



**DELAWARE WORKERS
COMPENSATION MANUAL**

Of

**RULES, CLASSIFICATIONS AND
RATING VALUES**

FOR

**WORKERS COMPENSATION AND
FOR EMPLOYERS LIABILITY
INSURANCE**

Effective June 1, 2004

DELAWARE COMPENSATION RATING BUREAU, INC.



DELAWARE COMPENSATION RATING BUREAU, INC.

Manual Information Page

June 1, 2004 Manual

Section 1

Effective: June 1, 2004

- Changes to Rule IX, G. Delaware Construction Classification Premium Adjustment Program
- Changes to Rule VII, C. Large Construction Projects – Wrap-Ups

Section 7

- Changes to Section III, Rule 7. Combination of Entities

Any questions, suggestions or comments about this manual should be directed to Bruce Decker at bdecker@dcrb.com

PREFACE

- A. This Manual of risk classes, underwriting rules, Bureau rating values and rating plans has been filed with the Delaware Insurance Department as required by Delaware Law. It is effective 12:01 A.M., **June 1, 2004**, with respect to all policies, the effective date of which is **June 1, 2004** or thereafter, subject to the following express conditions, for the insurance companies, corporations and associations listed herein and for no other insurance company, corporation or association.

The following portions of this Manual may, at the option of the insurance companies, corporations, associations and exchanges enumerated in the attached list, be applied to selected policies in force as of November 26, 2002:

- Statistical Code 9740 Terrorism Risk Insurance Act of 2002 – Certified Losses
- Policyholder Disclosure Notification of Terrorism Insurance Coverage
- Terrorism Risk Insurance Act Endorsement **WC 00 04 20**

B. Organization of Manual

This Manual has seven sections:

Section One – Underwriting Rules
Section Two – Classifications **and** Rating Values
Section Three – Endorsements
Section Four – Retrospective Rating Plans
Section Five – Rulings and Interpretations **and** Classification Underwriting Guide
Section Six – Experience Rating Plan
Section Seven – Merit Rating Plan

C. Definitions

The following words are referenced in House Bill 241 of 1993 or have been used in this Manual with meanings intended to be consistent with the requirements of that Act. For purposes of improving the understanding of the Manual, definitions of these words as used elsewhere in this Manual are set forth below.

1. **Bureau Data Card** – Bureau Data Cards are issued by the Delaware Compensation Rating Bureau, Inc. These data cards provide the risk name, location, Bureau file number, authorized classification(s) and if applicable the risk's experience modification for a minimum of one year.

Risks approved for the Delaware Construction Classification Premium Adjustment Program and any other applicable credit programs will be shown on these data cards.
2. **Bureau Loss Costs** – Dollar amounts per unit of exposure attributable to the payment of losses under workers compensation and employers liability coverages, filed by the Bureau based on the aggregate experience of all Bureau members and approved by the Insurance Commissioner.
3. **Bureau Rating Values** – All parameters filed by the Bureau and approved by the Insurance Commissioner, and which are used either mandatorily or by option of carriers for purposes of pricing workers compensation and employers liability coverages. Such Bureau rating values include Bureau Loss Costs, experience rating plan values such as Expected Loss Cost Factors, Credibility, Maximum Value of One Accident, and Credibility Weighted Maximum Value Charge, retrospective rating plan values such as the Table of Expected Loss Ranges, Excess Loss Pure Premium Factors, Retrospective Pure Premium Development Factors, and expense parameters applicable to U.S.L.&H.W. coverages such as Premium Discounts, Expected Loss Ratio, Expense Ratios, Tax Multipliers and Loss Conversion Factors.
4. **Carrier Rate** – The amount per unit of exposure which an insurance carrier charges for workers compensation and employers liability insurance.
5. **Carrier Rating Values** – All parameters used by carriers for purposes of pricing workers compensation and employers liability insurance coverages. Such parameters may be either Bureau Rating Values adopted by a carrier for its own use or values independently determined by a carrier.
6. **Loss Cost** – Dollar amounts per unit of exposure attributable to the payment of losses under workers compensation and employers liability coverages. Loss Costs may be developed either by the Bureau based on the aggregate experience of all Bureau members or may be established by individual carriers based on their own supporting information.
7. **Prospective Loss Costs** – Historical aggregate losses projected through development to their ultimate value and through trending to a future point in time including all loss adjustment or claim management expenses and loss-based expenses excluding other operating expenses, assessments, taxes and profit or contingency allowances in this Manual. The term "Loss Cost" is synonymous with Provision for Claim Payment.

8. **Rating Value** – A parameter or number used in pricing workers compensation or employers liability insurance coverages. Rating Values may be established by the Bureau or by individual carriers. Where individual carriers have established Rating Values different from those of the Bureau, the carrier's values supersede those of the Bureau for purposes of that insurer's policies.

