



October 26, 2021

DCRB CIRCULAR NO. 1005

To All Members of the DCRB:

Re: APPROVAL OF DCRB FILING NO. 2108
UPDATED EDITION OF ENDORSEMENT WC 00 04 06A
PREMIUM DISCOUNT ENDORSEMENT
EFFECTIVE DECEMBER 1, 2021

The Delaware Insurance Commissioner has approved DCRB Filing No. 2108, which updates the premium discount endorsement for use for policies effective on or after 12:01 a.m., December 1, 2021. This effective date is concurrent with the DCRB's normal voluntary market loss cost and residual market rate revision filing, which was filed with the Commissioner on August 19, 2021. This coordination will consolidate any necessary changes members and other constituents must make to policies, forms, and systems to a single date.

The purpose of this endorsement is to inform policyholders of the premium discount potentially applying to their policy. Section 3 of the DCRB Workers Compensation Manual of Rules, Classifications and Rating Values for Workers Compensation and for Employers Liability Insurance (Basic Manual), the Endorsement section, currently includes the original version of the endorsement, WC 00 04 06. The original version of the endorsement was previously updated and replaced on a countrywide basis but was not filed for use in the state of Delaware. The adoption of this updated version of the endorsement is intended to align Delaware with the National Council on Compensation Insurance Inc. (NCCI) and other independent jurisdictions.

Please refer to DCRB Filing No. 2108 on the DCRB's website, www.dcrb.com, in the "Filings" section under the Industry Resources tab for additional information on the update discussed above. Please contact Drew Kratz, Director, Classification & Underwriting at (215) 320-4432 or at dkratz@dcrb.com for any questions regarding this circular.

William V. Taylor
President

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

1. State	Estimated Eligible Premium			
	First	Next	Next	
	\$10,000	\$190,000	\$1,550,000	Balance

2. Average percentage discount: _____%

3. Other policies:

4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium:

Insurance Company

Countersigned by _____