DATE CLOSED MO YR		RESERVE CODE* SUM	LUMP 00	FRAUD CODE 00	S/S OFF-SET
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →			YEAR LAST EXPOSED →				DATE OF HIRE →		MO DAY YR 09 01 80			
BENEFITS OTHER THAN PENSION							PENSION BENEFITS									
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS					
1. TEMPORARY INDEMNITY		X X X	X X X				CODE	DATE OF BIRTH MO DAY YR								
2. SCHEDULED INDEMNITY							1	04	01	57	Paid to valuation date					
											65.286 x 306 = 19978					
3. NON-SCHEDULED INDEMNITY			X X X	XXXX							Future Payments					
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											306.00 x 52 x 15.948 = 253765					
5. VOCATIONAL REHABILITATION TOTAL INCURRED																
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE				19978					
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID										
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				253765						
APP. MED. EVAL. PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE										
DEFENSE MED. EVAL PAID		DEATH PAID				11. LUMP SUM REMARRIAGE										
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)				273743						
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL				13000						
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				20871						
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				6000						
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.										

*SEE MANUAL FOR CODING

Example 10 - Individual Risk Experience with USL & HW Coverage

Note that the Federal Class 6843F has exposure coverage and **loss coverage act** Code 02. **█**

An Individual Case Report must be filed concurrently with the submission of individual risk experience when the claim is filed as a death or permanent total claim.

Note: USL & HW and Federal class exposures are included when calculating Terrorism, Code 9740 and Catastrophe (other than Certified Acts of Terrorism), Code 9741.

Refer to **Example** 10a and 10b for the Individual Case Reports.

POLICY INFORMATION

USR FORM - 4/1/13

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Section VI

EXAMPLES

Example 10a - Individual Case Report with USL & HW Coverage; Permanent Total Disability

Use Table III-M-C- (USLH-III- Male)

Type - USL & HW-Trauma

Average Weekly Wage - \$459

Effective Date - 07/01/09

Date of Valuation - 01/01/11

1st Level Report - Open

Date of Accident - 10/01/09

Date of Birth - 03/15/45

Employee's age @ Valuation Date - 66 (sex - M)

Loss Conditions - 02/01/01/01/00

Present Value of Future Payments

Weekly Benefit = $.6667 \times (\$459) = \306

Present Value of \$1 = 16.150 {USLH Table III-M-C}

$\$306 \times 52 \times 16.150 = \$256,979$

(Wkly Benefit) x (52 Wks) x (Pres. Val. Factor)

Indemnity Paid to Valuation Date

Benefits Paid from 10/01/09 to 01/01/11 [457 days / 7 = 65.286 (Wks)]

$65.286 \times \$306 = \$19,978$

Total Indemnity Incurred = $\$256,979 + \$19,978 = \$276,957$

Class code, occupation, cause of accident and injury description code must relate to each other. An adjustment to allow for survivorship benefits would be needed if the beneficiary has a spouse.

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 6843	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 16928	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER					
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 789803	STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTL 02 01 01 01 00				JURIS STATE 07	MCO TYPE 00
INSURED NAME Steve Ho Corporation						ACC. DATE MO DAY YR 10 01 09		DATE OF DEATH MO DAY YR		DATE REPORTED MO DAY YR 10 01 09		DATE OF BIRTH MO DAY YR 03 15 45		SURG CODE	ATTNY CODE*
WORKER LAST NAME Vee	WORKERS SEX M	AVG. WEEKLY WAGE 459	INJURY DESC. CODE* → 42	PART 49	NATURE 56	CAUSE	OCCUPATION Iron Worker			DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD CODE 00	S/S OFF-SET
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO	DAY	YR	EMPLOYMENT STATUS →	YEAR LAST EXPOSED →		DATE OF HIRE →		MO	DAY	YR		
BENEFITS OTHER THAN PENSION							PENSION BENEFITS								
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*			DATA PROVIDER COMMENTS					
1. TEMPORARY INDEMNITY		X X X	X X X				CODE	DATE OF BIRTH MO DAY YR							
2. SCHEDULED INDEMNITY							1	03	15	45	Paid to valuation date				
											65.286 x 306 = 19978				
3. NON-SCHEDULED INDEMNITY			X X X	XXXX							Future payments				
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											306.00 x 52 x 16.150 = 256979				
5. VOCATIONAL REHABILITATION TOTAL INCURRED															
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE			19978					
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID									
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.			256979						
APP. MED. EVAL. PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE									
DEFENSE MED. EVAL PAID		DEATH PAID				11. LUMP SUM REMARRIAGE									
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)			276957						
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL			25000						
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE			8008						
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE			15000						
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.									

*SEE MANUAL FOR CODING

Example 10b - Individual Case Report; Death, Widow Only**Use Table I-A & Table II-A**

Type - State Act-Trauma
Average Weekly Wage - \$475
Effective Date - 07/01/09
Date at Valuation - 01/01/11
Date of Accident - 08/01/09

Widow's Date of Birth - 05/01/44
Age at Widowhood - 65
Age at Valuation - 66
1st Level Report - Open
Date of Death - 08/01/09

Present Value of Future Payments

Weekly Benefit = $.6667 \times (\$475) = \316.68

Present Value of \$1 = 12.611 - Widowhood at age 65, $^a[x] + 1$ Value

$\$316.68 \times 52 \times 12.611 = \$207,670$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$316.68

Present Value of Remarriage Dowry = .0244

$\$316.68 \times 104 \times .0244 = \804

Indemnity Paid to Valuation Date

Benefits Paid from 08/01/09 to 01/01/11 - 518 days / 7 = 74 Wks

$(74 \text{ Wks}) \times \$316.68 = \$23,434$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0718	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 16928	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER										
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09			CLAIM NO. 789749		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTL 01 01 01 01 00					JURIS STATE 07	MCO TYPE 00			
INSURED NAME Steve Ho Corporation								ACC. DATE MO DAY YR 08 01 09			DATE OF DEATH MO DAY YR 08 01 09			DATE REPORTED MO DAY YR 08 01 09			DATE OF BIRTH MO DAY YR 07 25 44			SURG CODE	ATTNY CODE*
WORKER LAST NAME Stevens	WORKERS SEX M	AVG. WEEKLY WAGE 475	INJURY DESC. CODE* →		PART 90	NATURE 13	CAUSE 75	OCCUPATION Ship Builder					DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD CODE	S/S OFF-SET			
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO	DAY	YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →			MO	DAY	YR					
BENEFITS OTHER THAN PENSION								PENSION BENEFITS													
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*		NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS									
1. TEMPORARY INDEMNITY		X X X	X X X					CODE	DATE OF BIRTH MO DAY YR												
2. SCHEDULED INDEMNITY								2	05	01	44	Paid to valuation date									
												74 x 316.68 = 234.34									
3. NON-SCHEDULED INDEMNITY			X X X		XXXX							Future payments									
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY												316.68 x 52 x 12.611 = 207670									
5. VOCATIONAL REHABILITATION TOTAL INCURRED																					
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE				23434									
PHYSICIAN PAID				TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID													
HOSPITAL PAID				PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				207670									
APP. MED. EVAL. PAID				PERM. TOTAL PAID				10. FUNERAL ALLOWANCE				3500									
DEFENSE MED. EVAL PAID				DEATH PAID				11. LUMP SUM REMARRIAGE				804									
INDEP. MED. EVAL. PAID				SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)				235408									
LEGAL EXP. - DEFENSE				V.R. PAID				13. TOTAL INCURRED MEDICAL				0									
ANNUITY PURCHASE AMT.				V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				13346									
TOTAL GROSS INCURRED				V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				0									
				V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.													

