



NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to

- NCCI's **Residual Market Manual for Workers Compensation and Employers Liability Insurance** for Virginia (**Residual Market Manual** for Virginia)
- NCCI's **Basic Manual for Workers Compensation and Employers Liability Insurance** for Virginia (**Basic Manual** for Virginia)
- NCCI's **Basic Manual User's Guide**, and
- NCCI's **Assigned Risk Supplement**.

You may also contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

VIRGINIA (as of 6/1/2024)				
Estimated Annual Premium	Minimum Deposit %	Premium Installment Basis	Additional Payments During Year	Number of Refusers: Two—one must be the current carrier, if applicable. The application must show in the “remarks” section the <ul style="list-style-type: none">• carrier name• person contacted at carrier• mailing or website address and phone number of carrier contact, and• date of declination.
Under \$5,000	50%	*	One	Effective Date: The later of the following options: <ul style="list-style-type: none">• 12:01 a.m. on the date following receipt by Plan Administrator of a complete and eligible application• The date of expiration of existing coverage• A date the applicant requests If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
At least \$5,000	50%	**	Two	
At least \$10,000	50%	Quarterly	Three	
At least \$25,000	25%	Monthly	Nine	
<p>* Employers with estimated annual premium under \$5,000 are permitted to make a deposit of 50%; the balance due must be paid within 90 days of the policy effective date.</p> <p>** Employers with estimated annual premium of at least \$5,000 and less than \$10,000 are permitted to make a deposit of 50% with 75% (i.e., another 25%) paid within 90 days of the effective date and the remaining 25% paid within 180 days of the effective date.</p>				
<p>Additional premium installments must be made in equal amounts, the sum of which, when added to the deposit premium, must equal 100% of the estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum stated in the deposit and premium installment table.</p> <p>The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate changes to the governing state’s premium installment basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.</p> <p>Minimum Premium Policies</p> <p>The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.</p> <p>Short-Term Policies</p> <p>The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the Plan Administrator.</p> <p>Premium Financed Policies</p> <p>The deposit premium for a premium financed policy is 100% of the total estimated annual premium. The policy is not eligible for premium installment payments for the entire policy year.</p> <p>For any dispute concerning the change of an employer’s payment basis, refer to NCCI’s Residual Market Manual for Virginia rule, Dispute resolution procedure.</p>				
<p>Application Submission Options:</p> <ul style="list-style-type: none">• Online—Applications may be submitted via NCCI’s website at ncci.com. To enroll for access to this free service, contact NCCI’s Customer Service Center at 800-NCCI-123 (800-622-4123) or at customer_service@ncci.com.• Telephone—Applications may be submitted by contacting NCCI’s Customer Service Center at 800-NCCI-123 (800-622-4123).• Mail—Applications may be submitted via the US Postal Service or private overnight delivery service to the address provided below. Note: Under Virginia law, an out-of-state agent/producer is required to have a Virginia resident or nonresident license to submit an application to NCCI for primary coverage. Additionally, persons submitting an application on behalf of an agency must have a Virginia resident or nonresident license.				



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Guide to Premium Calculation:

- Experience rating modification, if applicable
- Virginia Drug-Free Workplace Premium Credit, if applicable
- Virginia **Contracting Classification Premium Adjustment Program (CCPAP)**, if applicable

Election/Rejection Under State Law:

Sole proprietors and partners are not automatically covered under the Act but may elect coverage by attaching to the application a written notice clearly stating the intent to elect coverage. Payroll must be included for any sole proprietor or partners electing coverage.

Members of limited liability companies (LLCs) are not automatically covered under the Act, but may elect coverage by attaching to the application a written notice clearly stating the intent to elect coverage. Payroll must be included for any members of limited liability companies electing coverage.

Note: Members of an LLC are treated as sole proprietors/partners for premium determination purposes in Virginia.

Managers of limited liability companies (LLCs) are automatically covered under the Act, but may elect to be excluded from coverage by filing with the carrier and the Virginia Workers Compensation Commission (VWC) the applicable form, available from the VWC. Attach to the application a copy of the form. Managers cannot exclude coverage for occupational diseases. Payroll must be excluded for any managers of limited liability companies rejecting coverage.

Note: Managers of LLCs are treated as executive officers for premium determination purposes in Virginia.

Executive officers (excluding noncompensated officers of corporations exempt from taxation, pursuant to §501(c)(3) of Title 26 of the US Code (Internal Revenue Code of 1954)) are automatically covered under the Act but may elect to be excluded from coverage by filing with the carrier and the VWC the applicable form, available from the VWC. Attach to the application a copy of the form. Officers cannot exclude coverage for occupational diseases. Payroll must be excluded for any executive officers rejecting coverage.

Failure to file the appropriate notice/forms for election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

Volunteers

Volunteer firefighters under the supervision and control of the Department of Forestry are automatically covered under the Act.

The following are automatically covered under the Act if they respond to an incident upon the request of the Department of Emergency Management:

- volunteer firefighters, volunteer lifesaving or rescue squad members
- volunteer law enforcement chaplains
- auxiliary or reserve police/deputy sheriffs
- volunteer emergency medical technicians
- members of volunteer search and rescue organizations, and
- any other persons who respond to an incident upon request of the Department of Emergency Management.

The following are not automatically covered under the Act:

- volunteers, officers, and employees of any commission or board of any authority created or controlled by a local governing body are not automatically covered, but coverage may be elected by resolution or ordinance duly adopted by the governing board of any county, city, town, or any political subdivision thereof, and
- volunteer firefighters or volunteer lifesaving or rescue squad members are not automatically covered, but such companies or squads may elect to be included as an employer.

The following are not automatically covered under the Act, but the political subdivision, state subdivision, or state institution of higher learning may elect coverage by adopting a resolution acknowledging the following persons as employees:

- volunteer firefighters
- volunteer lifesaving or rescue squad members
- volunteer law enforcement chaplains
- auxiliary or reserve police/deputy sheriffs
- volunteer emergency medical technicians
- members of volunteer search and rescue organizations
- volunteer members of regional hazardous materials emergency response teams
- volunteer members of community emergency response teams, and
- volunteer members of medical reserve corps.

Refer to the Virginia Workers Compensation Commission at www.workcomp.virginia.gov for the most current rules, regulations, and forms.

Note: This information applies only to Virginia. If additional states are to be covered, additional action may be necessary under applicable state law.

Employee Leasing:

IMPORTANT: A Professional Employer Organization (PEO) may apply in the Residual Market only to cover its direct employees.

PEO registration/license requirement: The state of Virginia requires the PEO to be registered with the state. PEO applicants will be asked to provide proof of PEO registration.

Each client must obtain a separate client policy in their own name covering their leased and nonleased workers. Nonleased workers of the PEO will not be included on the client policy for the leased and nonleased workers. The PEO must maintain a separate policy in its own name covering its nonleased workers.



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Submit Application via Regular Mail to:	NCCI Attn: Treasury Department PO Box 3045 Boca Raton, FL 33431	Send Correspondence to:	NCCI Customer Service Center 901 Peninsula Corporate Circle Boca Raton, FL 33487-1362 Phone: 800-622-4123 Fax: 561-893-1191
Submit Application via Overnight Delivery to:	NCCI Attn: Treasury Department 901 Peninsula Corporate Circle Boca Raton, FL 33487-1362		