



# Applying for Other States Coverage through BWC? How to complete the ACORD 130 form

## Other States Coverage unit – contact information

**Email:**

[BWCotherstatescoverage@bwc.state.oh.us](mailto:BWCotherstatescoverage@bwc.state.oh.us)

**Phone:** 614-728-0535

**Fax:** 1-800-671-2351

An employer who is interested in obtaining Other States Coverage through BWC must apply using the ACORD 130 form. Employers can obtain the form by contacting their insurance agent or BWC’s Other States Coverage unit.

The ACORD 130 is the industry standard form for workers’ compensation coverage. If you are using an agent to apply for coverage, he or she may be familiar with the form and can help you complete and submit it to BWC’s Other States Coverage unit.

In addition to a completed ACORD 130 form, if you had prior coverage out of state, BWC requires the following to process your application:

- The declaration page or a certificate of coverage for your current policy/policies;
- Five years of loss runs for your out-of-state policy/policies.

Please submit completed forms via email or fax to BWC’s Other States Coverage unit.

Please note: We require that all states with known or potential exposure be covered through the BWC issued Other States Coverage policy. We will not provide Other States Coverage concurrently with another carrier, eliminating the potential for unnecessary coverage disputes.

**Please remember, you MUST sign the ACORD 130 for processing.**

Below are general tips and instructions to assist you in completing the form.

Field or Section	Description	Instructions
<b>Agency Name and Address</b>	If using an agent, enter his/her information here.	If not using an agent, leave this section and the contact information in this block blank.
<b>Company</b>	Name of insurance company	Enter Zurich.
<b>Underwriter</b>	N/A	Leave blank.
<b>Applicant Name</b>	Full name of the applicant as it will appear on the policy declaration page.	Enter the legal business name of company to be covered.  If the company has a DBA, also enter that in this block.

Field or Section	Description	Instructions
<b>SIC</b>	The Standard Industry Class code assigned to the particular type of business.	If unknown, leave blank.
<b>NAICS</b>	The North American Industry Classification (NAICS) 6-digit industry code assigned to this particular type of business.	If unknown, leave blank.
<b>Type of Business</b>	This box indicates the legal entity type for the named insured.	Check the box indicating the business type of the company to be covered.
<b>Credit Bureau Name</b>	This box identifies an external source that can provide financial or credit information.	Leave blank.
<b>ID Number</b>	This is the identifier assigned by the credit bureau.	Leave blank.
<b>Federal Employer ID Number</b>	This is the tax identifier of the named applicant.	This number is used to confirm an applicant's BWC policy number. The FEIN is required for BWC to provide a quote.
<b>NCCI Risk ID Number</b>	This is the nine-digit number assigned to the applicant by the National Council on Compensation Insurance (NCCI). NCCI is a rating bureau operating in most states that also provides interstate experience rating for risks occurring in more than one state.	If you have a NCCI number, enter it here.  If unknown, leave blank.  If you are eligible for coverage, the insurer will assign a NCCI number.
<b>Other Rating Bureau ID or State Employer Registration Number</b>	The state's rating bureau may assign a separate identification number if the applicant is subject to experience rating in an independent bureau state.	If you have an employer registration number in a non-NCCI state, enter it here.  If unknown, leave blank.
<b>Status of Submission</b>		
<b>Quote</b>		Check the quote box in order to receive a quote for Other States Coverage through BWC.
<b>Billing and Audit Information</b>		
<b>Billing Plan</b>		Leave blank.

Field or Section	Description	Instructions
<b>Payment Plan</b>	You must pay in full annually Other States Coverage policies through BWC.	Check the Annual box.
<b>Audit</b>	Other States Coverage policies issued through BWC will be audited at expiration.	Check the At Expiration box.
<b>Locations</b>		
<b>LOC#</b>	This is the assigned number of the location.	If there are several locations, list each one separately start- ing with No. 1.
<b>Highest Floor</b>	This is the highest floor of the physical location.	Enter number of the highest floor of the physical location.
<b>Street, City, County, State, ZIP Code</b>	This is the physical location.	Enter an address for the phys- ical location for each state in which you are requesting coverage.  Do not enter your Ohio ad- dress.  If you do not have a fixed location outside Ohio, provide the city and state in which you generally work.  Although the insurer can pro- duce a quote without a phys- ical location, you will need to add one before the insurer can issue a policy. Call the OSC unit for assistance with loca- tion questions.
<b>Policy Information</b>		
<b>Proposed Eff Date</b>	This is the effective date of the policy. The date on which the terms and conditions of the policy will commence.	This date should be approx- imately 60 days after appli- cation date to allow time for processing, payment, etc.  BWC will do its best to accom- modate shorter time periods.
<b>Proposed Exp Date</b>	The terms and conditions of the policy will expire on this date.	The expiration date is one year after effective date.