D. Delaware Compensation Rating Bureau, Inc. Membership List

ACADIA Insurance Company.	Casualty Reciprocal Exchange.
Accident Fund Insurance Company of America.	Centennial Insurance Company.
ACE American Insurance Company.	Centre Insurance Company.
ACE Employers Insurance Company.	Century Indemnity Company.
ACE Fire Underwriters Insurance Company.	Charter Oak Fire Insurance Company.
ACE Indemnity Insurance Company.	Chubb Indemnity Insurance Company.
ACE Property & Casualty Insurance Company.	Church Mutual Insurance Company.
ACIG Insurance Company.	Cincinnati Casualty Company.
ACUITY, A Mutual Insurance Company.	Cincinnati Indemnity Company.
AIG Centennial Insurance Company.	Cincinnati Insurance Company.
A.I.U. Insurance Company.	Clarendon National Insurance Company.
Alea North America Insurance Company.	Commerce and Industry Insurance Company.
Allianz Global Risks US Insurance Company.	Commercial Casualty Insurance Company.
Allmerica Financial Benefit Insurance Co.	Commercial Insurance Company of Newark, N.J.
Allstate Indemnity Company.	Connecticut Indemnity Company.
Allstate Insurance Company.	Continental Casualty Company.
American Alternative Insurance Corp.	Continental Insurance Company, The (New Hampshire).
American Automobile Insurance Company.	Coregis Insurance Company.
American Casualty Company of Reading.	Crum & Forster Indemnity.
American Economy Insurance Company.	Cumberland Insurance Company, Inc.
American Employers' Insurance Company.	Cumis Insurance Society, Inc.
American Fire & Casualty Company.	DaimlerChrysler Insurance Company.
American and Foreign Insurance Company, The.	Diamond State Insurance Company.
American Guarantee and Liability Insurance Company.	Discover Property & Casualty Insurance Company.
American Hardware Mutual Insurance Company.	Donegal Mutual Insurance Company.
American Home Assurance Company.	Eastguard Insurance Company.
American Insurance Company, The.	Electric Insurance Company.
American Interstate Insurance Company.	Employers' Fire Insurance Company, The.
American Manufacturers' Mutual Insurance Company.	Employers' Insurance Company of Wausau.
American Motorists Insurance Company.	Employers' Mutual Casualty Company.
American Protection Insurance Company.	Everest National Insurance Company.
American Safety Casualty Insurance Company.	Excelsior Insurance Company.
American States Insurance Company.	Fairfield Insurance Company.
American Zurich Insurance Company.	Fairmont Insurance Company.
AmeriHealth Casualty Insurance Company.	Farm Family Casualty Insurance Company.
Amerisure Mutual Insurance Company.	Farmington Casualty Company.
Amguard Insurance Company.	Farmland Mutual Insurance Company.
Arch Insurance Company.	Federal Insurance Company.
Argonaut Insurance Company.	Federated Mutual Insurance Company.
Argonaut-Midwest Insurance Company.	Federated Rural Electric Insurance Exchange.
ARI Casualty Company.	Federated Service Insurance Company.
ARI Mutual Insurance Company.	Fidelity and Casualty Company of New York, The (New Hampshire Corp.).
Associated Indemnity Corporation.	Fidelity and Deposit Company of Maryland.
Assurance Company of America.	Fidelity & Guaranty Insurance Company.
Athena Assurance Company.	Fidelity and Guaranty Insurance Underwriters, Inc.
Atlantic Insurance Company.	Fire & Casualty Co. of Connecticut.
Atlantic Mutual Insurance Company.	Fireman's Fund Insurance Company.
Atlantic Specialty Insurance Company.	Firemen's Insurance Company of Newark, New Jersey.
Atlantic States Insurance Company.	Firemen's Insurance Company of Washington, D.C.
Automobile Insurance Company of Hartford, Connecticut.	First Delaware Insurance Company.
Bankers Standard Fire and Marine Company.	First Liberty Insurance Corp.
Bankers Standard Insurance Company.	Firstline National Insurance Company.
Birmingham Fire Insurance Company of Pennsylvania.	Florists Mutual Insurance Company.
Bituminous Casualty Corporation.	Frontier Insurance Company.
Bituminous Fire and Marine Insurance Company.	General Casualty Co. of Wisconsin.
Boston-Old Colony Insurance Company.	General Insurance Company of America.
California Indemnity Insurance Company.	

EFFECTIVE: JUNE 1, 2004

Page 3

Genesis Insurance Company.
Glens Falls Insurance Company, The (Delaware Corp.).
Globe Indemnity Company.
Granite State Insurance Company.
Graphic Arts Mutual Insurance Company.
Gray Insurance Company.
Great American Assurance Company.
Great American Insurance Company.
Great American Insurance Company of New York.
Great Northern Insurance Company.
Great West Casualty Company.
Greater New York Mutual Insurance Company.
Greenwich Insurance Company.
Guarantee Insurance Company
GuideOne Mutual Insurance Company.
Gulf Insurance Company.
Hanover Insurance Company, The (New Hampshire).
Harbor Specialty Insurance Company.
Harco National Insurance Company.
Harford Mutual Insurance Company.
Harleysville Mutual Insurance Company.
Harleysville Preferred Insurance Company
Hartford Accident and Indemnity Company.
Hartford Casualty Insurance Company.
Hartford Fire Insurance Company.
Hartford Insurance Company of the Midwest.
Hartford Underwriters Insurance Company.
Highlands Insurance Company.
Indemnity Insurance Company of North America.
Indiana Lumbermen's Mutual Insurance Company.
Insurance Company of Greater New York.
Insurance Company of North America.
Insurance Company of the Americas.
Insurance Company of the State of Pennsylvania.
Insurance Corporation of Hannover.
International Business & Mercantile Reassurance Co.
Kansas City Fire and Marine Insurance Company.
Lancer Insurance Company.
Liberty Insurance Corporation.
Liberty Insurance Underwriters, Inc.
Liberty Mutual Fire Insurance Company.
Liberty Mutual Insurance Company.
Lincoln General Insurance Company.
LM Insurance Corp.
Lumbermen's Mutual Casualty Company.
Lumbermen's Underwriting Alliance.
Manufacturers Alliance Insurance Company.
Markel Insurance Company.
Maryland Casualty Company.
Massachusetts Bay Insurance Company.
Merchants Insurance Company of New Hampshire, Inc.
Merchants Mutual Insurance Company.
Mid-Century Insurance Company.
Middlesex Insurance Company.
Midwest Employers Casualty Company.
Mitsui Sumitomo Insurance Company of America.
Montgomery Indemnity Company.
Montgomery Mutual Insurance Company, The.
National Fire Insurance Company of Hartford.
National Grange Mutual Insurance Company.
National Liability & Fire Insurance Company.
National Surety Corporation (Illinois).
National Union Fire Insurance Company of Pittsburgh, Pa.
Nationwide Agribusiness Insurance Company.
Nationwide Mutual Fire Insurance Company.
Nationwide Mutual Insurance Company.

