



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 West Virginia (**Residual Market Manual** for West Virginia),
- NCCI's **Basic Manual for Workers Compensation and Employers Liability Insurance** for West Virginia (**Basic Manual** for West 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).

| WEST VIRGINIA (as of 7/18/2023) | | | | |
|---|-------------------|---------------------------|---------------------------------|--|
| Estimated Annual Premium | Minimum Deposit % | Premium Installment Basis | Additional Payments During Year | Number of Refusers: Two—one must be the current carrier, if applicable. |
| Under \$5,000 | 100% | Annual | None | 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 | 75% | Semiannual | One | |
| At least \$10,000 | 50% | Quarterly | Three | |
| <p>Additional premium installments must be equal payments, the sum of which, when added to the deposit premium, must equal 100% of 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>This deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate 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 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 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>For any dispute concerning the change of an employer's payment basis, refer to NCCI's Residual Market Manual for West 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 to the address provided below. <p>Note: Under West Virginia law, an out-of-state agent/producer is required to have a West Virginia resident or nonresident license to submit an application to NCCI for primary coverage.</p> | | | | |
| <p>Voluntary Coverage Assistance Program (VCAP® Service):</p> <p>NCCI's VCAP® Service applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System (RMAPS® Online Application Service). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through VCAP® Service to determine if they match the preselected criteria specified by a participating voluntary coverage provider.</p> <p>Refer to NCCI's Residual Market Manual for West Virginia rule, Voluntary Coverage Assistance Program (VCAP® Service) for more information.</p> | | | | |
| <p>Loss Sensitive Rating Plan:</p> <p>The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating plan for those employers that have a workers compensation and employers liability insurance policy(ies) with an LSRP standard premium that equals or exceeds \$250,000.</p> <p>In addition to the WCIP initial or deposit premium, employers qualifying for the LSRP are required to submit an LSRP contingency deposit to the assigned carrier. The LSRP contingency deposit is calculated by multiplying the LSRP standard premium by 20%. Subject to certain</p> | | | | |



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conditions, the LSRP contingency deposit may be paid by Automated Clearing House/Electronic Funds Transfer (ACH/EFT), credit card, personal or business check, or an Irrevocable Letter of Credit (ILOC).

Refer to NCCI's **Residual Market Manual** for West Virginia rule, Loss Sensitive Rating Plan (LSRP) for more information.

Guide to Premium Calculation:

- Experience rating modification, if applicable
- Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to total modified premium with a maximum surcharge of 1.49

Election/Rejection Under State Law:

Sole proprietors and partners are automatically covered under the Act, but may elect to be excluded by providing the applicable form to the carrier and the West Virginia Workers Compensation Commission (WV WCC). The form is available from the WV WCC. Attach to the application a copy of the form. Payroll must be excluded for any sole proprietor or partners rejecting coverage.

Members/managers of limited liability companies are automatically covered under the Act but may elect to exclude no more than four members, managers, or officers by providing the applicable form to the carrier and the West Virginia Workers Compensation Commission (WV WCC). The form is available from the WV WCC. Attach to the application a copy of the form. Payroll must be excluded for any members/managers of limited liability companies rejecting coverage.

Note: Members of limited liability companies are treated as partners for premium determination purposes in West Virginia.

Corporate officers are automatically covered:

1. The following officers may elect to be excluded from coverage by providing the applicable form to the carrier and the WV Workers Compensation Commission (WV WCC). The form is available from the WV WCC. Attach to the application a copy of the form. Payroll must be excluded for any corporate officers rejecting coverage.

- The four principal officers—President, Vice President, Secretary, and Treasurer—may reject coverage **regardless** of whether they are working in a **“dual capacity”**.
- All officers and assistant officers who perform work that can only be performed by an officer may reject coverage.

2. The following officers may not reject coverage:

- Officers and assistant officers who work in a **“dual capacity” cannot reject coverage.**

*An officer is considered to be working in a **“dual capacity”** if their activities include both work ordinarily performed by an officer and work ordinarily performed by a worker, administrator, or other employee who is not an officer.

Failure to provide proper notice/forms related to the 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 are automatically covered under the Act.
- Volunteer rescue squads, volunteer police auxiliaries, and volunteer organizations created or sponsored by government are not automatically covered under the Act, but the government may elect to provide coverage.

Refer to the West Virginia Offices of the Insurance Commissioner at www.wvinsurance.gov for the most current rules and regulations.

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

Employee Leasing:

IMPORTANT: Before completing Professional Employer Organization (PEO) Arrangement applications, refer to NCCI's Residual Market Manual for West Virginia rule, Professional Employer Organization (PEO) arrangements for more information. Obtain forms from NCCI.

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

- All of the PEO's leased workers to clients under the state's WCIP must be secured under an MCP basis
- The client's policy covering its leased workers will be issued in the name and FEIN of the client in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business
 - Direct workers of a client will not be included on the client's policy for its leased workers
- The PEO's policy covering its direct workers will be issued in the name and FEIN of the PEO in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business under the WCIP
 - If the PEO has no direct workers in the state where its clients' coverage is being obtained, the PEO's policy will be issued with premium based on the use of Code 8810—Clerical Office Employees NOC on an “if any” basis

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