

**ERM-6 FORM
WORKERS COMPENSATION EXPERIENCE RATING
FOR NON-AFFILIATE DATA**
Effective 01 Dec 2003

NAME OF RISK _____

ADDRESS OF RISK _____ CITY _____ STATE _____

ZIP _____ RISK IDENTIFICATION NO. _____ EFFECTIVE DATE OF RATING _____

FEDERAL IDENTIFICATION NUMBER _____ STATE OF COVERAGE _____

| Coverage Period | | (3) Class Code | (4) Payroll | (5) Claim Identification Number Assigned | (6) Injury Type Code | (7) Open/Closed -Final (O/F) | (8) Incurred Losses (Paid plus Reserves) |
|--|---|----------------------|----------------|---|-------------------------------|---------------------------------------|---|
| (1) Effective Month/Day/ Year | (2) Expiration Month/Day/ Year | | | | | | |
| | | | | | | | |

PLEASE FOLLOW THE INSTRUCTIONS ON THE BACK PAGE FOR COMPLETING THIS WORKSHEET, AND RETURN IT TO NCCI PRIOR TO THE RATING EFFECTIVE DATE.