*SEE MANUAL FOR CODING

Example 11 - Second Reporting of Losses for Unit for Example 10

Note that all claims previously reported as open have been reported and revalued as of 30 months after the effective date of the policy (valuation 01/12).

Note that the first loss record is the claim's previously reported information, indicated by a P in the Update Type field. The second loss record is the claim's revised information, indicated by an R in the Update Type field. The loss totals are the revised totals only.

!

When reporting loss information on a subsequent level report, report all information on the previous and revised sides of the claim. The risk totals shown must be the revised totals only.

Refer to Examples 11a and 11b for Individual Case Reports.

POLICY INFORMATION

USR FORM - 4/1/13

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

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Section VI

EXAMPLES

Example 11a - Individual Case Report; Permanent Total Disability; 2nd Report Level

Use Table III-M-C- (USLH-III-Male)

Type - USL & HW-Trauma
Average Weekly Wage - \$459
Effective Date - 07/01/09
Date of Valuation - 01/01/12

Date of Accident - 10/01/09
Date of Birth - 03/15/45
Employee's Age at Valuation Date - 67 (sex - M)
Maximum Weekly Benefit - \$1,224.66

Present Value of Future Payments

$\$306 \times 52 \times 15.430 = \$245,522$

Indemnity Paid to Valuation Date

Benefits Paid from 10/01/09 to 01/01/12 [822 days / 7 = 117.429 (Wks)]

(117.429 Wks) x \$306 = \$35,933

Total Indemnity Incurred - $\$245,522 + \$35,933 = \$281,455$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 6843	REPORT NO. CODE* 02	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 16928	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER						
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 789803		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 02 01 01 01 00				JURIS STATE 07	MCO TYPE 00
INSURED NAME Steve Ho Corp							ACC. DATE MO DAY YR 10 01 09		DATE OF DEATH MO DAY YR		DATE REPORTED MO DAY YR 10 01 09		DATE OF BIRTH MO DAY YR 03 15 45		SURG CODE	ATTN CODE*
WORKER LAST NAME Vee	WORKERS SEX M	AVG. WEEKLY WAGE 459	INJURY DESC. CODE* →	PART 42	NATURE 49	CAUSE 56	OCCUPATION Iron Worker				DATE CLOSED MO YR		RESERVE CODE* SUM	LUMP SUM	FRAUD CODE 00	S/S OFF-SET
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →		DATE OF HIRE →		MO DAY YR 01 01 80						
BENEFITS OTHER THAN PENSION							PENSION BENEFITS									
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS					
1. TEMPORARY INDEMNITY		XXX	XXX				CODE	DATE OF BIRTH MO DAY YR 03 15 45								
2. SCHEDULED INDEMNITY							1				Paid to valuation date					
											117.429 x 306.00 = 35933					
3. NON-SCHEDULED INDEMNITY			XXX	XXXX							Future payments					
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											306.00 x 52 x 15.430 = 245522					
5. VOCATIONAL REHABILITATION TOTAL INCURRED																
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE					35933				
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID										
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.					245522					
APP. MED. EVAL. PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE										
DEFENSE MED. EVAL PAID		DEATH PAID				11. LUMP SUM REMARRIAGE										
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)					281455					
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL					27500					
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE					18715					
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE					20000					
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.										

*SEE MANUAL FOR CODING

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Section VI

EXAMPLES

Example 11b - Individual Case Report; Death, Widow Only; 2nd Report Level

Use Table I-A & Table II-A

Type - State Act-Trauma
Average Weekly Wage - \$475
Effective Date - 07/01/09
Date at Valuation - 01/01/12
Date of Accident - 08/01/09

Widow's Date of Birth - 05/01/44
Age at Widowhood - 65
Age at Valuation - 67
2nd Level Report - Open
Date of Death - 08/01/09

Present Value of Future Payments

Weekly Benefit = $.6667 \times (\$475) = \316.68

Present Value of \$1 = 12.290 - Widowhood at age 65, $^a[x] + 2$ Value

$\$316.68 \times 52 \times 12.290 = \$202,384$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$316.68

Present Value of Remarriage Dowry = .0195

$\$316.68 \times 104 \times .0195 = \642

Indemnity Paid to Valuation Date

Benefits Paid from 08/01/09 to 01/01/12 - 883 days / 7 = 126.143 Wks

$(126.143 \text{ Wks}) \times \$316.68 = \$39,947$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0718	REPORT NO. CODE* 02	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 16928	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER						
POLICY NUMBER 99887		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 789749		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00				JURIS STATE 00	MCO TYPE 00
INSURED NAME Steve Ho Corp							ACC. DATE MO DAY YR 08 01 09		DATE OF DEATH MO DAY YR 08 01 09		DATE REPORTED MO DAY YR 08 01 09		DATE OF BIRTH MO DAY YR 07 25 44		SURG CODE	ATTN CODE*
WORKER LAST NAME Stevens	WORKERS SEX M	AVG. WEEKLY WAGE 475	INJURY DESC. CODE* →	PART 90	NATURE 13	CAUSE 75	OCCUPATION Shup Builder				DATE CLOSED MO YR		RESERVE CODE* 00	LUMP SUM	FRAUD CODE 00	S/S OFF-SET
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →		DATE OF HIRE →		MO DAY YR 01 01 80						
BENEFITS OTHER THAN PENSION							PENSION BENEFITS									
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS					
1. TEMPORARY INDEMNITY		X X X	X X X				CODE	DATE OF BIRTH MO DAY YR								
2. SCHEDULED INDEMNITY							2	05	01	44	Paid to valuation date					
											126.143 x 316.68 = 39947					
3. NON-SCHEDULED INDEMNITY			X X X	XXXX							Future payments					
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY											316.68 x 52 x 12.290 = 202384					
5. VOCATIONAL REHABILITATION TOTAL INCURRED																
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE				39947					
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID										
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				202384						
APP. MED. EVAL. PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE				3500						
DEFENSE MED. EVAL PAID		DEATH PAID				11. LUMP SUM REMARRIAGE				642						
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM				12. TOTAL INCURRED INDEM..(SUM 1-11)				246473						
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL				0						
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				22786						
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				0						
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.										

*SEE MANUAL FOR CODING

Example 12 - Unit Reporting; Individual Risk Experience Including Premiums for Operation Subject to the USL & HW Act for a "Non-F" Classification

When reporting a classification, which includes coverage for the USL & HW Act, increase the rating value by **the applicable USL & HW percentage** and apply all other Manual rules as required. The increased rate shall apply only to the payroll of those employees engaged in operations subject to the USL & HW Act.

Note: USL & HW and Federal class exposures are included when calculating Terrorism, Code 9740 and Catastrophe (other than Certified Acts of Terrorism), Code 9741.

Note: Class 665's rating value as of **7/1/09** is **8.36**, the rating value including coverage for the USL & HW Act is **$\$8.36 \times 1.508 \times 1.580 = \19.92** . Refer to Section I, Rule XII of the Delaware Manual of Rules, Classifications and Rating Values for Workers Compensation and Employers Liability Insurance for further instructions concerning the USL & HW Act.