Nationwide Property & Casualty Insurance Company.
New Hampshire Insurance Company.
New Jersey Manufacturers' Insurance Company.
Niagara Fire Insurance Company (Delaware Corporation).
Norguard Insurance Company.
North American Specialty Company.
North River Insurance Company, The (New Jersey).
Northbrook Indemnity Company.
Northern Assurance Company of America, The.
Northern Insurance Company of New York.
Ohio Casualty Insurance Company.
Ohio Farmers' Insurance Company.
Ohio Security Insurance Company.
Old Guard Fire Insurance Company.
Old Guard Insurance Company.
Old Republic Insurance Company.
OneBeacon America Insurance Company.
OneBeacon Insurance Company.
Overseas Partners US Reinsurance Company.
Pacific Employers' Insurance Company.
Pacific Indemnity Company.
Peerless Indemnity Insurance Company.
Peerless Insurance Company.
Peninsula Insurance Company.
Penn National Security Insurance Company.
Pennsylvania General Insurance Company.
Pennsylvania Lumbermens Mutual Insurance Company.
Pennsylvania Manufacturers' Association Insurance Company.
Pennsylvania Manufacturers Indemnity Company.
Pennsylvania National Mutual Casualty Insurance Company.
Petroleum Casualty Company.
Pharmacists Mutual Insurance Company.
Phoenix Assurance Company of New York.
Phoenix Insurance Company.
Potomac Insurance Company of Illinois.
Preferred Professional Insurance Company.
Princeton Insurance Company.
Protective Insurance Company.
Providence Washington Insurance Company.
Public Service Mutual Insurance Company.
Ranger Insurance Company.
Redland Insurance Company.
Regent Insurance Company.
Republic-Franklin Insurance Company.
Republic Western Insurance Company.
Rockwood Casualty Company.
Royal Indemnity Company.
Royal Insurance Company of America.
SAFECO Insurance Company of America.
Safeguard Insurance Company.
Safety First Insurance Company.
Safety National Casualty Corp.
Security Insurance Company of Hartford, The.
Select Insurance Company.
Selective Insurance Company of America.
Selective Insurance Company of South Carolina.
Selective Way Insurance Company.
Seneca Insurance Company, Inc.
Sentry Insurance, A Mutual Company.
Sentry Select Insurance Company.
Sompo Japan Insurance Company of America.
South Carolina Insurance Company.
Southern States Insurance Exchange.
St. Paul Fire and Marine Insurance Company.

EFFECTIVE: JUNE 1, 2004**Page 4**

St. Paul Guardian Insurance Company.
St. Paul Medical Liability Insurance Company.
St. Paul Mercury Insurance Company.
St. Paul Protective Insurance Company.
Standard Fire Insurance Company, The.
Star Insurance Company.
State Capital Insurance Company.
State Farm Fire and Casualty Company.
Technology Insurance Company.
T.H.E. Insurance Company.
TIG Indemnity Company.
TIG Insurance Company.
TIG Premier Insurance.
Tokio Marine and Fire Insurance Company, Ltd.
Transcontinental Insurance Company.
Transguard Insurance Company of America, Inc.
Trans Pacific Insurance Company.
Transportation Insurance Company.
Travelers Casualty and Surety Company.
Travelers Casualty and Surety Company of America.
Travelers Casualty Co. of Connecticut.
Travelers Casualty Insurance Company of America.
Travelers Commercial Insurance Company.
Travelers Indemnity Company, The.
Travelers Indemnity Company of America.
Travelers Indemnity Company of Connecticut, The.
Travelers Insurance Company, The.
Travelers Property Casualty Company of America.

Twin City Fire Insurance Company.
U.S. Specialty Insurance Company.
Ulico Casualty Company.
Union Insurance Company.
United States Fidelity and Guaranty Company.
United States Fire Insurance Company.
United Wisconsin Insurance Company.
Unitrin Auto and Home Insurance Company.
Universal Underwriters' Insurance Company.
Utica Mutual Insurance Company.
Valiant Insurance Company.
Valley Forge Insurance Company.
Vanliner Insurance Company.
Vigilant Insurance Company.
Virginia Surety Company, Inc.
Wausau Business Insurance Company.
Wausau Underwriters' Insurance Company.
West American Insurance Company.
Westchester Fire Insurance Company.
Westfield Insurance Company.
Westport Insurance Corporation.
Williamsburg National Insurance Company.
Wilmington Insurance Company.
XL Specialty Insurance Company.
York Insurance Company.
Zenith Insurance Company.
Zurich American Insurance Company.

TABLE OF CONTENTS
SECTION 1 – UNDERWRITING RULES

RULE I – GENERAL

- A. Workers Compensation
- B. Standard Policy
- C. Endorsement Forms
- D. Endorsement Forms Section
- E. Application of Manual Rules
- F. Effective Date
 - 1. Manual
 - 2. Changes
- G. Anniversary Rating Date
 - 1. Definition
 - 2. Rewritten Policies
 - 3. Long Term Policies
- H. Filing Requirements
- I. Medical Contracts

RULE II – EXPLANATION OF COVERAGES AND METHODS OF INSURING

- A. Part One – Workers Compensation Insurance
 - 1. Description of Workers Compensation Insurance
 - 2. Delaware Coverage
 - 3. Longshore Coverage
 - 4. Deductible Coverage
- B. Coverage Requirements
- C. Part Two – Employers Liability Insurance
 - 1. Description of Employers Liability Insurance
 - 2. Employers Liability for Diseases
 - 3. Admiralty Law or Federal Employers' Liability Act
 - 4. Employers Liability Insurance with Workers Compensation Insurance
- D. Voluntary Compensation Insurance
 - 1. Description of Voluntary Compensation Insurance
 - 2. How Provided
- E. Part Three – Other States Insurance
 - 1. Description of Other States Coverage
 - 2. States where not Available
 - 3. Restriction on Use
 - 4. Premium
- F. Deductible Coverage
- G. Delaware Workers Compensation Insurance Plan (WCIP)

RULE III – POLICY PREPARATION – INSURED, POLICY PERIOD AND STATE OF OPERATIONS

- A. Explanations of Terms
 - 1. Employer/Entity
 - 2. Insured
 - 3. Majority Interest
 - 4. Risk
- B. Name, Address and Other Work-Places of Insured
 - 1. Combination of Legal Entities
 - 2. Delaware Locations

- C. Policy Period
 - 1. Normal Policy Period
 - 2. Policy for One Year
 - 3. Policy Longer than One Year
 - 4. Renewal Certificates/Agreements
 - 5. Three Year Fixed Carrier Rating Value Policy Option
- D. State Laws Designated in the Policy
 - 1. Listing of Delaware
 - 2. Longshore Act
 - 3. Additional States

RULE IV – CLASSIFICATIONS

- A. General Explanation
 - 1. Objective
- B. Classifications
 - 1. Basic Classifications
 - 2. Standard Exception Classification
 - a. Clerical Office Employees
 - b. Drafting Employees
 - c. Salespersons, Collectors, or Messengers, Outside
 - 3. General Inclusions
 - 4. General Exclusions
- C. Assignment of Classifications
 - 1. Object of Classification Procedure
 - 2. Assignment of a Classification
 - 3. Assignment of Additional Classifications
 - 4. Assignment of Analogy
 - 5. Payroll Assignment – Multiple Classifications
 - 6. Construction or Erection Operations
 - 7. NOC Definition
 - 8. Changing Classifications
 - 9. Classification Appeals
 - 10. Mercantile Business/Stores
- D. Show the Classifications in Item 4 of the Information Page
- E. “New Business” Employee Classification Procedure

