

State: Texas **Filing Company:** National Council on Compensation Insurance, Inc.
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: 01-TX-2023 Revisions to Forms Manual Forms and Endorsements Applicable in Texas and Basic Manual Rules Related to the Texas Group Purchase Program
Project Name/Number: /

Filing at a Glance

Company: National Council on Compensation Insurance, Inc.
Product Name: 01-TX-2023 Revisions to Forms Manual Forms and Endorsements Applicable in Texas and Basic Manual Rules Related to the Texas Group Purchase Program
State: Texas
TOI: 16.0 Workers Compensation
Sub-TOI: 16.0004 Standard WC
Filing Type: Policy Form
Date Submitted: 02/21/2023
SERFF Tr Num: NCCI-133567998
SERFF Status: Assigned
State Tr Num: S709111
State Status: AS-Assigned To Technician
Co Tr Num: 01-TX-2023 FORM
Effective Date: 07/01/2023
Requested (New):
Effective Date: 07/01/2023
Requested (Renewal):
Author(s): Lesley O'Brien, Nancy Mattei, Tyler Santos, Andrew Scott, Mario Morales
Reviewer(s): David Trautman (primary), Connie Adams
Disposition Date:
Disposition Status:
Effective Date (New):
Effective Date (Renewal):
State Filing Description:
WC 1
Associated Filing - NCCI-133568073
Revisions - S673122 (01-TX-2019) (PF)

State: Texas **Filing Company:** National Council on Compensation Insurance, Inc.
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: 01-TX-2023 Revisions to Forms Manual Forms and Endorsements Applicable in Texas and Basic Manual Rules Related to the Texas Group Purchase Program
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General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 02/22/2023
State Status Changed: 02/22/2023 Deemer Date:
Created By: Nancy Mattei Submitted By: Nancy Mattei
Corresponding Filing Tracking Number: NCCI-133568073
State TOI: Workers Compensation State Sub-TOI: Workers Compensation

Filing Description:

This item revises NCCI's Forms Manual of Workers Compensation and Employers Liability Insurance (Forms Manual) to:

- establish the countrywide Federal Employers' Liability Act Coverage Endorsement (WC 00 01 04 A) for use in Texas
- withdraw the countrywide Federal Employers' Liability Act Coverage Endorsement (WC 00 01 04) in Texas
- revise the Texas Amendatory Endorsement (WC 42 03 01 K)
- eliminate the Texas—Audit Premium and Retrospective Premium Endorsement (WC 42 04 07)
- revise the Group Purchase of Workers Compensation Insurance Application for Certification for Group to Form (GPP-1B), and
- revise the Group Purchase of Workers Compensation Insurance Renewal Application for Certification for Group to Form (GPP-2B).

This item also revises several rules related to the Texas group purchase program in NCCI's Basic Manual for Workers Compensation and Employers Liability Insurance for Texas (Basic Manual for Texas).

Company and Contact

Filing Contact Information

Terri Robinson, Senior State Relations terri_robinson@ncci.com
Executive
2400 Crestwood Road 501-333-2835 [Phone]
Suite 207 561-893-5655 [FAX]
North Little Rock, AR 72116

Filing Company Information

National Council on Compensation Insurance, Inc. CoCode: State of Domicile: Florida
901 Peninsula Corporate Circle Group Code: Company Type:
Boca Raton, FL 33487 Group Name: State ID Number:
(561) 893-3186 ext. [Phone] FEIN Number: 65-0439698

State: Texas **Filing Company:** National Council on Compensation Insurance, Inc.
TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC
Product Name: 01-TX-2023 Revisions to Forms Manual Forms and Endorsements Applicable in Texas and Basic Manual Rules Related to the Texas Group Purchase Program
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Filing Fees

State Fees

Fee Required? Yes
Fee Amount: \$22.00
Retaliatory? No
Fee Explanation:

State Specific

- [PII] Does this filing contain any personally identifiable information (PII)? (See SERFF General Instructions for the definition and examples of PII.) Answer either YES or NO:: No
- [Associated filing] Provide the TDI file number or SERFF tracking number for all associated filings:: NCCI-133568073
- [Deemer date] Do you waive the deemer for form, endorsement, and certificate of insurance filings under 28 TAC 5.9325? Answer either YES or NO:: Yes
- Do you waive the limits on requests for information for rate/rule filings under 28 TAC 5.9336? Answer either YES or NO:: Yes
- [Replacement number] Provide the TDI file number or SERFF tracking number of the previously approved forms and endorsements or accepted rates, rules, or rate/rules that you are replacing:: S692689; S673122
- [Reference/adopt] Provide the TDI file number or SERFF tracking number that contains approved forms and endorsements or accepted rates, rules, or rate/rules that you are referencing/adopting.: N/A
- [Interline] State if this is an interline filing and list all lines of insurance the endorsement or rate/rules applies to.: N/A
- [Dual] For dual filings (monoline and multi-peril) state if this is a new program. If not, provide the TDI file number or SERFF tracking number for either the previous dual filing, or the previous monoline and multi-peril filings approved for this program:: N/A
- [Policy form] What policy form do these endorsements and forms go with? List the TDI file number or SERFF tracking number where the policy form was approved or referenced:: The previous filings were not made in Texas and generally the rules listed were adopted with the Manual adoption, which did not have a filing number.
- [RPG] Will this filing be used for a Risk Purchasing Group? Answer either YES or NO. If yes, provide the name:: No

State: Texas

Filing Company:

National Council on Compensation Insurance, Inc.

TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC

Product Name: 01-TX-2023 Revisions to Forms Manual Forms and Endorsements Applicable in Texas and Basic Manual Rules Related to the Texas Group Purchase Program

Project Name/Number: /

Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Federal Employers' Liability Act Coverage Endorsement	WC 00 01 04 A	07-2023	END	New				01-TX-2023-FORM Exhibit 1.pdf
2		Federal Employers' Liability Act Coverage Endorsement	WC 00 01 04	04-1984	END	Withdrawn	Previous Filing Number:	PF-2006-05		01-TX-2023-FORM Exhibit 2.pdf
							Replaced Form Number:	N/A		
							Replaced Edition Date:			
3		Texas Amendatory Endorsement	WC 42 03 01 L	07-2023	END	Replaced	Previous Filing Number:	B-1444		01-TX-2023-FORM Exhibit 3.pdf
							Replaced Form Number:	WC 42 03 01 K		
							Replaced Edition Date:	04-2022		
4		Texas—Audit Premium and Retrospective Premium Endorsement	WC 42 04 07	03-2002	END	Withdrawn	Previous Filing Number:	PF-02-04		01-TX-2023-FORM Exhibit 4.pdf
							Replaced Form Number:	N/A		
							Replaced Edition Date:			
5		Group Purchase of Workers Compensation Insurance Application for Certification for Group to Form	GPP-1C	07-2023	OTH	Replaced	Previous Filing Number:	01-TX-2019		01-TX-2023-FORM Exhibit 5.pdf
							Replaced Form Number:	GPP-1B		
							Replaced Edition Date:	07-2020		
6		Group Purchase of Workers Compensation Insurance Renewal Application for Certification for Group to Form	GPP-2C	07-2023	OTH	Replaced	Previous Filing Number:	01-TX-2019		01-TX-2023-FORM Exhibit 6.pdf
							Replaced Form Number:	GPP-2B		
							Replaced Edition Date:	07-2020		

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
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SERFF Tracking #:

NCCI-133567998

State Tracking #:

S709111

Company Tracking #:

01-TX-2023 FORM

State:

Texas

Filing Company:

National Council on Compensation Insurance, Inc.

TOI/Sub-TOI:

16.0 Workers Compensation/16.0004 Standard WC

Product Name:

01-TX-2023 Revisions to Forms Manual Forms and Endorsements Applicable in Texas and Basic Manual Rules Related to the Texas Group Purchase Program

Project Name/Number:

/

BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

ITEM 01-TX-2023—REVISIONS TO FORMS MANUAL FORMS AND ENDORSEMENTS APPLICABLE IN TEXAS AND BASIC MANUAL RULES RELATED TO THE TEXAS GROUP PURCHASE PROGRAM

**EXHIBIT 1-FORM
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
FEDERAL EMPLOYERS' LIABILITY ACT COVERAGE ENDORSEMENT (WC 00 01 04 A)
(Countrywide Endorsement to Be Applicable in Texas)**

Federal Employers' Liability Act Coverage Endorsement (WC 00 01 04 A)

This endorsement applies only to work subject to the Federal Employers' Liability Act (45 USC Sections 51–60) and any amendment to that Act that is in effect during the policy period.

G. **Limits of Liability** of Part Two (Employers Liability Insurance) is replaced by the following:

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in the Schedule. They apply as explained below:

1. **Bodily Injury by Accident.** The limit shown for “bodily injury by accident—each accident” is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. **Bodily Injury by Disease.** The limit shown for “bodily injury by disease—aggregate” is the most we will pay for all damages covered by this insurance because of bodily injury by disease to one or more employees. The limit applies separately to bodily injury by disease arising out of work in each state shown in Item 3.A. of the Information Page or in the Schedule.
Bodily injury by disease does not include disease that results directly from bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

If any state is named in Item 2 of the Schedule, Part Two (Employers Liability Insurance) applies in that state to work subject to the Federal Employers' Liability Act as though that state were listed in Item 3.A. of the Information Page. Part One (Workers Compensation Insurance) does not apply in a state shown in the Schedule.

Part Two (Employers Liability Insurance), C. Exclusions, exclusion 9, does not apply to work subject to the Federal Employers' Liability Act.

Schedule

1. Limits of Liability

Bodily Injury by Accident \$ _____ each accident

Bodily Injury by Disease \$ _____ aggregate

2. State

ITEM 01-TX-2023—REVISIONS TO FORMS MANUAL FORMS AND ENDORSEMENTS APPLICABLE IN TEXAS AND BASIC MANUAL RULES RELATED TO THE TEXAS GROUP PURCHASE PROGRAM

EXHIBIT 2-FORM
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
FEDERAL EMPLOYERS' LIABILITY ACT COVERAGE ENDORSEMENT (WC 00 01 04)
(Countrywide Endorsement to Be Withdrawn in Texas)

Federal Employers' Liability Act Coverage Endorsement (WG 00 01 04)

This endorsement applies only to work subject to the Federal Employers' Liability Act (45 USC Sections 51-60) and any amendment to that Act that is in effect during the policy period.

G. Limits of Liability of Part Two (Employers Liability Insurance) is replaced by the following:

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in the Schedule. They apply as explained below:

- 1. Bodily Injury by Accident. The limit shown for "bodily injury by accident—each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

- 2. Bodily Injury by Disease. The limit shown for "bodily injury by disease—aggregate" is the most we will pay for all damages covered by this insurance because of bodily injury by disease to one or more employees. The limit applies separately to bodily injury by disease arising out of work in each state shown in Item 3.A. of the Information Page or in the Schedule.

Bodily injury by disease does not include disease that results directly from bodily injury by accident.

- 3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

If any state is named in Item 2 of the Schedule, Part Two (Employers Liability Insurance) applies in that state to work subject to the Federal Employers' Liability Act as though that state were listed in Item 3.A. of the Information Page. Part One (Workers Compensation Insurance) does not apply in a state shown in the Schedule.

Schedule

1. Limits of Liability

Bodily Injury by Accident \$ _____ each accident

Bodily Injury by Disease \$ _____ aggregate

2. State

**ITEM 01-TX-2023—REVISIONS TO FORMS MANUAL FORMS AND ENDORSEMENTS
APPLICABLE IN TEXAS AND BASIC MANUAL RULES RELATED TO THE TEXAS GROUP
PURCHASE PROGRAM**

**EXHIBIT 3-FORM
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
TEXAS AMENDATORY ENDORSEMENT (WC 42 03 01 K)****Texas Amendatory Endorsement (WC 42 03 01 K L)**

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.

GENERAL SECTION

B. **Who Is Insured** is amended to read:

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership or joint venture, and if you are one of its partners or members, you are insured, but only in your capacity as an employer of the partnership's or joint venture's employees.

D. **State** is amended to read:

State means any state or territory of the United States of America, and the District of Columbia.

PART ONE—WORKERS COMPENSATION INSURANCE

E. **Other Insurance** is amended by adding this sentence:

This Section only applies if you have other insurance or are self-insured for the same loss.