Refer to **Example 12a** for Individual Case Report.

UNIT STATISTICAL REPORT

POLICY INFORMATION																								
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No										
01				99622	198265	07/01/09	07/01/10	07																
Insured's Name: Iron Erectors Inc.											F.E.I.N. → 123456789			Pending File No.										
Insured's Address:											T.P.E / F.E.I.N. →													
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use					
3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std														
N	Y		Y	N	N	N		01	01	01														
EXPOSURE INFORMATION															LOSS INFORMATION									
C O D E S	Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
															Act	Type	Recv	Clm	Settl					
R	02	0655	120000	19.92	23904	R	845	02/01/10	696968	25000	0655	02	0	02	01	01	01	00	07	00	00			
S U B J E C T	R	01	0655	1000000	12.61	126100		Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								40	28	25	Iron Worker		N		00		17201		12000					
	R	01	0951	95000	.96	912		Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
	R	01	0953	105000	.49	515	R	896	03/01/10	600	350	0655	05	1	01	01	01	00	00	00				
								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								38	37	59			N		00		600		350					
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
A F T E R S T D							R	897	03/15/10	750	800	0655	05	1	01	01	01	00	00	00				
	R							Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								31	28	26			N		00		750		800					
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
N O T S B J		D.					R	898	04/11/10		250	0953	06	1	01	01	01	00	00	00				
		E.						Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								36	40	19							250							
		F.						Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
G.								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								36	40	19							250							
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								36	40	19							250							
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								36	40	19							250							
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								36	40	19							250							
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								36	40	19							250							
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								36	40	19							250							
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								36	40	19							250							
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								36	40	19							250							
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								36	40	19							250							
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								36	40	19							250							
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								36	40	19							250							
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								36	40	19							250							
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								36	40	19							250							
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								36	40	19							250							
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								36	40	19							250							
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								36	40	19							250							
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								36	40	19							250							
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
								50000							25000									
A F T E R S T D								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical				
								36	40	1														

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2013

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Section VI

EXAMPLES

Example 12a - Individual Case Report; Permanent Total Claim with Survivorship Benefits

Use Tables III-M-C (USLH-III-MALE) and IV-B (USLH-IV-B)

Type - USL & HW-Trauma	Claimant's Birth Date - 05/01/62
Average Weekly Wage - \$500	Spouse's Birth Date - 07/01/64
Date of Accident - 02/01/10	Date of Valuation - 01/01/11
Effective Date - 07/01/09	Claimants Age at Valuation - 48 (sex - M)
Maximum Benefit - 200% NAWW = \$1,224.66	Spouse's Age at Valuation - 46

Present Value of Future Payments

Claimants - $.6667 \times (\$500) = \333.35 wk

Present Value of \$1 = 31.954

Future Payments - $\$333.35 \times 31.954 \times 52 = \$553,897$

Survivorship - $.5 \times (\$500) = \250

Benefits

Present Value of Benefits = 9.782

Future Payout = $250 \times 9.782 \times 52 = \$127,166$

Indemnity to Valuation Date Benefits Paid from 02/01/10 to 01/01/11 - 334 days / 7 = 47.714 Wks

$\$333.35 \times 47.714 = \$15,905$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0655	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 02	CARRIER NUMBER 99622	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER									
POLICY NUMBER 198265		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09		CLAIM NO. 845		STAT CODE*	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 02 01 01 01 00					JURIS STATE 07	MCO TYPE 00			
INSURED NAME Doelron Erections, Inc.							ACC. DATE MO DAY YR 02 01 10			DATE OF DEATH MO DAY YR			DATE REPORTED MO DAY YR 02 01 10			DATE OF BIRTH MO DAY YR 05 01 62			SURG CODE	ATTNY CODE*
WORKER LAST NAME Doe	WORKERS SEX M	AVG. WEEKLY WAGE 500	INJURY DESC. CODE* →		PART 40	NATURE 28	CAUSE 25	OCCUPATION Iron Worker					DATE CLOSED MO YR		RESERVE CODE* 00	LUMP SUM	FRAUD CODE 00	S/S OFF-SET		
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO	DAY	YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →			MO 01	DAY 01	YR 80				
BENEFITS OTHER THAN PENSION								PENSION BENEFITS												
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				DATA PROVIDER COMMENTS								
1. TEMPORARY INDEMNITY		X X X	X X X					CODE	DATE OF BIRTH MO DAY YR											
2. SCHEDULED INDEMNITY								1	05	01	62	Paid to valuation date								
								2	07	01	64	47.714 x 333.35 = 15905								
3. NON-SCHEDULED INDEMNITY			X X X	XXXX								Future payments								
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY												(333.35 x 52 x 31.954) +								
5. VOCATIONAL REHABILITATION TOTAL INCURRED												(250.00 x 52 x 9.782) = 681063								
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE					15905							
PHYSICIAN PAID		TEMP. DISABILITY PAID					8. PENS. INDEM. PREV. RSVD., NOT PAID													
HOSPITAL PAID		PERM. PARTIAL PAID					9. PRES. VALUE FUTURE INDEM. PMNT.					681063								
APP. MED. EVAL. PAID		PERM. TOTAL PAID					10. FUNERAL ALLOWANCE													
DEFENSE MED. EVAL PAID		DEATH PAID					11. LUMP SUM REMARRIAGE													
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM					12. TOTAL INCURRED INDEM.,(SUM 1-11)					696968								
LEGAL EXP. - DEFENSE		V.R. PAID					13. TOTAL INCURRED MEDICAL					25000								
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED					14. TOTAL INDEM. PAID TO VAL. DATE					17201								
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED					15. TOTAL MED. PAID TO VAL. DATE					12000								
		V.R. EVAL. INCURRED					16. SOC. SEC. OR OTHER OFFSET AMT.													

*SEE MANUAL FOR CODING

Example 13 - Correction of Header Information Only

In the following example the only information that needs correcting is the policy number. Since the policy number field has two lines, the previous reported policy number (incorrect number) goes on the first line and the revised policy number (correct number) goes on the second line.

If a header field needs to be corrected and the field only has one line, report the revised information only.

When reporting a header correction only the Report Number, Correction Number, **Correction Type**, Carrier Code, Policy Number, Policy Effective Date, Exposure State and Insured's Name need to be filled in, along with any other policy information that is changing.

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No													
01				99998	WC12345	01/01/09																					
01	01	H		99998	WC54321	01/01/09	01/01/10	07																			
Insured's Name: ABC Corp											F.E.I.N. →				Pending File No.												
Insured's Address:											T.P.E / F.E.I.N. →																
Mod. Effective Date	Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use							
			3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std														
EXPOSURE INFORMATION														LOSS INFORMATION													
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
																		Act	Type	Recv	Clm	Settl					
S U B J E C T	Upd Type						Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
A. Total Subject Premium	Upd Type						Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
B. Experience Mod (XX.XXX)	Upd Type						Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
C. Total Modified Premium	Upd Type						Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
N O T S B J	Upd Type	D.					Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
G.	Upd Type	Total Standard Exposure			Total Standard Premium		Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
A F T E R S T D	Upd Type	H.	006_	Premium Discount Amount		Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type				
I. 0900	Upd Type	Expense Constant Amount		Upd Type	LOSS TOTALS																						
J.	Upd Type			Upd Type																							
K.	Upd Type			Upd Type																							
L.	Upd Type			Upd Type																							
Reserved For Future Use					Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical												
Tot. Claimant's Attny. Fees					Tot. Employer's Attny. Fees		Reserved For Future Use					Total ALAE Paid		Total ALAE Incurred													

Example 14 - Correction of Loss Totals Only

In the following example the only information that needs correcting is the loss totals. Because there is only one line per field for the loss totals, only the revised totals are shown. The key policy information must also be shown (Report Number, Correction Number, **Correction Type**, Carrier Code, Policy Number, Policy Effective Date, Exposure State and Insured's Name)

Note: The exposure, premium and loss totals must all be provided when submitting 1st level total corrections.