RULE V – PREMIUM BASIS

- A. Basis of Premium – Total Remuneration
- B. Remuneration – Payroll
 - 1. Definition
 - 2. Inclusions
 - 3. Exclusions
 - 4. Payroll
 - 5. Employee Savings Plans
- C. Estimated Payrolls
 - 1. Estimated Payrolls by Classification
 - 2. Determination of Estimated Payrolls
 - 3. Approval of Estimated Payrolls
- D. Whole Dollars – Payrolls
- E. Payroll Limitation
 - 1. How Payroll Limitation Applies
 - 2. Partial Week

RULE VI – RATING VALUES AND PREMIUM DETERMINATION

- A. Bureau Rating Values
 - 1. Bureau Loss Cost
 - 2. Disease Loading
 - 3. Terrorism Risk Insurance Act of 2002 – Certified Losses
- B. Premium Determination
- C. Whole Dollars – Premiums
- D. Carrier Rating Values
- E. Premium Modification – Experience Rating Plan
- F. Premium Determination for Federal and Maritime Insurance
- G. Schedule Rating
- H. Premium Algorithm

RULE VII – PREMIUM DISCOUNT

- A. Explanation
- B. Combination of Policies
 - 1. Combination Permitted
 - 2. Combination Procedure
- C. **Large Construction Projects (Wrap-Up)**
 - 1. Insurance Carrier
 - 2. Policy Limitation
 - 3. Eligible Entities
 - 4. Premium Requirement
 - 5. Location Requirement
 - 6. Duration Requirement

RULE VIII – LIMITS OF LIABILITY

- A. Workers Compensation and Employers Liability Policy
 - 1. Part One – Workers Compensation
 - 2. Part Two – Employers Liability
 - a. Standard Limits
 - b. Increased Limits
 - c. Accident Limit
 - d. Disease Limit
 - e. Show Limit on the Information Page
- B. Voluntary Compensation Insurance
 - 1. Standard Limits
 - 2. Increased Limits
 - 3. Premium Determination
 - 3. Payroll Records

RULE IX – SPECIAL CONDITIONS OR OPERATIONS AFFECTING COVERAGE AND PREMIUM

- A. Executive Officers
 - 1. Definition
 - 2. Law and Status
 - 3. Premium Determination
 - 4. Assignment of Payroll
 - 5. Flight Duties
- B. Sole Proprietor and Partners
 - 1. Law and Status
 - 2. Coverage
 - 3. Premium Determination
- C. Subcontractors
 - 1. Law on Contractors and Subcontractors
 - 2. Lessees Transporting Passengers
- D. Ex-Medical Coverage

- E. Professional and Semi-Professional Athletes – Class Code 970
- F. Delaware Workplace Safety Program
- G. **Delaware Construction Classification Premium Adjustment Program**
- H. Waiver of Subrogation

RULE X – CANCELLATION

- A. Who May Cancel
- B. Premium Determination – Cancellation by the Insurance Carrier
 - 1. Carrier Rating Values and Payroll
 - 2. Experience Rating
 - 3. Deductible
- C. Premium Determination - Cancellation by the Insured when Retiring from Business
- D. Premium Determination – Cancellation by the Insured, Except when Retiring from Business
 - 1. Actual Payroll
 - 2. Extended Payroll
 - 3. Carrier Rate
 - 4. Experience Rating
 - 5. Deductible
 - 6. Short Rate Percentage
 - 7. Example of Short Rate Cancellation
- E. Short Rate Cancellation Table for Term of One Year

RULE XI – THREE YEAR FIXED RATE POLICY OPTION**RULE XII – U.S. LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT**

- A. General Explanation
- B. Workers Compensation Insurance – Part One
- C. Employers Liability Insurance – Part Two
- D. Classifications and Rates
 - 1. Classifications
 - 2. Rates for Federal "F" Classifications
 - 3. Rates for Non-Federal "Non-F" Classifications
- E. Extensions of the U.S.L. & H.W. Act
 - 1. Defense Bases Act
 - 2. Civilian Employees of Nonappropriated Fund Instrumentalities Act
 - 3. Premium Determination

RULE XIII – THE ADMIRALTY LAW AND THE FEDERAL EMPLOYERS LIABILITY ACT

- A. General Explanation
 - 1. Admiralty Law
 - 2. Federal Employers Liability Act (F.E.L.A.)
- B. Description of Coverage Programs
 - 1. Program I
 - 2. Program II
- C. Coverage
 - 1. Admiralty Law Endorsements
 - 2. Admiralty Law Coverage Options
 - 3. F.E.L.A. Endorsements
 - 4. U.S.L. & H.W. Act
- D. Exclusions
 - 1. Exclusion of Admiralty Law Liability
 - 2. Exclusion of F.E.L.A. Liability
- E. Limits of Liability
 - 1. Standard Limits
 - 2. Increased Limits

- 3. Minimum Premium
- F. Classifications
- G. Waters not under Admiralty Jurisdictions
 - 1. Coverage
 - 2. Premium Determination
 - 3. Admiralty Law or U.S.L. & H.W. Act Liability

RULE XIV – AGRICULTURAL, DOMESTIC WORKERS - RESIDENCES

- A. Definitions
 - 1. Agricultural Workers
 - 2. Inside Domestic Workers
 - 3. Outside Domestic Workers
 - 4. Occasional Domestic Workers
- B. Coverage
 - 1. Workers Compensation and Employers Liability Insurance
 - 2. Voluntary Compensation Insurance
 - 3. Agriculture and Domestic Workers
- C. Name of Insured
- D. Classifications
 - 1. Domestic Workers
 - 2. Agriculture Workers
 - 3. Maintenance, Repair or Construction Operations
- E. Bureau Rating Values and Premium
 - 1. Bureau Rating Values
 - 2. Records Required
 - 3. Full Time Domestic Workers
 - 4. Occasional Domestic Workers
- F. Schedule Rating

RULE XV – FINAL EARNED PREMIUM DETERMINATION

- A. Actual Payroll
- B. Premium Determination
- C. Audit Rights to Carrier
- D. Authorized Classifications

RULE XVI – APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE

RULE I – GENERAL**A. WORKERS COMPENSATION**

Workers Compensation as used in this Manual means workers compensation and occupational disease law of Delaware.