F. **Payments You Must Make**

This Section is amended by deleting the words “workers compensation” from number 4.

H. **Statutory Provisions**

This Section is amended by deleting the words “after an injury occurs” from number 2.

PART TWO—EMPLOYERS LIABILITY INSURANCE

C. **Exclusions**

Sections 2 and 3 are amended to add:

This exclusion does not apply unless the violation of law caused or contributed to the bodily injury.

Section 6 is amended to read:

6. bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America, Mexico or Canada who is temporarily outside these countries.

D. **We Will Defend**

This Section is amended by deleting the last sentence.

PART FOUR—YOUR DUTIES IF INJURY OCCURS

Number 6 of this part is amended to read:

**ITEM 01-TX-2023—REVISIONS TO FORMS MANUAL FORMS AND ENDORSEMENTS
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**EXHIBIT 3-FORM (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
TEXAS AMENDATORY ENDORSEMENT (WC 42 03 01 K)**

6. Texas law allows you to make weekly payments to an injured employee in certain instances. Unless authorized by law, do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE—PREMIUM

A. **Our Manuals** is amended by adding this sentence:

In this part, “our manuals” means manuals approved or prescribed by the Texas Department of Insurance.

C. Remuneration

Number 2 is amended to read:

2. All other persons engaged in work that would make us liable under Part One (Workers Compensation Insurance) of this policy. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured workers compensation insurance.

D. **Premium Payments** is amended by adding this sentence:

The billing statement or invoice for audit additional premiums and/or retrospective additional premiums establishes the date that the premium is due.

E. Final Premium

Number 2 is amended to read:

2. If you cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.

PART SIX—CONDITIONS

A. **Inspection** is amended by adding this sentence:

Your failure to comply with the safety recommendations made as a result of an inspection may cause the policy to be canceled by us.

C. **Transfer of Your Rights and Duties** is amended to read:

Your rights and duties under this policy may not be transferred without our written consent. If you die, coverage will be provided for your surviving spouse or your legal representative. This applies only with respect to their acting in the capacity as an employer and only for the workplaces listed in Items 1 and 4 on the Information Page.

D. **Cancelation** is amended to read:

1. You may cancel this policy. You must mail or deliver advance notice to us stating when the cancelation is to take effect.
2. We may cancel this policy. We may also decline to renew it. We must give you written notice of cancelation or nonrenewal. That notice will be sent certified mail or delivered to you in person. A copy of the written notice will be sent to the Texas Department of Insurance—Division of Workers' Compensation.

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**EXHIBIT 3-FORM (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
TEXAS AMENDATORY ENDORSEMENT (WC 42 03 01 K)**

3. Notice of cancellation or nonrenewal must be sent to you not later than the 30th day before the date on which the cancellation or nonrenewal becomes effective, except that we may send the notice not later than the 10th day before the date on which the cancellation or nonrenewal becomes effective if we cancel or do not renew because of:
 - a. Fraud in obtaining coverage;
 - b. Misrepresentation of the amount of payroll for purposes of premium calculation;
 - c. Failure to pay a premium when payment was due;
 - d. An increase in the hazard for which you seek coverage that results from an action or omission and that would produce an increase in the rate, including an increase because of failure to comply with reasonable recommendations for loss control or to comply within a reasonable period with recommendations designed to reduce a hazard that is under your control;
 - e. A determination by the Commissioner of Insurance that the continuation of the policy would place us in violation of the law, or would be hazardous to the interests of subscribers, creditors, or the general public.
4. If another insurance company notifies the Texas Department of Insurance—Division of Workers' Compensation that it is insuring you as an employer, such notice must be a cancellation of this policy effective when the other policy starts.

Add the following to the policy:

PART SEVEN—OUR DUTY TO YOU FOR CLAIM NOTIFICATION**A. Claims Notification**

We are required to notify you of any claim that is filed against your policy. Thereafter we must notify you of any proposal to settle a claim or, on receipt of a written request from you, of any administrative or judicial proceeding relating to the resolution of a claim, including a benefit review conference conducted by the Texas Department of Insurance—Division of Workers' Compensation. You may, in writing, elect to waive this notification requirement.

We must, on the written request from you, provide you with a list of claims charged against your policy, payments made and reserves established on each claim, and a statement explaining the effect of claims on your premium rates. We must furnish the requested information to you in writing no later than the 30th day after the date we receive your request. The information is considered to be provided on the date the information is received by the United States Postal Service or is personally delivered.

COMPLAINT NOTICE:**DISPUTE RESOLUTION SERVICES****NCCI'S DISPUTE RESOLUTION PROCESS DOES NOT APPLY TO WORKERS COMPENSATION CLAIMS.**

For workers compensation claim disputes, see "CLAIM COMPLAINT" below. For issues related to a violation of law related to your policy, see "VIOLATIONS OF LAW" below.

Important Note: The dispute resolution services provided through the Dispute Resolution Process (Process) of the National Council on Compensation Insurance (NCCI) are **voluntary**. The Process is not an

**ITEM 01-TX-2023—REVISIONS TO FORMS MANUAL FORMS AND ENDORSEMENTS
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**EXHIBIT 3-FORM (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
TEXAS AMENDATORY ENDORSEMENT (WC 42 03 01 K)**

administrative remedy that must be exhausted before you pursue relief in court. Using the Process does not prevent you or the carrier that issued the policy from pursuing any available legal remedies at any time.

NCCI can assist in the resolution of a dispute regarding your policy that is related to any of the following matters:

- The application or interpretation of rules contained in the various NCCI manuals (including, but not limited to, classification codes and experience rating modifications)
- Rating programs
- Endorsements
- Forms

Contact the carrier that issued the policy and attempt to resolve the dispute directly. If you and the carrier cannot agree, then contact NCCI to ask for assistance. NCCI's **Basic Manual** rule, Dispute Resolution Process, addresses disputes. You may obtain dispute resolution services only after you have made a reasonable attempt to first resolve the dispute directly with the carrier and after you have paid any undisputed premium due to the carrier.

Send your request for assistance by mail to NCCI, Dispute Resolution Services, 901 Peninsula Corporate Circle, Boca Raton, FL 33487-1362; or by fax to 561-893-5043; or by email to regulatoryoperationsdisputeresolution@ncci.com.