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No								
02	04	T		99998	WC54321		01/01/09		01/01/10		07																
Insured's Name:														F.E.I.N. →				Pending File No.									
Insured's Address:														T.P.E / F.E.I.N. →													
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use		
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std													
EXPOSURE INFORMATION														LOSS INFORMATION													
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																				Act	Type	Recv	Clm	Settl			
S U B J E C T	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical						
	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
A. Total Subject Premium	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical						
B. Experience Mod (XX.XXX)	Upd Type						Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred									
C. Total Modified Premium	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
D.	Upd Type						Upd Type	Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical						
E.	Upd Type						Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred									
F.	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
G.	Upd Type	Total Standard Exposure		Total Standard Premium		Upd Type	Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical							
H. 006_	Upd Type	Premium Discount Amount				Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred										
I. 0900	Upd Type	Expense Constant Amount				Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
J.	Upd Type					Upd Type	Case Number		Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical							
K.	Upd Type					Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred										
L.	Upd Type					Upd Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred										
LOSS TOTALS																											
Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical															
14		136033		7000		35471		6775																			
Tot. Claimant's Attnry.		Tot. Employer's Attnry. F		Reserved For Future Use		Total ALAE Paid		Total ALAE Incurred																			
15000						12500																					

Example 15 - Correction of Old Form Information on New Form

The following example shows the information reported on the old form prior to the adoption of the ASWG form.

Refer to **Example 15a** showing the correction on the ASWG form.

REPORT 1	POLICY NUMBER WC12345	STATE DE	STATE NO. 07	CARRIER				CARRIER NO. 99999	DATE RECEIVED	ADM FILE NO.			
EFFECTIVE DATE 12/20/95	TERM	EXPIRATION DATE 10/26/96	INSURED	ABC CORP.									
COND.	91	92	93	94	95	96	97	98					
EXP COV	CLASS CODE	EXPOSURE	MANUAL RATE	PREMIUM	CLAIM NUMBER	ACCIDENT DATE OR NO. OF CLAIMS	CLASS CODE	INJ	INCURRED LOSSES		OPEN OR CLOSED	LOSS COV.	CAT. NO.
									INDEMNITY	MEDICAL			
11	0953	175485	0.49	860		3	0953	06		875	1	11	00
11	0951	83368	0.96	800	23456	02/05/96	0951	06		1000	1	11	00
					34567	07/03/96	0953	09	4750	1225	0	11	00
					45678	10/25/96	0951	05	2950	595	0	21	00
A - TOTAL SUBJECT PREMIUM				1660									
B - EXPERIENCE MODIFICATION				.850									
C - TOTAL MODIFIED PREMIUM (A) X (B)				1411									
D													
E													
F													
G													
RISK TOTALS	STD	258853	XXX	1411									
	OTHER		XXX	XXX									
	0064	PREMIUM DISCOUNT	XXX	(140)	TOTALS	6	XXXX	X	7700	3695	X	X	X
	0900	EXPENSE CONSTANT											

Example 15a - Correction of Old Form Information on New Form

The following example is a correction of exposure and loss information on the ASWG form. Please note that only the information that was reported on the original unit is transferred to the new form (new fields do not need to be filled in).

Also note the claim 56789 is being added as a new claim, therefore there is an Update Type "P" with all fields left blank because there was no previously reported information. Update Type "R" has all the new claim information.

UNIT STATISTICAL REPORT

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No									
01	01	M		99999	WC12345		12/20/95		12/20/96		07																	
Insured's Name: ABC Corp.														F.E.I.N. →				Pending File No.										
Insured's Address:														T.P.E / F.E.I.N. →														
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use			
				3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std														
EXPOSURE INFORMATION														LOSS INFORMATION														
C O D E S S U B J E C T	Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																		Act	Type	Recv	Clm	Settl						
	P	11	0953	175485	.49	860	P	23456		02/05/96					1000		0951	06	1	11								
	R	11	0953	233945	.49	1146		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
							Upd. Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
							R	23456		02/05/96					1565		0951	06	1	11								
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
								Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
		A. Total Subject Premium				1946		Upd. Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
R		B. Experience Mod (XX.XXX)				0.850			Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
		C. Total Modified Premium				1654			Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
N O T S B J		D.					Upd. Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		E.						Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
		F.						Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
A F T E R S T D	G.			Total Standard Exposure		Total Standard Premium		Upd. Type	Claim Number		Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
				317313		1654																						
		H.	006_	Premium Discount Amount					Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
		I.	0900	Expense Constant Amount					Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred					
		J.						LOSS TOTALS																				
	K.						Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical									
	L.						Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved For Future Use				Total ALAE Paid		Total ALAE Incurred											

Example 16 - Combination Example

This example shows a first reporting requiring two unit cards with a Deductible, schedule rating credit, Delaware Construction Credit, Delaware Workplace Safety Program Credit, USL & H coverage, ratable class with a mandatory non-ratable element and **a claim** requiring an Individual Case Report.

I

Note: Both the Delaware Workplace Safety Program Credit and the Delaware Construction Credit are calculated based upon the manual premium after the application of the experience mod, any non-ratable or occupational disease class premiums and the schedule rating credit, this is to say that the Delaware Workplace Safety Program is not used to calculate the construction credit and the construction credit is not used to calculate the Delaware Workplace Safety Program.

Also, Note: USL & HW and Federal class exposures are included when calculating Terrorism, Code 9740 and Catastrophe (other than Certified Acts of Terrorism), Code 9741.

Refer to **Example 16a** for the Individual Case Report.

UNIT STATISTICAL REPORT

POLICY INFORMATION																													
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State		State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No									
01				12345	1234567		12/01/08		12/01/09		07																		
Insured's Name: 123, Inc.															F.E.I.N. → 123456789					Pending File No.									
Insured's Address:															T.P.E / F.E.I.N. →														
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use				
10/01/08		10/01/08		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000												
EXPOSURE INFORMATION														LOSS INFORMATION															
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
																				Act	Type	Recv	Clm	Settl					
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
	S U B J E C T	Upd Type						Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
N O T S B J	Upd Type	A. Total Subject Premium				2183	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
		R	B. Experience Mod (XX.XXX)					1.198		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
			C. Total Modified Premium					2615		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
N O T S B J	Upd Type	R	D.	9663		48	Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
			E.						Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
			F.						Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
A F T E R S T D	Upd Type	G.					Upd Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
		R	H.	0063	Premium Discount Amount	80			Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
		R	I.	0900	Expense Constant Amount	46			Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
		LOSS TOTALS																											
		R	J.	9740		.01		3		Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical							
R	K.	9741		.01	3		4		183219		9000				17153		5500												
	L.						Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved For Future Use					Total ALAE Paid			Total ALAE Incurred										