B. STANDARD POLICY

Standard Policy means the Standard Provisions Workers Compensation and Employers Liability Policy and the Information Page approved by the Delaware Insurance Department prescribed in Section 3 of this manual.

C. ENDORSEMENT FORMS

Endorsement forms mean standard endorsements contained in the Endorsement Forms Section. A standard endorsement must be used in the form prescribed in Section 3.

D. ENDORSEMENT FORMS SECTION (SECTION 3)

Refer to the Endorsement Forms Section for complete description of coverages and instructions on use of the endorsement forms.

E. APPLICATION OF MANUAL RULES

Rules apply separately to each policy, except as allowed by Rule VII – PREMIUM DISCOUNT.

F. EFFECTIVE DATE**1. Manual**

This Manual applies only from the anniversary rating date which occurs on or after the effective date of this Manual.

2. Changes

The effective date of a change in any rule, classification or Bureau rating value is 12:01 a.m. on the date specified on the manual page. Any change will be highlighted and linked to the appropriate Bureau circular announcing the change. Unless specified otherwise, each change applies only from the anniversary rating date which occurs on or after the effective date of the change.

G. ANNIVERSARY RATING DATE**1. Definition**

The anniversary rating date is the effective month and day of the policy in effect and each annual anniversary thereafter unless a different date has been established by the Delaware Compensation Rating Bureau, Inc.

2. Rewritten Policies

If a policy is canceled and rewritten by the same or another carrier, all rules, classifications and carrier rating values of the rewriting carrier which were in effect as of the anniversary rating date shall apply to the rewritten policy until the next anniversary date as established by the Delaware Compensation Rating Bureau, Inc.

No policy may be canceled, rewritten or extended for any period to avoid or take advantage of any changes in the rules or Bureau rating values of the Manual.

3. Long Term Policies

For application of anniversary rating dates on policies issued for a term in excess of one year, refer to Rule III - C.

H. FILING REQUIREMENTS**1. Policy**

An exact copy of every Workers Compensation Policy showing the state of Delaware on the Information Page shall be filed with the Delaware Compensation Rating Bureau, Inc. within thirty days after the effective date of the policy. For filing procedures refer to Section 5.

2. Endorsements

An exact copy of all endorsements or agreements attached to the policy at its inception date or issued subsequent to the inception date of the policy must be filed with the Bureau within thirty days after the date of issue of such endorsement or agreement.

3. Standard Endorsement Filing Procedure

- a. Any endorsement filed with the Insurance Department on behalf of Bureau members by the Bureau must be filed for approval with the Bureau. For filing procedure details refer to Section 5.
- b. Non Standard Endorsements filing procedure, refer to Section 3.

4. Binders

- a. A copy of the binder must be filed with the Bureau on an approved form with all required endorsements attached no later than thirty days after its date of inception.
- b. The binder must contain the classification codes and carrier rating values applicable to the employer in accordance with the assignment issued by the Bureau or in accordance with the Classification Rules of this Manual if no specific Bureau assignment has been made.
- c. A binder must be replaced with a short-term policy covering the amount of time the binder was in effect or replaced with a full-term policy including the time period the binder was in effect.

I. MEDICAL CONTRACTS

1. Medical contracts and agreements between insurance carriers and insured employers where medical service or supplies are furnished by the employer in consideration of a reduced premium or other consideration cannot be made.
2. Insurance carriers may not furnish medical equipment or hospital supplies to the employer.
3. Medical agreements with physicians and nurses must be in the form of a written contract and must be filed with the Bureau within thirty days of the effective date of the agreement.

RULE II – EXPLANATION OF COVERAGES AND METHODS OF INSURING**A. PART ONE – WORKERS COMPENSATION INSURANCE****1. Description of Workers Compensation Coverage**

Workers compensation insurance provides coverage for the statutory obligation of an employer to provide benefits for employees as required by:

- a. Workers compensation law or occupational disease law of any state or territory of the United States, including the District of Columbia, and
- b. United States Longshore and Harbor Workers' Compensation Act.

2. Delaware workers compensation insurance may be provided only by the Standard Policy.

3. Longshore Coverage

U.S. Longshore and Harbor Workers' Compensation Act insurance may be provided only by attaching the Longshore and Harbor Workers' Compensation Act Coverage Endorsement (**WC 00 01 06A**) to the Standard Policy. Refer to Rule XII.

4. Deductible Coverage

See Rule II - F.

B. COVERAGE REQUIREMENTS

1. Compulsory as to all employments

Exceptions: Farm labor; domestic servants, casual workers earning less than \$300.00 in three months from one household. Elective as to state and certain counties, cities and towns. Refer to Sections 2307 and 2309 of the Delaware Workers Compensation Law.

2. No insurance carrier is permitted to issue policies which would create duplicate coverage for an employer.
3. No insurance carrier is permitted to issue policies which would insure separate parts of a single employer. (Exception see Rule III - B. 2.)
4. When an employer proposes to insure both his accident and occupational disease compensation liability, such liability must be covered by a single policy of one insurance carrier.

C. PART TWO – EMPLOYERS LIABILITY INSURANCE**1. Description of Employers Liability Insurance**

Employers liability insurance provides coverage for the legal obligation of an employer to pay damages because of bodily injury by accident or disease, including resulting death, sustained by an employee. Employers liability coverage applies only if the injury or death of an employee arises out of and in the course of employment and is sustained:

- a. In the United States of America, its territories or possessions, or Canada, or
- b. While temporarily outside the United States of America, its territories or possessions, or Canada, if the injured employee is a citizen or resident of the United States or Canada; but suits for damages and actions on judgments must be in or from a court of the United States, its territories or possessions or Canada.

Unless specifically excluded, coverage for the liability of an employer under admiralty law and the Federal Employers Liability Act is provided by employers liability insurance.

2. Employers Liability for Diseases

Employers liability insurance for diseases not covered by a workers compensation law or an occupational disease law is provided by the Standard Policy.

3. Admiralty Law or Federal Employers Liability Act

Employers liability insurance for liability of an employer under admiralty law or Federal Employers Liability Act is provided by the Standard Policy. Refer to Rule XII for rules and endorsements to cover, limit or exclude this exposure.

4. Employers Liability Insurance With Workers Compensation Insurance

Employers liability insurance written with workers compensation insurance is provided by the Standard Policy.