THIS NOTICE OF THE DISPUTE RESOLUTION PROCESS IS FOR INFORMATION ONLY AND DOES NOT BECOME A PART, TERM, OR CONDITION OF THIS POLICY.

VIOLATIONS OF LAW:

If you believe there has been a violation of law related to your policy, file a complaint with the Texas Department of Insurance:

Phone: 1-800-252-3439

Online: tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 411-4ACO-CP, PO Box 44909412030,
Austin, TX 7874478711-2030

CLAIM COMPLAINT:

If there is a workers compensation claim complaint involving one of your employees, then contact the Texas Department of Insurance—Division of Workers' Compensation, Compliance and Investigations by mail to ~~7554 Metro Center Drive, Suite 100, MS-8, Austin, TX 78744~~ MC: CI, PO Box 12050, Austin, TX 78711-2050; or by fax to 512-490-1030; or by email to ~~DWG-ComplianceReview~~ DWCCOMPLAINTS@tdi.texas.gov.

THIS NOTICE IS FOR INFORMATION ONLY AND DOES NOT BECOME A PART, TERM, OR CONDITION OF THIS POLICY.

**ITEM 01-TX-2023—REVISIONS TO FORMS MANUAL FORMS AND ENDORSEMENTS
APPLICABLE IN TEXAS AND BASIC MANUAL RULES RELATED TO THE TEXAS GROUP
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**EXHIBIT 4-FORM
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
TEXAS—AUDIT PREMIUM AND RETROSPECTIVE PREMIUM ENDORSEMENT (WC 42 04 07)**

~~Texas—Audit Premium and Retrospective Premium Endorsement (WC 42 04 07)~~

Section D of Part Five of the policy is replaced by the following provision:

PART FIVE—PREMIUM

D. Premium Payments

~~You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. The billing statement or invoice for audit additional premiums and/or retrospective additional premiums establishes the date that the premium is due.~~

ITEM 01-TX-2023—REVISIONS TO FORMS MANUAL FORMS AND ENDORSEMENTS APPLICABLE IN TEXAS AND BASIC MANUAL RULES RELATED TO THE TEXAS GROUP PURCHASE PROGRAM

**EXHIBIT 5-FORM
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
GROUP PURCHASE OF WORKERS COMPENSATION INSURANCE APPLICATION FOR
CERTIFICATION FOR GROUP TO FORM (GPP-1B)**

Group Purchase of Workers Compensation Insurance Application for Certification for Group to Form (GPP-1BC)

THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE TEXAS DEPARTMENT OF INSURANCE AT LEAST SIXTY DAYS PRIOR TO THE PROPOSED EFFECTIVE DATE OF THE GROUP'S POLICIES.

Certificate of Approval No. _____	
<p>The business entities listed on this application are certified to form and maintain a group, in accordance with the Rules and Regulations of Group Purchase of Workers Compensation Insurance Program. This certificate in no way shall obligate the Texas Department of Insurance to resolve or become involved in the resolution of any disputes and/or claims involving the group and/or members of the group. The Plan of Operation must set forth the procedures to resolve any and all disputes and/or claims that may arise among members and/or potential members of the group.</p>	
Approved By: _____	Issue Date: _____

Group:	_____		
Contact Person:	Name	Address	
	Phone	City/State/Zip Code	
Administrator of Group:	Name	Address	
	Phone	City/State/Zip Code	

Is the group formed on the basis of two or more members belonging to the same trade association? _____ Yes _____ No

If yes, name the trade association: _____

Common Expiration or Pre-determined Premium Discount valuation Date of Policies: _____

Carrier: _____

**ITEM 01-TX-2023—REVISIONS TO FORMS MANUAL FORMS AND ENDORSEMENTS
APPLICABLE IN TEXAS AND BASIC MANUAL RULES RELATED TO THE TEXAS GROUP
PURCHASE PROGRAM**

**EXHIBIT 5-FORM (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
GROUP PURCHASE OF WORKERS COMPENSATION INSURANCE APPLICATION FOR
CERTIFICATION FOR GROUP TO FORM (GPP-1B)**

	Names of Business Entities to be Included in Group	Location
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

	Policy Effective	WC Governing Class Code	Estimated Premium
1a.	_____	_____	_____
2a.	_____	_____	_____
3a.	_____	_____	_____
4a.	_____	_____	_____

Attach list for additional business entities.

NOTE TO ADMINISTRATOR: The Plan of Operation must accompany this Application and be filed with:

Texas Department of Insurance
W. C. Group Purchase Program, MC ~~404-PC-PCL~~
P. O. Box ~~449404~~12030
Austin, TX ~~78714-9104~~78711-2030
Email: PropertyCasualty@tdi.texas.gov

ITEM 01-TX-2023—REVISIONS TO FORMS MANUAL FORMS AND ENDORSEMENTS APPLICABLE IN TEXAS AND BASIC MANUAL RULES RELATED TO THE TEXAS GROUP PURCHASE PROGRAM

**EXHIBIT 6-FORM
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
GROUP PURCHASE OF WORKERS COMPENSATION INSURANCE RENEWAL APPLICATION
FOR CERTIFICATION FOR GROUP TO FORM (GPP-2B)**

Group Purchase of Workers Compensation Insurance Renewal Application for Certification for Group to Form (GPP-2BC)

THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE TEXAS DEPARTMENT OF INSURANCE AT LEAST THIRTY DAYS PRIOR TO THE RENEWAL DATE OF THE GROUP'S POLICIES.