UNIT STATISTICAL REPORT

POLICY INFORMATION																												
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State		State Effective Date		Certificate Number		Card Serial No.		Risk ID Number		Page No		Last Page No					
01				12345	1234567		12/01/08		12/01/09		07																	
Insured's Name: 123, Inc.															F.E.I.N. → 123456789					Pending File No.								
Insured's Address:															T.P.E / F.E.I.N. →													
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type		Deduct. Percent		Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use	
10/01/09		10/01/09		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000											
EXPOSURE INFORMATION																												
C O D E S	Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type		
																				Act	Type	Recv	Clm	Settl				
	R	01	0609	6600	10.04	663		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
	R	01	4771	11550	4.15	479		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
	R	01	0951	1650	.85	14		Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
	R	01	0953	1650	.43	21		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
S U B J E C T	Upd. Typ						Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
	R	02	6843	9900	10.16	1006		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
							Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
	Upd. Typ	A. Total Subject Premium				Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
		B. Experience Mod (XX.XXX)					Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
	C. Total Modified Premium				Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
N O T S B J	Upd. Typ	R	D.	0771	11550	1.03	119	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		R	E.	9887		.25	684		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
	R	F.	9046		.22	451	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
A F T E R S T D	Upd. Typ	G.				Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
							Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
					Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred											
	Upd. Typ	H.	006_	Premium Discount Amount		Upd. Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
		I.	0900	Expense Constant Amount			Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
	Upd. Typ	J.				Upd. Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
		K.					Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
	Upd. Typ	LOSS TOTALS																										
	Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical															
	Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved For Future Use		Total ALAE Paid		Total ALAE Incurred																			

POLICY INFORMATION

USR FORM - 4/1/13

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No								
01				12345	1234567		12/01/08		12/01/09		07																
Insured's Name: 123, Inc.														F.E.I.N. → 123456789				Pending File No.									
Insured's Address:														T.P.E / F.E.I.N. →													
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use		
10/01/08		10/01/08		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	1000										
EXPOSURE INFORMATION																											
C O D E S	Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
								Act	Type	Recv	Clm	Settl															
	R	01	0609	20000	12.10	2420	R	1234	02/13/09		2000		1500		0609	05	0	01	01	01	01	00	00	00			
	R	01	4771	35000	5.37	1880		Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical							
	R	01	0951	5000	.96	48		Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred										
	R	01	0953	15000	.49	74	R	4321	01/23/09		500		500		0953	05	1	01	01	01	01	00	00	00			
S U B J E C T	Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
								Act	Type	Recv	Clm	Settl															
	R	01	0953	15000	.49	74	R	4321	01/23/09		500		500		0953	05	1	01	01	01	01	00	00	00			
	R	02	6843	30000	9.24	2772		Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical							
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred										
								Claim Number	04/20/09		179719		5000		4771	01	0	01	01	01	01	00	00	00			
N O T S B J	Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
								Act	Type	Recv	Clm	Settl															
	R	D.	0771	35000	1.36	476	R	4123	06/01/09		1000		2000		0951	05	1	01	01	01	01	00	00	00			
	R	E.	9887		.25	2374		Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical							
	R	F.	9880		.05	356		Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred										
								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical							
A F F I R M A T I O N	Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
								Act	Type	Recv	Clm	Settl															
								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical							
								Claimant's Attorney Fees	Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred										
								LOSS TOTALS																			
								Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical							
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved For Future Use				Total ALAE Paid		Total ALAE Incurred										

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2013

Page 25

Section VI

EXAMPLES

Example 16a - Individual Case Report; Death, Widow Only

Type - State Act-Trauma

Average Weekly Wage - \$378

Effective Date - 12/01/08

Date at Valuation - 06/01/10

Date of Accident - 04/20/09

Widow's Date of Birth - 05/09/43

Age at Widowhood - 65

Age at Valuation - 67

1st Level Report - Open

Date of Death - 04/20/09

Present Value of Future Payments

Weekly Benefit = .6667 x (\$378) = \$252.01

Present Value of \$1 = 12.290 - Widowhood at age 65, $a[x] + 2$ Value

\$252.01 x 52 x 12.290 = \$161,055

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$252.01

Present Value of Remarriage Dowry = .0195

\$252.01 x 104 x .0195 = \$511

Indemnity Paid to Valuation Date

Benefits Paid from 04/20/09 to 06/01/10 - 407 days / 7 = 58.143 Wks

(58.143 Wks) x \$252.01 = \$14,653

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 4771	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 12345	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER										
POLICY NUMBER 1234567		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 12 01 08			CLAIM NO. 3214		STAT CODE* 0	DATE ATTN DISC MO. DAY YR 01 01 01			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00			JURIS STATE 07	MCO TYPE 00					
INSURED NAME 123, Inc.								ACC. DATE MO DAY YR 04 20 09			DATE OF DEATH MO DAY YR 04 20 09			DATE REPORTED MO DAY YR 04 20 09			DATE OF BIRTH MO DAY YR 09 27 42			SURG CODE	ATTNY CODE*
WORKER LAST NAME Hilty	WORKERS SEX M	AVG. WEEKLY WAGE 378	INJURY DESC. CODE* →		PART 44	NATURE 03	CAUSE 99	OCCUPATION Laborer					DATE CLOSED MO YR 01 01		RESERVE CODE* 00	LUMP SUM 00	FRAUD CODE 00	S/S OFF-SET			
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →		MO	DAY	YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →		DATE OF HIRE →		MO	DAY	YR						
BENEFITS OTHER THAN PENSION									PENSION BENEFITS												
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				DATA PROVIDER COMMENTS									
1. TEMPORARY INDEMNITY		X X X	X X X					CODE	DATE OF BIRTH MO DAY YR 05 09 43												
2. SCHEDULED INDEMNITY								2				Paid to valuation date									
												58.143 x 252.01 = 14653									
3. NON-SCHEDULED INDEMNITY			X X X	XXXX								Future payments									
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY												252.01 x 52 x 12.290 = 161055									
5. VOCATIONAL REHABILITATION TOTAL INCURRED																					
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE					14653								
PHYSICIAN PAID		TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID													
HOSPITAL PAID		PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.					161055								
APP. MED. EVAL. PAID		PERM. TOTAL PAID						10. FUNERAL ALLOWANCE					3500								
DEFENSE MED. EVAL PAID		DEATH PAID						11. LUMP SUM REMARRIAGE					511								
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)					179719								
LEGAL EXP. - DEFENSE		V.R. PAID						13. TOTAL INCURRED MEDICAL					5000								
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE					14653								
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE					2000								
		V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.													

*SEE MANUAL FOR CODING

Example 17 - Second Reporting of Losses for Unit for Example 16

Note that all claims previously reported as open have been reported and revalued as of 30 months after the effective date of the policy (valuation 06/03).

Note that the first loss record is the claim's previously reported information, indicated by a P in the Update Type field. The second loss record is the claim's revised information, indicated by an R in the Update Type field. The loss totals are the revised totals only.

!

When reporting loss information on a subsequent level report, report all information on the previous and revised sides of the claim. The risk totals shown must be the revised totals only.

Also note that claim 1234 is a subrogated claim.

Refer to Example 17a for Individual Case Report.