D. VOLUNTARY COMPENSATION INSURANCE**1. Description of Voluntary Compensation Coverage**

Voluntary compensation insurance does not provide workers compensation coverage and is not available for employments subject to a workers' compensation law. This insurance affords the benefits of a designated compensation law as if the affected employees were subject to that law, even though the law does not require payment of benefits to such employees.

Voluntary compensation insurance shall not provide compensation, medical or other benefits in excess of the statutory requirements in the workers compensation law designated in the standard Voluntary Compensation and Employers Liability Coverage Endorsement.

2. How Provided

Voluntary Compensation insurance is provided by attaching the Standard Voluntary Compensation and Employers Liability Coverage Endorsement (**WC 00 03 11A**) to the Standard Policy. Refer to Rule VIII for rules and carrier rating values.

E. PART THREE – OTHER STATES INSURANCE

1. Description of Other States Coverage

- a. Employers liability insurance and, where permitted by law, workers compensation insurance are provided in *other* states not listed in Item 3-A of the Information Page by listing states where coverage is to be provided in Item 3-C of the Information Page.
- b. If workers compensation insurance does not apply because the insured or carrier *is unable* to take the necessary action to bring the insured under a workers compensation law, the carrier will reimburse the insured for all compensation and other benefits required of the insured under such law.
- c. Part Three – Other States Insurance does not provide U.S. Longshore and Harbor Workers' Compensation Act coverage. It may be afforded only in accordance with Section I, Rule XII.

2. States Where Not Available

Other states coverage is not available in states:

- a. With a monopolistic state fund, or
- b. Where the carrier elects not to write this coverage.

3. Restriction on Use

Coverage for operations known or expected to be performed in a state not listed in Item 3-A of the Information Page shall not be provided under Part Three – Other States Insurance.

4. Premium

Premium developed for operations covered under Part Three – Other States Insurance shall be based on workers compensation rules and carrier rating values.

F. DEDUCTIBLE COVERAGE

Volume 63, Chapter 250, Delaware Laws, requires that every insurer licensed to issue workers compensation and employers liability insurance by the Insurance Department pursuant to Title 18, Delaware Code, shall offer to write each such policy subject to a deductible applying only to medical reimbursement and death benefits. The insured employer shall be permitted to accept or reject such a deductible at the time the policy is issued or renewed. It is required that the following be completed by the employer indicating his election to accept or reject a deductible. The deductible options that, by law, must be offered and the corresponding premium credits are shown on the form below:

**NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE
FOR DELAWARE WORKERS COMPENSATION DEATH AND MEDICAL BENEFITS**

Delaware Law permits an employer to buy workers compensation insurance with a deductible. The deductible is for death and medical benefits and applies to each accident. The deductibles available and the corresponding premium reductions are set forth in Section 2 of this manual:

You are not required to choose a deductible program. However, if you do so choose, it is to be understood that your insurance company will administer and pay all claims and that you will reimburse the insurance company for payments it makes within the amount of the deductible selected. Failure to reimburse the insurance company for such deductible amounts within 30 days can result in cancellation of coverage.

Please show whether or not you want the deductible by initialing the appropriate choice below.

_____ Yes, I want a deductible of _____ applied to death and medical benefits under the Delaware Workers Compensation Law. I understand that the company shall pay the deductible amount and be reimbursed by the employer shown below.

_____ No, I do not want the deductible described in this Notice.

I understand that in accordance with 19 Del. C. §2372, I have the option of modifying the above deductible program choice at the time of renewal of my workers compensation insurance policy with the insurance company named below.

_____ Date	_____ Employer
	_____ Name
	_____ Title
_____ Insurance Company	

The deductible credit applies to total premium after application of experience modification, if any. The dollar amount of the premium reduction resulting from application of the deductible credit is to be recorded in Item 4 of the Information Page under **Code 9663**.

G. DELAWARE WORKERS COMPENSATION INSURANCE PLAN (WCIP)

The Delaware Workers Compensation Insurance Plan is available in the state of Delaware when an employer is unable to obtain workers compensation coverage in the voluntary market. For more information refer to the Delaware Workers Compensation Insurance Plan Handbook or contact the Delaware Compensation Rating Bureau, Inc.

1. Residual Market Surcharge

Effective August 1, 1997, the surcharge program applies to all risks insured in the Plan, including risks for which the Plan applications were processed through Delaware and WCIP risks for which residual market applications were processed through another state.

- Premium surcharges will apply to risks insured under the Plan which qualify for experience rating and which produce experience modifications in excess of 1.000.
- Applicable surcharges to subject risks will be expressed as a factor to be applied to standard premium and will be computed using the following formula:

$$0.50 \times (1.000 - \text{risk credibility in the Experience Rating Plan})$$

- c. Surcharges so computed will be limited to a maximum factor computed by subtracting unity (1.000) from each risk's experience modification factor.
- d. Surcharges will be computed and expressed to two decimal places.

RULE III – POLICY PREPARATION – INSURED, POLICY PERIOD AND STATE OF OPERATIONS**Item 1, 2 and 3-A of the Information Page****A. EXPLANATION OF TERMS****1. Employer/Entity**

Employer may be an individual, partnership, joint venture, corporation, association, or a fiduciary such as a trustee, receiver or executor, or other entity.

2. Insured

Insured means the employer designated in Item 1 of the Information Page.

3. Majority Interest (more than 50%)

Majority Interest as defined in the Experience Rating Plan Manual applies in this Manual usually means:

- a. Majority of voting stock, or
- b. Majority of members or directors if there is no voting stock, or
- c. Majority participation of general partners in profits of a partnership.

4. Risk

Risk means a single legal entity or two or more legal entities which qualify for combination.

B. NAME, ADDRESS, AND OTHER WORKPLACES OF INSURED – ITEM 1**1. Combination of Legal Entities**

Separate legal entities may be insured in one policy only if the same person, or group of persons, owns the majority interest in such entities.

2. Delaware Locations

All locations and operations of the employer in Delaware shall be insured in one policy. Exceptions approved by the Industrial Accident Board.

C. POLICY PERIOD – ITEM 2**1. Normal Policy Period**

The normal policy period is one year. A policy may be issued for any period but not longer than 3 years.

2. Policy for One Year

- a. The manual rules are based on a policy period of one year.
- b. A policy issued for a period not longer than one year and 16 days is treated as a one year policy.