Renewal Certificate of Approval No. _____
<p>The business entities listed on this application are certified to form and maintain a group, in accordance with the Rules and Regulations of Group Purchase of Workers Compensation Insurance Program. This certificate in no way shall obligate the Texas Department of Insurance to resolve or become involved in the resolution of any disputes and/or claims involving the group and/or members of the group. The Plan of Operation must set forth the procedures to resolve any and all disputes and/or claims that may arise among members and/or potential members of the group.</p>
<p style="text-align: right;">Approved By: _____ Issue Date: _____</p>

Group: _____	Group Number: _____
Contact Person: _____	_____
Name	Address
Phone	City/State/Zip Code
Administrator of Group: _____	_____
Name	Address
Phone	City/State/Zip Code

Is the group formed on the basis of two or more members belonging to the same trade association? _____ Yes _____ No

If yes, name the trade association: _____

Common Expiration or Pre-determined Premium Discount valuation Date of Policies: _____

Carrier: _____

**ITEM 01-TX-2023—REVISIONS TO FORMS MANUAL FORMS AND ENDORSEMENTS
APPLICABLE IN TEXAS AND BASIC MANUAL RULES RELATED TO THE TEXAS GROUP
PURCHASE PROGRAM**

**EXHIBIT 6-FORM (CONT'D)
FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
GROUP PURCHASE OF WORKERS COMPENSATION INSURANCE RENEWAL APPLICATION
FOR CERTIFICATION FOR GROUP TO FORM (GPP-2B)**

	Names of Business Entities to be Included in Group	Location
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

	Policy Effective	WC Governing Class Code	Estimated Premium
1a.	_____	_____	_____
2a.	_____	_____	_____
3a.	_____	_____	_____
4a.	_____	_____	_____

Attach list for additional business entities.

NOTE TO ADMINISTRATOR: The Plan of Operation must accompany this Application and be filed with:

Texas Department of Insurance
W. C. Group Purchase Program, MC ~~404-PC-PCL~~
P. O. Box ~~449104~~12030
Austin, TX ~~78714-9104~~78711-2030
Email: PropertyCasualty@tdi.texas.gov

State: Texas

Filing Company:

National Council on Compensation Insurance, Inc.

TOI/Sub-TOI: 16.0 Workers Compensation/16.0004 Standard WC

Product Name: 01-TX-2023 Revisions to Forms Manual Forms and Endorsements Applicable in Texas and Basic Manual Rules Related to the Texas Group Purchase Program

Project Name/Number: /

Supporting Document Schedules

Bypassed - Item:	Does this filing contain confidential information?
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Coverage Evaluation
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Department Toll-Free Number For Information and Complaints
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Explanatory Memorandum
Comments:	
Attachment(s):	01-TX-2023 Memorandum.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Form Usage Table
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Insurer's Toll-Free Information and Complaint Number
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #:

NCCI-133567998

State Tracking #:

S709111

Company Tracking #:

01-TX-2023 FORM

State:

Texas

Filing Company:

National Council on Compensation Insurance, Inc.

TOI/Sub-TOI:

16.0 Workers Compensation/16.0004 Standard WC

Product Name:

01-TX-2023 Revisions to Forms Manual Forms and Endorsements Applicable in Texas and Basic Manual Rules Related to the Texas Group Purchase Program

Project Name/Number:

/

Bypassed - Item:	Notice to Accompany Policy
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Texas Laws Govern Policies
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Side by Side
Comments:	
Attachment(s):	01-TX-2023-FORM Side_by_side.pdf
Item Status:	
Status Date:	

FILING MEMORANDUM

ITEM 01-TX-2023—REVISIONS TO FORMS MANUAL FORMS AND ENDORSEMENTS APPLICABLE IN TEXAS AND BASIC MANUAL RULES RELATED TO THE TEXAS GROUP PURCHASE PROGRAM

PURPOSE

This item revises NCCI's *Forms Manual of Workers Compensation and Employers Liability Insurance (Forms Manual)* to:

- establish the countrywide Federal Employers' Liability Act Coverage Endorsement (WC 00 01 04 A) for use in Texas
- withdraw the countrywide Federal Employers' Liability Act Coverage Endorsement (WC 00 01 04) in Texas
- revise the Texas Amendatory Endorsement (WC 42 03 01 K)
- eliminate the Texas—Audit Premium and Retrospective Premium Endorsement (WC 42 04 07)
- revise the Group Purchase of Workers Compensation Insurance Application for Certification for Group to Form (GPP-1B), and
- revise the Group Purchase of Workers Compensation Insurance Renewal Application for Certification for Group to Form (GPP-2B).

This item also revises several rules related to the Texas group purchase program in NCCI's *Basic Manual for Workers Compensation and Employers Liability Insurance* for Texas (*Basic Manual* for Texas).

BACKGROUND

Federal Employers' Liability Act Coverage Endorsement (WC 00 01 04 A)

The Federal Employers' Liability Act Coverage Endorsement provides employers coverage under the Federal Employers' Liability Act (FELA) (45 USC Sections 51–60). Coverage for FELA is specifically excluded under Part Two—Employers Liability Insurance, Section C. (Exclusions) of the Workers Compensation and Employers Liability Insurance Policy (policy).

Item P-1389—Revision of the Employers Liability Coverage Endorsement (WC 00 03 03 B) and Federal Employers' Liability Act Coverage Endorsement (WC 00 01 04) added clarifying language to WC 00 01 04 to specify that Part Two—Employers Liability Insurance, Section C. (Exclusions), Exclusion 9. of the policy does not apply to work subject to the Federal Employers' Liability Act.

Item P-1389 was not filed in Texas; therefore, the Federal Employers' Liability Act Coverage Endorsement that is currently applicable in Texas (WC 00 01 04) does not include the clarifying language that was added in Item P-1389 (WC 00 01 04 was revised to WC 00 01 04 A). It is important that the Federal Employers' Liability Act Coverage Endorsement specify that policy Exclusion 9. in Part Two—Section C. is voided when the Federal Employers' Liability Act Coverage Endorsement is endorsed on the policy.

Texas Amendatory Endorsement (WC 42 03 01 K)

The Texas Amendatory Endorsement includes amendments to several sections of Part Five—Premium of the policy. The Texas—Audit Premium and Retrospective Premium Endorsement also includes an amendment to Part Five of the policy. By including all necessary amendments for Texas regarding Part Five—Premium of the policy, carriers will no longer need to endorse the Texas—Audit Premium and Retrospective Premium Endorsement on every Texas policy.

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FILING MEMORANDUM

ITEM 01-TX-2023—REVISIONS TO FORMS MANUAL FORMS AND ENDORSEMENTS APPLICABLE IN TEXAS AND BASIC MANUAL RULES RELATED TO THE TEXAS GROUP PURCHASE PROGRAM

In addition to the Part Five revisions, the Texas Amendatory Endorsement must be revised to update NCCI's dispute resolution email address and specific mailing addresses for the Texas Department of Insurance (TDI).