UNIT STATISTICAL REPORT

POLICY INFORMATION																								
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No										
02				12345	1234567	12/01/08	12/01/09	07																
Insured's Name: 123 Inc.										F.E.I.N. → 123456789			Pending File No.											
Insured's Address:										T.P.E / F.E.I.N. →														
Mod. Effective Date	Rate Effective Date	Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use					
3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std														
N	Y		Y	N	N	N		01	01	01	03	01			1000									
EXPOSURE INFORMATION															LOSS INFORMATION									
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type
								1234	02/13/09	2000	1500	0609	05	0	Act	Type	Recv	Cm	Settl	00	00			
															01	01	01	01	00					
															Paid Indemnity							Paid Medical		
															1000							1000		
Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical								
40	28	25				N		00		1000					1000									
Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred											
S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type
								1234	02/13/09	1000	1000	0609	05	1	01	01	01	01	00	00	00			
															01	01	01	01	00					
															Paid Indemnity							Paid Medical		
															1000							1000		
Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical								
40	28	25				N		00		1000					1000									
Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred											
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type
								3214	04/20/09	179719	5000	4771	01	0	01	01	01	01	00	00	00			
															01	01	01	01	00					
															Paid Indemnity							Paid Medical		
															14653							2000		
Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical								
44	03	99	Laborer			N		00		22087					5500									
Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred											
G.	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type
								3214	04/20/09	188393	7500	4771	01	0	01	01	01	01	00	00	00			
															01	01	01	01	00					
															Paid Indemnity							Paid Medical		
															22087							5500		
Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical								
44	03	99	Laborer			N		00		22087					5500									
Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred											
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type
								3214	04/20/09	188393	7500	4771	01	0	01	01	01	01	00	00	00			
															01	01	01	01	00					
															Paid Indemnity							Paid Medical		
															22087							5500		
Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical								
44	03	99	Laborer			N		00		22087					5500									
Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred											
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type
								3214	04/20/09	188393	7500	4771	01	0	01	01	01	01	00	00	00			
															01	01	01	01	00					
															Paid Indemnity							Paid Medical		
															22087							5500		
Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical								
44	03	99	Laborer			N		00		22087					5500									
Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred											
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type
								3214	04/20/09	188393	7500	4771	01	0	01	01	01	01	00	00	00			
															01	01	01	01	00					
															Paid Indemnity							Paid Medical		
															22087							5500		
Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical								
44	03	99	Laborer			N		00		22087					5500									
Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred											
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type
								3214	04/20/09	188393	7500	4771	01	0	01	01	01	01	00	00	00			
															01	01	01	01	00					
															Paid Indemnity							Paid Medical		
															22087							5500		
Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical								
44	03	99	Laborer			N		00		22087					5500									
Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred											
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type
								3214	04/20/09	188393	7500	4771	01	0	01	01	01	01	00	00	00			
															01	01	01	01	00					
															Paid Indemnity							Paid Medical		
															22087							5500		
Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical								
44	03	99	Laborer			N		00		22087					5500									
Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred											
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type
								3214	04/20/09	188393	7500	4771	01	0	01	01	01	01	00	00	00			
															01	01	01	01	00					
															Paid Indemnity							Paid Medical		
															22087							5500		
Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical								
44	03	99	Laborer			N		00		22087					5500									
Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred											
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type
								3214	04/20/09	188393	7500	4771	01	0	01	01	01	01	00	00	00			
															01	01	01	01	00					
															Paid Indemnity							Paid Medical		
															22087							5500		
Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical								
44	03	99	Laborer			N		00		22087					5500									
Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred											
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type
								3214	04/20/09	188393	7500	4771	01	0	01	01	01	01	00	00	00			
															01	01	01	01	00					
															Paid Indemnity							Paid Medical		
															22087							5500		
Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical								
44	03	99	Laborer			N		00		22087					5500									
Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred											
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type
								3214	04/20/09	188393	7500	4771	01	0	01	01	01	01	00	00	00			
															01	01	01	01	00					
															Paid Indemnity							Paid Medical		
															22087							5500		
Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical								
44	03	99	Laborer			N		00		22087					5500									
Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred											
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type
								3214	04/20/09	188393	7500	4771	01	0	01	01	01	01	00	00	00			
															01	01	01	01	00					
															Paid Indemnity							Paid Medical		
															22087							5500		
Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity					Paid Medical								
44	03	99	Laborer			N		00		22087					5500									
Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred											
A F T E R S T D	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type
								3214	04/20/09	188393	7500	4771	01	0	01	01	01	01	00	00	00			
															01	01	01	01	00					
															Paid Indemnity							Paid Medical		
															22087							5500		
Case Number	Part	Nature																						

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2013

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Section VI

EXAMPLES

Example 17a - Individual Case Report; Death, Widow Only; 2nd Report Level

Type - State Act-Trauma

Average Weekly Wage - \$378

Effective Date - 12/01/08

Date at Valuation - 06/01/11

Date of Accident - 04/20/09

Widow's Date of Birth - 05/09/43

Age at Widowhood - 65

Age at Valuation - 68

2nd Level Report - Open

Date of Death - 04/20/09

Present Value of Future Payments

Weekly Benefit = $.6667 \times (\$378) = \252.01

Present Value of \$1 = 11.958 - Widowhood at age 65, $a[x] + 3$ Value

$\$252.01 \times 52 \times 11.958 = \$156,704$

Lump Sum Dowry Benefit

Duration - 2 years = 104 weeks

Weekly Benefit - \$252.01

Present Value of Remarriage Dowry = .0151

$\$252.01 \times 104 \times .0151 = \396

Indemnity Paid to Valuation Date

Benefits Paid from 04/20/09 to 06/01/11 - 772 days / 7 = 110.286 Wks

$(110.286 \text{ Wks}) \times \$252.01 = \$27,793$

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 4771	REPORT NO. CODE* 02	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 12345	CARRIER NAME				PAYROLL STATE CODE* 07	ADM. FILE NUMBER						
POLICY NUMBER 1234567		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 12 01 08		CLAIM NO. 3214		STAT CODE* 0	DATE ATTN DISC MO. DAY YR 01 01 01			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00			JURIS STATE 07	MCO TYPE 00	
INSURED NAME 123, Inc.							ACC. DATE MO DAY YR 04 20 09		DATE OF DEATH MO DAY YR 04 20 09		DATE REPORTED MO DAY YR 04 20 09		DATE OF BIRTH MO DAY YR 09 27 42		SURG CODE	ATTNY CODE*
WORKER LAST NAME Hilty	WORKERS SEX M	AVG. WEEKLY WAGE 378	INJURY DESC. CODE* →	PART 44	NATURE 03	CAUSE 99	OCCUPATION Laborer				DATE CLOSED MO YR 01 01		RESERVE CODE* 00	LUMP SUM 00	FRAUD CODE 00	S/S OFF-SET
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO DAY YR	EMPLOYMENT STATUS →			YEAR LAST EXPOSED →				DATE OF HIRE →		MO DAY YR			
BENEFITS OTHER THAN PENSION							PENSION BENEFITS									
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED		BENEFICIARY DATA*				DATA PROVIDER COMMENTS					
1. TEMPORARY INDEMNITY		X X X	X X X				CODE	DATE OF BIRTH MO DAY YR 05 09 43								
2. SCHEDULED INDEMNITY							2				Paid to valuation date					
											110.286 x 252.01 = 27793					
3. NON-SCHEDULED INDEMNITY			X X X	XXXX							Future payments					
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY										252.01 x 52 x 11.958 = 156704						
5. VOCATIONAL REHABILITATION TOTAL INCURRED																
6. CLAIMANT LEGAL EXPENSE							7. PENSION INDEM. PAID TO VAL. DATE				27793					
PHYSICIAN PAID		TEMP. DISABILITY PAID				8. PENS. INDEM. PREV. RSVD., NOT PAID										
HOSPITAL PAID		PERM. PARTIAL PAID				9. PRES. VALUE FUTURE INDEM. PMNT.				156704						
APP. MED. EVAL. PAID		PERM. TOTAL PAID				10. FUNERAL ALLOWANCE				3500						
DEFENSE MED. EVAL PAID		DEATH PAID				11. LUMP SUM REMARRIAGE				396						
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM				12. TOTAL INCURRED INDEM.,(SUM 1-11)				188393						
LEGAL EXP. - DEFENSE		V.R. PAID				13. TOTAL INCURRED MEDICAL				7500						
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED				14. TOTAL INDEM. PAID TO VAL. DATE				22087						
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED				15. TOTAL MED. PAID TO VAL. DATE				5500						
		V.R. EVAL. INCURRED				16. SOC. SEC. OR OTHER OFFSET AMT.										