3. Policy Longer Than One Year

A policy issued for a period longer than one year and 16 days, other than a 3-year fixed carrier rating value policy, is treated as follows:

- a. The policy period is divided into consecutive 12-month units.
- b. If the policy period is not a multiple of 12 months, use the Standard Policy Period Endorsement **(WC 00 04 05)** to specify the first or last unit of less than 12 months as a short-term policy.
- c. All manual rules and procedures apply to each such unit as if a separate policy had been issued for each unit.

4. Renewal Certificates, Agreements, Continuing Form Policies, would be handled as policies longer than one year. (See above C. 3.)

5. Three-Year Fixed Carrier Rating Value Policy Option

A policy may be issued for a period of 3 years at fixed carrier rating values. Such a policy shall not be issued if the risk is subject to the Experience Rating Plan on the effective date of the policy.

A policy issued under this option shall be known as a Three-Year Fixed Carrier Rating Values Policy and shall be so designated on the Information Page. Refer to Rule XI.

D. STATE LAWS DESIGNATED IN THE POLICY – Item 3-A

1. Listing of Delaware

Insurance for operations conducted in Delaware is provided by listing the state in Item 3-A of the Information Page.

2. Longshore Act

The U.S. Longshore and Harbor Workers Compensation Act shall not be entered in Item 3-A of the Information Page. Refer to Rule XII.

3. Additional States

A state may be added after the effective date of the policy. For the additional state operations, apply:

- a. Carrier rating values in effect on the anniversary rating date of the policy to which the state has been added.
- b. Any change in carrier rating values which applies to outstanding policies for the state being added.
- c. When adding the State of Delaware, the Information Page and attached endorsements shall be prepared so that the Delaware coverage can be clearly determined.

RULE IV – CLASSIFICATIONS

Item 4 of the Information Page

A. GENERAL EXPLANATION

1. Objective

The object of the classification system is to group insureds into classifications so that the rating value for each classification reflects the exposures common to such distinct business enterprise (See Rule IV, C. 2. & C. 3.). Subject to certain exceptions described later in this rule, it is the business of the insured within Delaware that is classified, not the separate employments, occupations or operations within the business.

B. CLASSIFICATIONS

1. Basic Classifications

All classifications in the Manual are basic classifications, other than the standard exception classifications. Basic classifications describe the business of an insured such as:

<u>Business</u>	<u>Classification</u>
Manufacture of a Product	Furniture Manufacturing
A Process	Printing
Construction or Erection	Carpentry
A General Type or Character of Business	Hardware Store
A Service	Beauty Parlor

Classifications are listed by group arrangement which is essentially a numeric listing in Section Two of the Manual. Notes following a classification are part of that classification.

2. Standard Exception Classification

Some occupations are common to so many businesses that special classifications have been established for them. They are called standard exception classifications. Employees within the definition of a standard exception classification are not included in a basic classification unless the basic classification specifically includes those employees. The standard exception classifications are defined below:

- a. **CLERICAL OFFICE EMPLOYEES – Code 953** – are employees exclusively engaged in keeping the books or records of the insured or conducting correspondence or who are engaged wholly in office work where such books or records are kept or such correspondence is conducted.

This classification shall be applied only to employees herein described who work exclusively in separate buildings or on separate floors or in departments on such floors which are separated from all other workplaces of the employer by floor to ceiling partitions except for retail stores where a partition at least five feet high is required and within which no work is performed other than clerical duties as defined in this rule.

If any clerical office employee has any other regular duty, the entire payroll of that employee shall be assigned in accordance with the class to which the business is assigned.

- (1) The clerk, such as a counter, time, stock or tally clerk, whose work is necessary, incidental or part of any operation of the business other than clerical office, shall not be considered a clerical office employee. Such clerk should be assigned to the basic classification of the business.
 - (2) The cashier also shall not be considered a clerical office employee. A cashier is responsible for accepting payment for merchandise or services rendered. The cashier's physical location may include but is not necessarily limited to: a booth, behind a counter or on a sales floor. The cashier or any employee whose regular and frequent duty is accepting payment for merchandise or services should be assigned to the basic classification of the business regardless of the physical work location.
 - (3) Office employees shall be separately classified except in connection with those classes which specifically include Office Employees.
- b. **DRAFTING EMPLOYEES, Code 953**, are employees engaged exclusively in drafting and confined to office work. The entire payroll of any such employees engaged in any other operations shall be assigned to the highest Bureau loss cost classification of operations to which they are exposed.
- c. **SALESPERSONS – OUTSIDE, Code 951** – are employees exclusively engaged in sales or collection work away from the employer's premises or who are engaged in such work for any portion of their time and devote the balance of their time to clerical office duties.

This classification is inapplicable to employees delivering merchandise or products. Even though they may also collect or solicit, such employees shall be assigned in accordance with the classification appropriate to the business of the employer for which delivery is being made.

Also not included are floor and/or counter salespersons. Such employees shall be assigned in accordance with the class appropriate to the business at the location.

Further inapplicable to messengers employed by a messenger or courier service company. Messengers employed by other establishments whose field of business is not that of a messenger or courier service company shall be assigned to Code 951.

Employees who sell or solicit exclusively by telephone shall be assigned to Code 953, Clerical Office Employees.

Salespersons, Collectors or Messengers shall be separately classified except in connection with those classes which specifically include all employees or all employees except office.

3. General Inclusions

- a. Some operations appear to be separate businesses, but they are included within the scope of all classifications other than the standard exception classifications. These operations are called general inclusions and are:
- (1) Commissaries or restaurants operated for an insured's employees except in connection with construction, erection, lumbering, mining or the recovery of petroleum and/or natural gas.
 - (2) Manufacturing of containers such as bags, barrels, bottles, boxes, cans, cartons or packing cases (and the incident printing thereon) to be used by the employer in the packaging of its products.