Field or Section	Description	Instructions
<b>Normal Anniversary Rating Date</b>		Leave blank.
<b>Participating/Non-participating</b>	N/A	Leave blank.
<b>Retro Plan</b>	N/A	Leave blank.
<b>Part 1 – Workers Compensation (States)</b>	Part 1 refers to the workers’ compensation law and/or occupational disease law in states where the applicant has operations.	List the states outside Ohio, in which you will be operating for the proposed policy year.
<b>Part 2 – Employer’s Liability</b>	The basic limits of liability are: \$100,000 each accident; \$500,000 disease – policy limit; \$100,000 disease – each employer.	If you would like increased liability limits, they are available up to \$1,000,000 for an additional charge.
<b>Part 3 – Other States Insurance</b>	Part 3 refers to states not listed in Part 1 where the applicant has the potential for operations during the policy year, but none currently exist as of the effective date of policy.	This box can be left blank. All policies will default to all states except ND, OH, WA, WY and those states listed in 3 A.  If the employer begins operations in any of these states during the policy period, it is the employer’s duty to notify BWC immediately so proper coverage can be added.
<b>Deductibles</b>	N/A	Leave blank.
<b>Amount %</b>	N/A	Leave blank.
<b>Other Coverages</b>		
<b>Foreign Cov</b>	N/A	Leave blank.
<b>Dividend Plan/Safety Group</b>	N/A	Leave blank.
<b>Additional Company Information</b>		Leave blank.

Field or Section	Description	Instructions
<b>Specify Additional Coverages/Endorsements</b>	This is the description of exposures for the optional coverages selected in the Other Coverages section.	Leave blank.
<b>Total Estimated Annual Premium – All States</b>		Leave blank.
<b>Contact Information</b>	This includes contact information for the following: Inspections; Accounting Records; Claims Info.	Provide contact information for each function.
<b>Individuals Included/ Excluded</b>	Based on state laws, applicable workers' compensation law may not cover certain positions within an organization such as sole proprietors or partners. However, they may elect coverage. Conversely, executive officers of corporations are usually considered to be employers. However, they may elect to exclude themselves from coverage.	List any individuals (partners, officers, relatives), that should be included or excluded in the policy.  If you leave this section blank, the insurer will automatically include officers in the policy.  Note: If officers are included in the policy this could result in additional premium at audit.
<b>State Rating Worksheet</b>		Complete this information for each state. Multiple sheets may be used if needed. You must complete the items listed below. <ul style="list-style-type: none"> <li>• LOC #</li> <li>• State</li> <li>• Class Code</li> <li>• Categories, Duties, Classifications</li> <li>• #Employees</li> <li>• Estimated Annual Remuneration/Payroll</li> </ul>
<b>LOC #</b>	This is the location number.	Enter the assigned number of the location.

Field or Section	Description	Instructions
<b>State</b>	This is the state to which the rating information is applicable.	Complete a state-rating worksheet for each state where coverage is provided. Use additional sheets if necessary.
<b>Class Code</b>	NCCI class code	Enter the NCCI class code.  For non-NCCI states such as PA, enter the equivalent class code, if known.
<b>Categories, Duties, Classifications</b>	This is the description of activities and operations.	It is extremely important to enter the specific classification description, or, at least, a brief statement regarding duties of the employees. Enter as much information as necessary to avoid misclassifying the operations.
<b># Employees</b>	The number of full-time/part-time employees to whom the classification applies.	The average number is sufficient when the total number fluctuates during the year.  You must complete this section to receive a policy.
<b>Estimated Annual Remuneration/Payroll</b>	This is the estimated total annual remuneration/payroll for the class.	Accurate payroll estimates help avoid additional premium requirements being discovered during an audit.  List the estimated payroll by state. Do not include payroll you reported to Ohio.
<b>Premium</b>		Leave this entire section blank.
<b>Remarks</b>		Use this section to provide any remarks or clarifying comments about your operations.

Field or Section	Description	Instructions
<b>Prior Carrier Information/ Loss History</b>	If the applicant previously had coverage outside Ohio through a carrier, complete this section.	<p>If applicant had prior coverage outside Ohio, please attach a loss history report covering the last five years.</p> <p>If the applicant did not previously have coverage outside Ohio, indicate there were no prior carriers in this section.</p>
<b>Nature of Business/Description of Operations</b>	This section informs the underwriter of each applicant's business and the way it is conducted by premises.	<p>Operations, which may not be apparent in a general description, may be segmented by location. For example, location No. 1 may be the general offices while location No. 2 may be the warehouse. Include enough detail in this, to enable the underwriter to understand and classify each operation.</p> <p>Do not use the classification language from the Commercial Lines Manual or Workers' Compensation Manual, because they do not provide adequate detail.</p> <p>For example, describe a manufacturer of pulley wheels used in sewing machines as such and not as "Metal Good Mfg. N.O.C."</p>
<b>General Information</b>	Answer questions 1-24.	If the answer to any question is yes, provide an explanation.
<b>Notice of Information Practices (Privacy) checkbox</b>		You may leave this box unchecked.
<b>Applicant's Signature</b>	Please note: the employer (officer, owner or partner) must sign the ACORD 130.	CPAs, TPAs, Agents, etc. <u>may</u> <u>NOT</u> sign the form on the employers' behalf.