*SEE MANUAL FOR CODING

Example 18 - First Report Requiring an ICR, Widow with 2 Children

Claim 68235 is a death claim.

Refer to **Example 18a** for the Individual Case Report with a Widow and 2 Children.

POLICY INFORMATION

USR FORM - 4/1/13

DELAWARE WORKERS COMPENSATION STATISTICAL PLAN MANUAL

Effective Date: April 1, 2013

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Section VI

EXAMPLES

Example 18a - Individual Case Report; Death Claim, Widow with 2 Children

Type - State Act-Trauma

Average Weekly Wage - \$295

Effective Date - 07/01/09

Date at Valuation - 01/01/11

Date of Accident - 11/01/09

Widow's Date of Birth - 09/01/70

Age at Widowhood - 39

Age at Valuation - 40

1st Level Report - Open

Date of Death - 11/01/09

Present Value of Future Payments

1) Widow's Benefit plus child #1 Benefits

Weekly Benefit = $.6667 \times (\$295) = \196.68

Present Value of \$1 = 17.046 - Widowhood at age 39, $a[x] + 1$ Value

$\$196.68 \times 52 \times 17.046 = \$174,336$

2) Child #2 Benefits - Payable until child is 18 years old.

Weekly Benefit = $.0333 \times (\$295) = \9.82

No. of Weeks Payable = 01/01/11 to 12/01/11 + 334 days / 7 = 47.714 wks.

$\$9.82 \times 47.714 = \469

3) Remarriage Dowry

Weekly Benefit - \$196.68

Present Value of Remarriage Dowry = .2114

No. of Weeks Payable = 104 weeks

Value of Payments = $\$196.68 \times 104 \times .2114 = \$4,324$

4) Indemnity Paid to Valuation Date

Weekly Benefit = $.70 \times (\$295) = \206.50

No. of Weeks Payable = 11/01/09 to 01/01/11 - 426 days / 7 = 60.857 Wks

$\$206.50 \times 60.857 = \$12,567$

5) Funeral Allowance = \$3,500

UNIT STATISTICAL PLAN - INDIVIDUAL CASE REPORT

CLASS CODE 0659	REPORT NO. CODE* 01	TRAN. TYPE CODE* 1	TYPE OF INJ. CODE* 01	CARRIER NUMBER 99998	CARRIER NAME					PAYROLL STATE CODE* 07	ADM. FILE NUMBER										
POLICY NUMBER 111222		CERT. NO.	POLICY EFFECTIVE DATE MO. DAY YR 07 01 09			CLAIM NO. 68235		STAT CODE* 0	DATE ATTN DISC MO. DAY YR			LOSS CONDITIONS ACT TYPE RCOV CLM SETTLE 01 01 01 01 00					JURIS STATE 07	MCO TYPE 00			
INSURED NAME Bob's Roofing								ACC. DATE MO DAY YR 11 01 09			DATE OF DEATH MO DAY YR 11 01 09			DATE REPORTED MO DAY YR 11 01 09			DATE OF BIRTH MO DAY YR 12 01 59			SURG CODE	ATTN CODE*
WORKER LAST NAME Harris	WORKERS SEX M	AVG. WEEKLY WAGE 295	INJURY DESC. CODE* →	PART 90	NATURE 13	CAUSE 25	OCCUPATION Roofer					DATE CLOSED MO YR		RESERVE CODE*	LUMP SUM	FRAUD CODE 00	S/S OFF-SET				
SOCIAL SECURITY NUMBER		DATE SINGLE SUM PAID →	MO	DAY	YR	EMPLOYMENT STATUS →		YEAR LAST EXPOSED →			DATE OF HIRE →		MO	DAY	YR						
BENEFITS OTHER THAN PENSION								PENSION BENEFITS													
KIND OF BENEFIT		% DISAB.	BODY MEM. CODE*	NO. WEEKS	INCURRED			BENEFICIARY DATA*				DATA PROVIDER COMMENTS									
1. TEMPORARY INDEMNITY		X X X	X X X					CODE	DATE OF BIRTH MO DAY YR												
2. SCHEDULED INDEMNITY								2	09	01	70	Paid to valuation date									
								4	12	01	93	60.857 x 206.50 = 12567									
3. NON-SCHEDULED INDEMNITY			X X X	XXXX				4	05	01	95	Future payments									
4. EMPLOYERS LIABILITY OR OTHER INDEMNITY												(196.68 x 52 x 17.046 = 174336) +									
5. VOCATIONAL REHABILITATION TOTAL INCURRED												(9.82 x 47.714) = 174805									
6. CLAIMANT LEGAL EXPENSE								7. PENSION INDEM. PAID TO VAL. DATE					12567								
PHYSICIAN PAID		TEMP. DISABILITY PAID						8. PENS. INDEM. PREV. RSVD., NOT PAID													
HOSPITAL PAID		PERM. PARTIAL PAID						9. PRES. VALUE FUTURE INDEM. PMNT.					174805								
APP. MED. EVAL. PAID		PERM. TOTAL PAID						10. FUNERAL ALLOWANCE					3500								
DEFENSE MED. EVAL PAID		DEATH PAID						11. LUMP SUM REMARRIAGE					4324								
INDEP. MED. EVAL. PAID		SINGLE LUMP SUM						12. TOTAL INCURRED INDEM.,(SUM 1-11)					195196								
LEGAL EXP. - DEFENSE		V.R. PAID						13. TOTAL INCURRED MEDICAL					500								
ANNUITY PURCHASE AMT.		V.R. INDEM. INCURRED						14. TOTAL INDEM. PAID TO VAL. DATE					6799								
TOTAL GROSS INCURRED		V.R. TRAINING INCURRED						15. TOTAL MED. PAID TO VAL. DATE					500								
		V.R. EVAL. INCURRED						16. SOC. SEC. OR OTHER OFFSET AMT.													

*SEE MANUAL FOR CODING

Example 19 - Merit Rating

Merit rating adjustments are applicable below line C and are calculated as a percentage of the earned premium. Each insured who does not qualify for an experience mod is reviewed to determine if a merit rating adjustment applies.

There are three types of merit rating adjustments based upon an insured's occurrence of lost time (indemnity) losses: Code 9884 (no credit/no debit), Code 9885 (5% credit), Code 9886 (5% debit).