Texas—Audit Premium and Retrospective Premium Endorsement (WC 42 04 07)

The Texas—Audit Premium and Retrospective Premium Endorsement amends Part Five—Premium, Section D. (Premium Payments) of the policy to specify that the billing statement or invoice establishes the date the premium is due. The Texas Amendatory Endorsement includes amendments to several sections of Part Five. The Texas—Audit Premium and Retrospective Premium Endorsement will be eliminated because the amendment to Part Five—Premium, Section D. will be included in the Texas Amendatory Endorsement.

GPP-1B and GPP-2B Forms

The mailing address for TDI must be updated on the following forms:

- Group Purchase of Workers Compensation Insurance Application for Certification for Group to Form (GPP-1B)
- Group Purchase of Workers Compensation Insurance Renewal Application for Certification for Group to Form (GPP-2B)

Rules Related to the Texas Group Purchase Program

GPP-1B and GPP-2B are referenced in the following rules in the *Basic Manual* for Texas:

- Application form (Rule ID: BM-TXPP-ADE0E)
- Renewal form (Rule ID: BM-TXPP-R8E6D)
- Submission of forms, plans, reports, and applications (Rule ID: BM-TXPP-SFB43)

This filing eliminates the following information from the rules related to the Texas group purchase program in the *Basic Manual* for Texas:

- Form numbers GPP-1B and GPP-2B; the form numbers referenced in the rules will be replaced with the form titles
- TDI's email and mailing address; this information is included on each of the Texas group purchase program forms

Eliminating this information will avoid future rule updates simply to update form numbers or revise TDI's email or mailing address.

PROPOSAL

This item proposes to revise the *Forms Manual* to:

1. establish the countrywide Federal Employers' Liability Act Coverage Endorsement (WC 00 01 04 A) for use in Texas and withdraw the countrywide Federal Employers' Liability Act Coverage Endorsement (WC 00 01 04) in Texas

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FILING MEMORANDUM

ITEM 01-TX-2023—REVISIONS TO FORMS MANUAL FORMS AND ENDORSEMENTS APPLICABLE IN TEXAS AND BASIC MANUAL RULES RELATED TO THE TEXAS GROUP PURCHASE PROGRAM

2. revise the Texas Amendatory Endorsement to add an amendment to Part Five—Premium, Section D. (Premium Payments) and update NCCI's dispute resolution email address and TDI mailing addresses
3. eliminate the Texas—Audit Premium and Retrospective Premium Endorsement because the Part Five—Premium, Section D. amendment is being added to the Texas Amendatory Endorsement, and
4. revise the Group Purchase of Workers Compensation Insurance Application for Certification for Group to Form and the Group Purchase of Workers Compensation Insurance Renewal Application for Certification for Group to Form to update the mailing address for TDI.

This item also proposes to revise the **Basic Manual** for Texas group purchase program rules—Application form, Renewal form, and Submission of forms, plans, reports, and applications to eliminate the form number references and TDI's email and mailing address.

IMPACT

No statewide premium impact will result from the changes proposed in this item.

EXHIBIT COMMENTS AND IMPLEMENTATION SUMMARY

Exhibit	Exhibit Comments	Implementation Summary
1-FORM	Details the establishment of the countrywide Federal Employers' Liability Act Coverage Endorsement (WC 00 01 04 A) for use in Texas in NCCI's Forms Manual .	To become effective for new and renewal policies with effective dates on and after 12:01 a.m. on July 1, 2023.
2-FORM	Details the withdrawal of the countrywide Federal Employers' Liability Act Coverage Endorsement (WC 00 01 04) in Texas in NCCI's Forms Manual .	
3-FORM	Details the revisions to the Texas Amendatory Endorsement (WC 42 03 01 K) in NCCI's Forms Manual .	
4-FORM	Details the elimination of the Texas—Audit Premium and Retrospective Premium Endorsement (WC 42 04 07) in NCCI's Forms Manual .	
5-FORM	Details the revisions to the Group Purchase of Workers Compensation Insurance Application for Certification for Group to Form (GPP-1B) in NCCI's Forms Manual .	
6-FORM	Details the revisions to the Group Purchase of Workers Compensation Insurance Renewal Application for Certification for Group to Form (GPP-2B) in NCCI's Forms Manual .	
7-RULE	Details the revisions to the following rules in NCCI's Basic Manual for Texas: <ul style="list-style-type: none"> • Application form (Rule ID: BM-TXPP-ADE0E) • Renewal form (Rule ID: BM-TXPP-R8E6D) 	

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FILING MEMORANDUM

**ITEM 01-TX-2023—REVISIONS TO FORMS MANUAL FORMS AND ENDORSEMENTS
APPLICABLE IN TEXAS AND BASIC MANUAL RULES RELATED TO THE TEXAS GROUP
PURCHASE PROGRAM**

Exhibit	Exhibit Comments	Implementation Summary
	<ul style="list-style-type: none">Submission of forms, plans, reports, and applications (Rule ID: BM-TXPP-SFB43)	

Note: Form and rule filings must be filed separately in Texas. For filing purposes, this memorandum is provided for both the form and rule exhibits. The form exhibits are filed with the regulatory authority as Item 01-TX-2023-FORM. The rule exhibit is filed with the regulatory authority as Item 01-TX-2023-RULE.

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COMPARISON OF ENDORSEMENTS AND FORMS AND ITEM 01-TX-2023-FORM*

Current	Proposed	Comments
<p>FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE Texas Amendatory Endorsement (WC 42 03 01 K)</p>	<p>FORMS MANUAL OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE Texas Amendatory Endorsement (WC 42 03 01 L)</p>	
<p>This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.</p> <p>GENERAL SECTION</p> <p>B. Who Is Insured is amended to read: You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership or joint venture, and if you are one of its partners or members, you are insured, but only in your capacity as an employer of the partnership's or joint venture's employees.</p> <p>D. State is amended to read: State means any state or territory of the United States of America, and the District of Columbia.</p> <p>PART ONE—WORKERS COMPENSATION INSURANCE</p> <p>E. Other Insurance is amended by adding this sentence: This Section only applies if you have other insurance or are self-insured for the same loss.</p> <p>F. Payments You Must Make This Section is amended by deleting the words “workers compensation” from number 4.</p> <p>H. Statutory Provisions This Section is amended by deleting the words “after an injury occurs” from number 2.</p> <p>PART TWO—EMPLOYERS LIABILITY INSURANCE</p> <p>C. Exclusions Sections 2 and 3 are amended to add: This exclusion does not apply unless the violation of law caused or contributed to the bodily injury.</p>	<p>This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.</p> <p>GENERAL SECTION</p> <p>B. Who Is Insured is amended to read: You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership or joint venture, and if you are one of its partners or members, you are insured, but only in your capacity as an employer of the partnership's or joint venture's employees.</p> <p>D. State is amended to read: State means any state or territory of the United States of America, and the District of Columbia.</p> <p>PART ONE—WORKERS COMPENSATION INSURANCE</p> <p>E. Other Insurance is amended by adding this sentence: This Section only applies if you have other insurance or are self-insured for the same loss.</p> <p>F. Payments You Must Make This Section is amended by deleting the words “workers compensation” from number 4.</p> <p>H. Statutory Provisions This Section is amended by deleting the words “after an injury occurs” from number 2.</p> <p>PART TWO—EMPLOYERS LIABILITY INSURANCE</p> <p>C. Exclusions Sections 2 and 3 are amended to add: This exclusion does not apply unless the violation of law caused or contributed to the bodily injury.</p>	

*This Comparison is provided as a reference only in order to show the differences between the existing rule(s) or form(s), and the changes being proposed in the item filing. In the unlikely event that there is a conflict between the item filing Exhibits and this Comparison, the item filing Exhibits will control.

COMPARISON OF ENDORSEMENTS AND FORMS AND ITEM 01-TX-2023-FORM*

Current	Proposed	Comments
<p>Section 6 is amended to read: 6. bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America, Mexico or Canada who is temporarily outside these countries.</p> <p>D. We Will Defend This Section is amended by deleting the last sentence.</p>	<p>Section 6 is amended to read: 6. bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America, Mexico or Canada who is temporarily outside these countries.</p> <p>D. We Will Defend This Section is amended by deleting the last sentence.</p>	
<p>PART FOUR—YOUR DUTIES IF INJURY OCCURS Number 6 of this part is amended to read: 6. Texas law allows you to make weekly payments to an injured employee in certain instances. Unless authorized by law, do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.</p> <p>PART FIVE—PREMIUM</p> <p>A. Our Manuals is amended by adding this sentence: In this part, “our manuals” means manuals approved or prescribed by the Texas Department of Insurance.</p> <p>C. Remuneration Number 2 is amended to read: 2. All other persons engaged in work that would make us liable under Part One (Workers Compensation Insurance) of this policy. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured workers compensation insurance.</p> <p>E. Final Premium Number 2 is amended to read: 2. If you cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.</p>	<p>PART FOUR—YOUR DUTIES IF INJURY OCCURS Number 6 of this part is amended to read: 6. Texas law allows you to make weekly payments to an injured employee in certain instances. Unless authorized by law, do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.</p> <p>PART FIVE—PREMIUM</p> <p>A. Our Manuals is amended by adding this sentence: In this part, “our manuals” means manuals approved or prescribed by the Texas Department of Insurance.</p> <p>C. Remuneration Number 2 is amended to read: 2. All other persons engaged in work that would make us liable under Part One (Workers Compensation Insurance) of this policy. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured workers compensation insurance.</p> <p>D. Premium Payments is amended by adding this sentence: The billing statement or invoice for audit additional premiums and/or retrospective additional premiums establishes the date that the premium is due.</p>	<p>Added information from the Texas—Audit Premium and Retrospective Premium Endorsement to eliminate an additional endorsement for Texas policies.</p>

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COMPARISON OF ENDORSEMENTS AND FORMS AND ITEM 01-TX-2023-FORM*

Current	Proposed	Comments
<p>PART SIX—CONDITIONS</p> <p>A. Inspection is amended by adding this sentence: Your failure to comply with the safety recommendations made as a result of an inspection may cause the policy to be canceled by us.</p> <p>C. Transfer of Your Rights and Duties is amended to read: Your rights and duties under this policy may not be transferred without our written consent. If you die, coverage will be provided for your surviving spouse or your legal representative. This applies only with respect to their acting in the capacity as an employer and only for the workplaces listed in Items 1 and 4 on the Information Page.</p> <p>D. Cancellation is amended to read:</p> <ol style="list-style-type: none"> 1. You may cancel this policy. You must mail or deliver advance notice to us stating when the cancellation is to take effect. 2. We may cancel this policy. We may also decline to renew it. We must give you written notice of cancellation or nonrenewal. That notice will be sent certified mail or delivered to you in person. A copy of the written notice will be sent to the Texas Department of Insurance—Division of Workers’ Compensation. 3. Notice of cancellation or nonrenewal must be sent to you not later than the 30th day before the date on which the cancellation or nonrenewal becomes effective, except that we may send the notice not later than the 10th day before the date on which the cancellation or nonrenewal becomes effective if we cancel or do not renew because of: <ol style="list-style-type: none"> a. Fraud in obtaining coverage; b. Misrepresentation of the amount of payroll for purposes of premium calculation; c. Failure to pay a premium when payment was due; d. An increase in the hazard for which you seek coverage that results from an action or omission and that would produce an increase in the rate, including 	<p>E. Final Premium Number 2 is amended to read: 2. If you cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.</p> <p>PART SIX—CONDITIONS</p> <p>A. Inspection is amended by adding this sentence: Your failure to comply with the safety recommendations made as a result of an inspection may cause the policy to be canceled by us.</p> <p>C. Transfer of Your Rights and Duties is amended to read: Your rights and duties under this policy may not be transferred without our written consent. If you die, coverage will be provided for your surviving spouse or your legal representative. This applies only with respect to their acting in the capacity as an employer and only for the workplaces listed in Items 1 and 4 on the Information Page.</p> <p>D. Cancellation is amended to read:</p> <ol style="list-style-type: none"> 1. You may cancel this policy. You must mail or deliver advance notice to us stating when the cancellation is to take effect. 2. We may cancel this policy. We may also decline to renew it. We must give you written notice of cancellation or nonrenewal. That notice will be sent certified mail or delivered to you in person. A copy of the written notice will be sent to the Texas Department of Insurance—Division of Workers’ Compensation. 3. Notice of cancellation or nonrenewal must be sent to you not later than the 30th day before the date on which the cancellation or nonrenewal becomes effective, except that we may send the notice not later than the 10th day before the date on which the cancellation or nonrenewal becomes effective if we cancel or do not renew because of: 	

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COMPARISON OF ENDORSEMENTS AND FORMS AND ITEM 01-TX-2023-FORM*

Current	Proposed	Comments
<p>an increase because of failure to comply with reasonable recommendations for loss control or to comply within a reasonable period with recommendations designed to reduce a hazard that is under your control;</p> <p>e. A determination by the Commissioner of Insurance that the continuation of the policy would place us in violation of the law, or would be hazardous to the interests of subscribers, creditors, or the general public.</p> <p>4. If another insurance company notifies the Texas Department of Insurance—Division of Workers’ Compensation that it is insuring you as an employer, such notice must be a cancelation of this policy effective when the other policy starts.</p>	<p>a. Fraud in obtaining coverage;</p> <p>b. Misrepresentation of the amount of payroll for purposes of premium calculation;</p> <p>c. Failure to pay a premium when payment was due;</p> <p>d. An increase in the hazard for which you seek coverage that results from an action or omission and that would produce an increase in the rate, including an increase because of failure to comply with reasonable recommendations for loss control or to comply within a reasonable period with recommendations designed to reduce a hazard that is under your control;</p> <p>e. A determination by the Commissioner of Insurance that the continuation of the policy would place us in violation of the law, or would be hazardous to the interests of subscribers, creditors, or the general public.</p> <p>4. If another insurance company notifies the Texas Department of Insurance—Division of Workers’ Compensation that it is insuring you as an employer, such notice must be a cancelation of this policy effective when the other policy starts.</p>	
<p>Add the following to the policy: PART SEVEN—OUR DUTY TO YOU FOR CLAIM NOTIFICATION</p> <p>A. Claims Notification We are required to notify you of any claim that is filed against your policy. Thereafter we must notify you of any proposal to settle a claim or, on receipt of a written request from you, of any administrative or judicial proceeding relating to the resolution of a claim, including a benefit review conference conducted by the Texas Department of Insurance—Division of Workers’ Compensation. You may, in writing, elect to waive this notification requirement.</p>	<p>Add the following to the policy: PART SEVEN—OUR DUTY TO YOU FOR CLAIM NOTIFICATION</p> <p>A. Claims Notification We are required to notify you of any claim that is filed against your policy. Thereafter we must notify you of any proposal to settle a claim or, on receipt of a written request from you, of any administrative or judicial proceeding relating to the resolution of a claim, including a benefit review conference conducted by the Texas Department of Insurance—Division of Workers’ Compensation. You may, in writing, elect to waive this notification requirement.</p>	

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COMPARISON OF ENDORSEMENTS AND FORMS AND ITEM 01-TX-2023-FORM*

Current	Proposed	Comments
<p>We must, on the written request from you, provide you with a list of claims charged against your policy, payments made and reserves established on each claim, and a statement explaining the effect of claims on your premium rates. We must furnish the requested information to you in writing no later than the 30th day after the date we receive your request. The information is considered to be provided on the date the information is received by the United States Postal Service or is personally delivered.</p> <p>COMPLAINT NOTICE: DISPUTE RESOLUTION SERVICES NCCI’S DISPUTE RESOLUTION PROCESS DOES NOT APPLY TO WORKERS COMPENSATION CLAIMS. For workers compensation claim disputes, see “CLAIM COMPLAINT” below. For issues related to a violation of law related to your policy, see “VIOLATIONS OF LAW” below. Important Note: The dispute resolution services provided through the Dispute Resolution Process (Process) of the National Council on Compensation Insurance (NCCI) are voluntary. The Process is not an administrative remedy that must be exhausted before you pursue relief in court. Using the Process does not prevent you or the carrier that issued the policy from pursuing any available legal remedies at any time. NCCI can assist in the resolution of a dispute regarding your policy that is related to any of the following matters:</p> <ul style="list-style-type: none"> • The application or interpretation of rules contained in the various NCCI manuals (including, but not limited to, classification codes and experience rating modifications) • Rating programs • Endorsements • Forms <p>Contact the carrier that issued the policy and attempt to resolve the dispute directly. If you and the carrier cannot agree, then contact NCCI to ask for assistance. NCCI’s Basic Manual rule, Dispute Resolution Process, addresses disputes. You may obtain dispute resolution services only after you have made a</p>	<p>We must, on the written request from you, provide you with a list of claims charged against your policy, payments made and reserves established on each claim, and a statement explaining the effect of claims on your premium rates. We must furnish the requested information to you in writing no later than the 30th day after the date we receive your request. The information is considered to be provided on the date the information is received by the United States Postal Service or is personally delivered.</p> <p>COMPLAINT NOTICE: DISPUTE RESOLUTION SERVICES NCCI’S DISPUTE RESOLUTION PROCESS DOES NOT APPLY TO WORKERS COMPENSATION CLAIMS. For workers compensation claim disputes, see “CLAIM COMPLAINT” below. For issues related to a violation of law related to your policy, see “VIOLATIONS OF LAW” below. Important Note: The dispute resolution services provided through the Dispute Resolution Process (Process) of the National Council on Compensation Insurance (NCCI) are voluntary. The Process is not an administrative remedy that must be exhausted before you pursue relief in court. Using the Process does not prevent you or the carrier that issued the policy from pursuing any available legal remedies at any time. NCCI can assist in the resolution of a dispute regarding your policy that is related to any of the following matters:</p> <ul style="list-style-type: none"> • The application or interpretation of rules contained in the various NCCI manuals (including, but not limited to, classification codes and experience rating modifications) • Rating programs • Endorsements • Forms <p>Contact the carrier that issued the policy and attempt to resolve the dispute directly. If you and the carrier cannot agree, then contact NCCI to ask for assistance. NCCI’s Basic Manual rule, Dispute Resolution Process, addresses disputes. You may obtain dispute resolution services only after you have made a</p>	

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COMPARISON OF ENDORSEMENTS AND FORMS AND ITEM 01-TX-2023-FORM*

Current	Proposed	Comments																
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