

Date: _____

Space Reserved for Insurance Department Use

**WORKERS' COMPENSATION
LOSS COST FILING DOCUMENT COVER FORM**

INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION
PROSPECTIVE LOSS COSTS

1. INSURER NAME _____
ADDRESS _____

2. PERSON RESPONSIBLE FOR FILING _____
TITLE _____ TELEPHONE # _____
3. INSURER NAIC # _____
4. ADVISORY ORGANIZATION _____
- 5A. PROPOSED RATE LEVEL CHANGE _____ % EFFECTIVE DATE _____
- 5B. PROPOSED PREMIUM LEVEL CHANGE* _____ % EFFECTIVE DATE _____
- 6A. PRIOR RATE LEVEL CHANGE _____ % EFFECTIVE DATE _____
- 6B. PRIOR PREMIUM LEVEL CHANGE* _____ % EFFECTIVE DATE _____
7. ATTACH "NAIC LOSS COST FILING DOCUMENT—WORKERS' COMPENSATION"
(Attach this document separately for each insurer selected loss cost multiplier.)

* The premium level change is the change in the insurer's annual collectible premium.