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No													
01				12345	123456789	01/01/09	01/01/10	07																			
Insured's Name: Dee's Electric										F.E.I.N. → 123456789			Pending File No.														
Insured's Address:										T.P.E / F.E.I.N. →																	
Mod. Effective Date	Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use							
01/01/09	01/01/09		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	00	00												
EXPOSURE INFORMATION																											
C O D E S	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions			Jurisdic State	Cat. No.	MCO Type			
		Act	Type	Recv	Clm	Settl																					
		R	01	0661	40000	5.71		2284																			
S U B J E C T	Upd Type	R	01	9807		43	Upd Type	Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred												
	Upd Type						Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical											
		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred												
	Upd Type	A. Total Subject Premium				2327	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		B. Experience Mod (XX.XXX)																									
		C. Total Modified Premium																									
		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical											
		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred												
N O T S B J	Upd Type	R	D.	9885		.05	116	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical											
		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred												
	Upd Type	G.			Total Standard Exposure		Total Standard Premium	Upd Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
					40000		2211																				
		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical											
		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred												
A F T E R S T D	Upd Type		H.	006_	Premium Discount Amount			Upd Type	Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
					Expense Constant Amount		160																				
		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred												
	Upd Type	R	J.	9740		.01	4	Upd Type	LOSS TOTALS																		
		Reserved For Future Use	Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical														
		Tot. Claimant's Attnry. Fees	Tot. Employer's Attnry. Fees		Reserved For Future Use				Total ALAE Paid		Total ALAE Incurred																

Example 20 – Assigned Risk Surcharge

Assigned risk surcharges are applicable below Line C and are calculated as a percentage after the application of any schedule rating debit/credit. See Algorithm Section X for specific premium calculation sequence.

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State	State Effective Date		Certificate Number	Card Serial No.	Risk ID Number		Page No	Last Page No								
01				00200	WC123456789		10/01/09		10/01/10		07																
Insured's Name: A. B. C. Inc.														F.E.I.N. → 123456789				Pending File No.									
Insured's Address:														T.P.E / F.E.I.N. →													
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use		
10/01/09		10/01/09		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	00	00											
EXPOSURE INFORMATION																											
C O D E S	Upd. Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type	
																				Act	Type	Recv	Clm	Settl			
	R	01	0951	35000	.72	252		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
								Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
S U B J E C T	Upd. Type						Upd. Type	Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
								Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
								Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
								Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
							Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
	A. Total Subject Premium				340		Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
	R	B. Experience Mod (XX.XXX)				1.431		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
	C. Total Modified Premium				487			Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred							
N O T S B J	R	D.	0277		.39	190	Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type	
		E.				Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
		F.				Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
G.	Total Standard Exposure			Total Standard Premium		Upd. Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type		
	52950			677			Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
	Premium Discount Amount				Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
A F T E R S T D		H.	006_	Premium Discount Amount		Upd. Type	Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred								
		I.	0900	Expense Constant Amount			Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
	R	J.	9740		.02		11	LOSS TOTALS																			
	R	K.	9741		.01		5	Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical							
		L.						Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved For Future Use				Total ALAE Paid			Total ALAE Incurred								

Example 21 – Anniversary Rated Policy with the Premium Charge for Terrorism and Catastrophe (other than Certified Acts of Terrorism)

In this example it is assumed that more than one experience modification applies during the policy period and the premium charge for Terrorism and Catastrophe (other than Certified Acts of Terrorism) is applicable.

Note: In the following example all premiums are calculated in the same sequence outlined in **Example 16** (combination example).

The premium charge for Terrorism, **Code 9740**, and Catastrophe (other than Certified Acts of Terrorism), **Code 9741**, is derived by adding up all payroll exposures for a given split period divided by \$100 and multiplying the result times the carrier's rating value for each code. The resulting premium charges should be reported on lines "J" through "K" under Code 9740 and 9741.

As with most pricing programs in the state of Delaware, e.g., Construction Credit – Code 9046, Merit Rating Credit – Code 9885 and the premium charges for Terrorism, Code 9740, and Catastrophe (other than Certified Acts of Terrorism), Code 9741, are applicable, as of each risk's Anniversary Rating Date.

UNIT STATISTICAL REPORT

POLICY INFORMATION																															
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number		Policy Effective Date		Policy Expiration Date		Expos State		State Effective Date		Certificate Number		Card Serial No.		Risk ID Number		Page No		Last Page No								
01				00200	WC123456789		12/01/08		12/01/09		07																				
Insured's Name: A. B. C. Inc.															F.E.I.N. → 123456789					Pending File No.											
Insured's Address:															T.P.E / F.E.I.N. →																
Mod. Effective Date		Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type		Deduct. Percent		Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Business Segment Identifier		For Carrier Use		For Bureau Use				
11/01/09		11/01/09		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	100000														
EXPOSURE INFORMATION																															
C O D E S	U p d Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	U p d Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type					
		Act	Type	Recv	Clm	Settl																									
		R	01	0665	255000	7.54		19227		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
		R	01	0953	48000	.20		96		Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred									
S U B J E C T	U p d Type						U p d Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
A. Total Subject Premium	U p d Type						U p d Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
R B. Experience Mod (XX.XXX)	U p d Type						U p d Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
C. Total Modified Premium	U p d Type						U p d Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
N O T S B J	U p d Type						U p d Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
G.	U p d Type	Total Standard Exposure		Total Standard Premium		U p d Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type						
		606000		16234																											
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
A F T E R S T D	U p d Type						U p d Type	Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type					
									Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical							
									Claimant's Attorney Fees		Employer's Attorney Fees		Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred										
LOSS TOTALS																															
Reserved For Future Use								Total No. Claims				Total Incurred Indemnity				Total Incurred Medical				Reserved For Future Use				Total Paid Indemnity				Total Paid Medical			
Tot. Claimant's Attny. Fees								Tot. Employer's Attny. Fees				Reserved For Future Use								Total ALAE Paid				Total ALAE Incurred							

UNIT STATISTICAL REPORT

POLICY INFORMATION																											
Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No													
01				00200	WC123456789	12/01/08	12/01/09	07																			
Insured's Name: A. B. C. Inc.											F.E.I.N. → 123456789				Pending File No.												
Insured's Address:											T.P.E / F.E.I.N. →																
Mod. Effective Date	Rate Effective Date		Policy Conditions								Policy Type ID			Deduct. Type	Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use							
11/01/08	11/01/08		3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std	03	01	100000											
EXPOSURE INFORMATION														LOSS INFORMATION													
C O D E S	Upd. Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd. Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type			
																		Act	Type	Recv	Clm	Settl					
	R	01	0665	255000	7.84	19992		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
	R	01	0953	48000	.24	115		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
	R	01	9664			3277																					
S U B J E C T	Upd. Typ						Upd. Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
							Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical						
							Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred							
	Upd. Typ	A. Total Subject Premium				16830	Upd. Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
		R	B. Experience Mod (XX.XXX)					0.930	Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical				
		C. Total Modified Premium				15652		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
N O T S B J	Upd. Typ	R	D.	9887	.25	3913	Upd. Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
		R	E.	9880	.10	1174		Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
		R	F.	9046	.25	2935		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
G.	Upd. Typ	Total Standard Exposure				Total Standard Premium	Upd. Type	Claim Number	Acc. Date/No. Claims			Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
A F T E R S T D	Upd. Typ	R	H.	0063	Premium Discount Amount	261	Upd. Type	Case Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical					
		R	I.	0900	Expense Constant Amount	119		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement			Weekly Wage			ALAE Paid			ALAE Incurred						
	R	J.	9740	.01	30	Upd. Type	LOSS TOTALS																				
	R	K.	9741	.01	30		Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical														
		L.					Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred												