



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

April 15, 1987

ALL ASSOCIATION MEMBERS

Circular Letter No. 87—1033

RE: Insurance Verification System

Since the March 1, 1987 change in rules for insurance coverage verification, we have had several inquiries from insurance companies as to the type of form to be used when notifying our office of policy termination, cancellation, or reinstatement.

The Forms Manual of Workers' Compensation and Employers Liability Insurance contains a standard form (WC 89 06 09) to be used when reporting policy termination, cancellation, or reinstatement. We have contacted the Minnesota Department of Labor and Industry and have received approval for the use of this form in Minnesota.

For your information we are attaching a copy of Form WC 89 06 09. We strongly encourage the use of this uniform form in order to meet the filing requirements as outlined in our Circular Letters No. 87-1029 and 87-1030.

If you should have any questions or comments regarding the above, please feel free to contact our office.

Very truly yours, LINDA N. HANSON

Vice President

LMI-I/sbB20
Enc.

Issued March 1, 1988

POLICY TERMINATION/CANCELATION/REINSTATEMENT /NOTICE

CARRIER NAME /NCCI CARRIER CODE

INSURED'S NAME

FEDERAL I.D. NO.

INSURED'S ADDRESS

**POLICY NUMBER:
DATE:**

POLICY EFFECTIVE DATE:

POLICY EXPIRATION

__ TERMINATION/CANCELATION

The coverage provided by the policy number shown above is being terminated/canceled flat, -pro rata, or -short rate, effective _____ for the following reason(s):

__ REINSTATEMENT

The coverage provided by the policy number shown above and previously canceled, or scheduled for cancellation is being reinstated effective _____

Issue Date: _____

Issuing Office:

Producer's Name:

Date Stamp:

Notes:

- 1. If a member of a carrier group, report either (1) the name of the specific carrier within the group providing the coverage and, if desired, the NCCI carrier code, or (2) the group name and the NCCI carrier code identifying the specific carrier.**
- 2. If not a member of a carrier group, report the carrier name and, if desired, the NCCI carrier code.**
- 3. See manual note pages for special state provisions concerning effective date of notice.**