

Minnesota Workers' Compensation Insurers Association, Inc. 7701 France Avenue South ? Suite 450 Minneapolis, MN 55435-3200

December 4, 2001

ALL ASSOCIATION MEMBERS

Circular Letter No. 01-1375

RE: **CORRECTION**: Minnesota Appendix A – Basic Manual

It has recently come to the attention of Association staff that a special reference list that appears in the Minnesota exception pages of the *Basic Manual* contains a clerical error. This listing includes all classification and statistical codes applicable in Minnesota. Statistical Code 9823 incorrectly lists its increased limits as \$1,000,000/\$1,000,000/\$1,000,000.

Subscribers to National Council's *Basic Manual* should be receiving corrected pages from NCCI. In the meantime, a copy of the corrected alpha exhibit indicating Code 9823 has increased limits of \$100,000/\$100,000/\$1,000,000 is attached for your convenience.

Please feel free to email us at info@mwcia.org if you have any questions regarding this matter or give one of our underwriters a call at 952.897.1737.

EXHIBIT II

BASIC MANUAL

RULES AND PROCEDURES

Statistical code numbers applicable for use in Minnesota:

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	ADDITIONAL PREMIUM FOR EMPLOYERS LIABILITY INCREASED LIMITS - (without workers compensation) - \$1,000,000/1,000,000/\$1,000,000	0000
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	ADDITIONAL PREMIUM FOR EMPLOYERS LIABILITY INCREASED LIMITS - (without workers compensation) -	0000
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	\$1,000,000/\$1,000,000/\$5,000,000	9834
, ,	ADDITIONAL PREMIUM FOR EMPLOYERS LIABILITY INCREASED LIMITS - (without workers compensation) -	222-
1,000,000/\$1,000,000/\$10,000,000	\$1,000,000/\$1,000,000/\$10,000,000	9835

EXHIBIT II

BASIC MANUAL

RULES AND PROCEDURES

ADDITIONAL DREMITIM FOR EMPLOYERS HARBITY INCREASED LIMITS (without workers compared to n)	
ADDITIONAL PREMIUM FOR EMPLOYERS LIABILITY INCREASED LIMITS - (without workers compensation) -	0000
OVER \$1,000,000/\$1,000,000/\$10,000,000 ADDITIONAL PREMIUM REQUIRED TO BALANCE TO MINIMUM PREMIUM FOR ADMIRALTY AND/OR FELA	9836
INCREASED LIMITS	9849
ADDITIONAL PREMIUM WAIVER OF SUBROGATION - SUBJECT TO EXPERIENCE RATING	0930
AIRCRAFT OPERATION FOR REPORTING PASSENGER SEAT SURCHARGE AND CRASH LOSSES TO	
EMPLOYEES OTHER THAN MEMBERS OF CREW	9108
ATOMIC ENERGY: RADIATION EXPOSURE NOC - FOR REPORTING RADIATION EXPERIENCE IN	
CONNECTION WITH RISKS OTHER THAN ATOMIC ENERGY COMMISSION PROJECTS	9985
COLLECTIVE BARGAINING PROGRAM CREDIT – NOT SUBJECT TO EXPERIENCE RATING	9742
CONTRACTING CLASSIFICATION PREMIUM CREDIT (MCPAP)	9046
DRUG FREE WORKPLACE PREMIUM CREDIT -NOT SUBJECT TO EXPERIENCE RATING	9846
EMPLOYERS LIABILITY INCREASED LIMITS - ADMIRALTY OR FELA OVER \$500,000	9840
EMPLOYERS LIABILITY INCREASED LIMITS - ALL OTHER	9837
EXPENSE CONSTANT	0900
FOR REPORTING DISEASE EXPERIENCE IN CONNECTION WITH ABRASIVE OR SAND BLASTING - SUBJECT	0900
	0050
TO EXPERIENCE RATING FOR REPORTING DISEASE EXPERIENCE IN CONNECTION WITH INCIDENTAL FOUNDRIES - IRON - SUBJECT	0059
TO EXPERIENCE RATING	0067
FOR REPORTING DISEASE EXPERIENCE IN CONNECTION WITH INCIDENTAL FOUNDRIES - NON FERROUS	
METALS - SUBJECT TO EXPERIENCE RATING	0066
FOR REPORTING DISEASE EXPERIENCE IN CONNECTION WITH INCIDENTAL FOUNDRIES - STEEL -	
SUBJECT TO EXPERIENCE RATING	0065
FOR REPORTING PREMIUM CREDIT RESULTING FROM A FLAT DECREASE ON AGGREGATE PREMIUM	
EARNED ON OUTSTANDING POLICIES	0994
FOR REPORTING PREMIUM RESULTING FROM FLAT INCREASE FOR LAW AMENDMENT ON AGGREGATE	
PREMIUM EARNED ON OUTSTANDING POLICIES AFTER EFFECTIVE DATE OF AMENDMENT	0998
	0000
FOR REPORTING SUPPLEMENTAL DISEASE EXPERIENCE IN CONNECTION WITH ASBESTOS EXPOSURE	0133
FOR REPORTING SUPPLEMENTAL DISEASE EXPERIENCE IN CONNECTION WITH AGDESTED EXICOGNE	0179
FOR REPORTING THE ADDITIONAL PREMIUM REQUIRED TO BALANCE TO THE MINIMUM PREMIUM FOR	0179
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EMPLOYERS LIABILITY INCREASED LIMITS	9848
EMPLOYERS LIABILITY INCREASED LIMITS MANAGED CARE/DESIGNATED MEDICAL PROVIDER PREMIUM CREDIT PROGRAM	9874
EMPLOYERS LIABILITY INCREASED LIMITS MANAGED CARE/DESIGNATED MEDICAL PROVIDER PREMIUM CREDIT PROGRAM MERIT RATING CREDIT	9874 9885
EMPLOYERS LIABILITY INCREASED LIMITS MANAGED CARE/DESIGNATED MEDICAL PROVIDER PREMIUM CREDIT PROGRAM MERIT RATING CREDIT MERIT RATING DEBIT	9874 9885 9886
EMPLOYERS LIABILITY INCREASED LIMITS MANAGED CARE/DESIGNATED MEDICAL PROVIDER PREMIUM CREDIT PROGRAM MERIT RATING CREDIT MERIT RATING DEBIT MERIT RATING PROGRAM 33% CREDIT	9874 9885 9886 9680
EMPLOYERS LIABILITY INCREASED LIMITS MANAGED CARE/DESIGNATED MEDICAL PROVIDER PREMIUM CREDIT PROGRAM MERIT RATING CREDIT MERIT RATING DEBIT MERIT RATING PROGRAM 33% CREDIT NO EXPOSURE UNIT REPORTS	9874 9885 9886 9680 1111
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