



Instructions

This application details the required documentation private and public employers must provide to support a request for experience modification calculation. Submitting the required documentation with this form will help BWC expedite its decision. BWC will advise you if additional documentation or information is needed.

- Fax this completed form and required supporting evidence to 614-621-1217, or submit it by mail to BWC, 30 W. Spring St., Attn: Rate Adjustment Department, 27th floor, Columbus, OH 43215-2256.
- You may email questions concerning the motor vehicle experience adjustments to emprateadj@bwc.state.oh.us.

Injured worker information			
Name		Claim number	
Date of injury	If applicable, date of death		
Responsible third-party information			
Name			
Address		Telephone number	
City	State	ZIP code	Email address
Required supporting documentation you must submit with this application includes: Copy of the police motor vehicle accident report from a law enforcement agency stating that a citation has been issued to a third party, or copy of the citation showing the third party is responsible for this accident.			
Insurance information of responsible third party			
Insurance company name			
Claim adjuster's name		Fax number	
Address		Telephone number	
City	State	ZIP code	Email address
Supporting documentation you must submit with this application includes: <ul style="list-style-type: none"> • If a citation is provided, proof that the insurer accepts coverage. • If a citation is not provided, proof that the insurer accepts coverage AND proof that the third party is more than fifty percent liable. 			
Employer representative information			
Employer representative name		Representative ID number	
Address		Telephone number	
City	State	ZIP code	Email address
Employer of record information			
Employer name requesting experience modification		Policy number	Manual number
Address		Telephone number	
City	State	ZIP code	Email address
Signature			
<ul style="list-style-type: none"> • I have been authorized to sign and execute this application for experience modification on behalf of the company. • I have read and understand the experience adjustment requirements in their entirety and agree to comply with the terms. • I understand if all the required information and supporting documentation are not submitted BWC may deny this application. 			
Name of applicant filing for the employer		Applicant's title	
Applicant's signature		Date	