

Date: \_\_\_\_\_

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**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.