- (3) Medical facilities operated by the insured for its employees.
 - (4) Maintenance or repair of an insured's buildings, or vehicles or equipment when performed by employees of an insured.
 - (5) Printing or lithographing by an insured on its products.
 - (6) Stamping or Welding – when an integral technique that is a part of an overall manufacturing process.
 - (7) Drilling or Blasting – when conducted by the employees of a surface or underground mine operator to facilitate mineral extraction. Drilling, redrilling or deepening conducted by an entity whose field of business is the recovery of petroleum and/or natural gas shall be separately classified.
 - (8) Quality control of an insured's products or research laboratories engaged in developing and/or improving products manufactured by an insured.
 - (9) Drivers, chauffeurs and their helpers including all employees whose principal duties are the operation and/or the repair of vehicles.
 - (10) Tools, dies, molds or fixtures made and/or repaired by an insured that are used in the insured's product manufacturing operations.
 - (11) Aircraft travel by employees, other than members of the flying crew, including employees whose payroll is assigned to the Standard Exception Classifications.
 - (12) Child day care services operated by the employer for his employees.
 - (13) Warehousing by an employer of its merchandise, products and/or raw materials.
- b.** Any operation described by a General Inclusion shall be separately classified only if:
1. Such operation constitutes a separate and distinct business of the insured as provided in Rule IV - C. below or
 2. It is specifically excluded by the classification wording, or
 3. The principal business is described by a standard exception classification.

4. General Exclusions

Some operations in a business are so unusual that they are excluded from basic classifications. They are classified separately unless specifically included in the basic classification wording. These operations are called general exclusions and are:

- (1) Aircraft operation – all operations of the flying and ground crews.
- (2) New construction or structural alterations by the insured's employees.
- (3) Sawmill Operations – sawing logs into lumber by equipment such as circular carriage or band carriage saws, including operations incidental to the sawmill.
- (4) Stevedoring, including tallying and checking incidental to stevedoring.
- (5) Mining and Quarrying, Clay, Gravel or Sand Excavation and Dredging.

C. ASSIGNMENT OF CLASSIFICATIONS

1. Object of the Classification Procedure

- a.** The object of the classification procedure is to assign the one basic classification which best describes each distinct business enterprise of the insured within Delaware. Subject to certain exceptions described in this Rule, each classification includes all the various types of labor found in a distinct enterprise. It is the business which is classified, not the individual employments, occupations or operations within a business. Additional classifications shall be assigned as provided below.

2. Assignment of a Classification

- a. The policy shall contain only classifications approved by the Delaware Compensation Rating Bureau, Inc. and in accordance with this Manual.

Each classification is presumed to describe an entire business enterprise. Any policy which contains more than a single classification cannot contain any classifications representing a payroll less than that of one full-time employee, but this rule will not apply in classifications involved in Construction, Erection, Stevedoring or Part-Time Aircraft Operations except as specified in classification phraseology.

- b. **Single Enterprise.** If a risk consists of a single operation or a number of separate operations which normally occur in the business described by a single manual classification, or separate operations which are an integral part of or incidental to the main business, that single classification which most accurately describes the entire enterprise shall be applied. The separate operations so covered may not be assigned to another classification even though such operation may be specifically described by some other classification or may be conducted at a separate location.

Division of payroll shall be made as provided in respect to General Exclusions, Standard Exceptions or Special Class Wording. For construction or erection work, see special procedure set forth in Rule IV, C. 5.

EXCEPTION

Where a retail outlet is located at the same or contiguous premises as an insured's manufacturing facility, a separate classification shall apply to the payroll of the outlet provided that such outlet is operated in an area physically separate from other operations by a floor to ceiling partition and it is separately staffed.

- c. **Authorized Classifications.** When the classification of any insured has been established by the Rating Bureau, no policy shall be issued or endorsed nor adjustment of premium made under any other or conflicting classification.

In any instance where the established classification does not describe the current operations of the insured, the insuring carrier or insured shall draw the matter to the attention of the Rating Bureau in writing with full particulars prior to the application of any other classification. The reclassification shall not take place until the Bureau Staff has received and reviewed such documentation and has replied in writing to the insured or insuring carrier agreeing with their position or otherwise advising on which class(es) to assign.

The insuring carrier is not relieved of the obligation to apply the class authorized for an insured because of lack of knowledge that the Bureau has established an authorized classification for that insured.

3. Assignment of Additional Classifications

- a. **Multiple Classifications/Multiple Enterprises** (Not construction or erection operations – see paragraph 6.)

Additional classifications may be used only when valid evidence supports their authorization or in conformity with the rules stated under "Standard Exceptions" and "Exclusions." Additional classes may not be added without Bureau authorization when their use is in violation of Manual Rules or an existing bureau data card.

Additional classifications shall be assigned to an insured only if the following conditions exist:

1. If the classification wording requires the assignment of an additional classification for specified employees or operations.
2. If there are distinct enterprises (meaning thereby businesses, which are specifically classified in this Manual, but not operations that normally occur in the business described by the assigned classifications, nor operations described by any of the General Inclusions), conducted in a given plant by the same insured and the entire work in each enterprise is conducted either in a separate building or on a separate floor or floors of a building, or on the same floor in separate departments divided by floor to ceiling partitions without interchange of labor and the insured conducts each of such enterprises as a separate undertaking with separate records of payroll, then such separate undertakings shall each be separately classified, (and the proper carrier rating value applied to each).
3. See Governing Classification rules for assignment of incidental operations that support more than one distinct enterprise.

b. Governing Classification

The governing classification is that classification other than the standard exception classifications (which may never be the governing class) which carries the largest amount of payroll exclusive of payroll of miscellaneous employees as defined below.

- (1) This concept shall be utilized not in the initial classification assignment process but to determine how to classify miscellaneous employees when an insured is assigned two or more classifications.

Miscellaneous employees are employees that either supervise or support all the various undertakings of the insured. The functions performed by miscellaneous employees may include but are not necessarily limited to: maintenance, mailroom, shipping and receiving, yard operations, security power plant operations, lobby or front desk personnel, elevator operators, porters, foremen, superintendents or timekeepers.

- (2) The entire remuneration of miscellaneous employees is assignable to the governing classification.
- (3) The governing classification in the case of construction or erection operations shall be determined on a job basis within each policy period if payrolls are kept separately by job within the policy period; otherwise on the basis of the entire policy period.
- (4) If the basic and major operations are described by classifications defined as Standard Exceptions, the payroll of all employees not specifically included in the definition for such Standard Exceptions shall be separately classified, all other rules of this Manual notwithstanding. Section 5, Classification Underwriting Guide, will help in assignment by analogy.

4. Assignment By Analogy

Any enterprise which is not described by a classification in this Manual shall be assigned to the classification or classifications most analogous from the standpoint of process and hazard. The limitations and conditions of the classification or classifications so assigned and all Manual rules pertaining to the classification shall be applicable.

5. Payroll Assignment – Multiple Classifications - Interchange of Labor

Some employees who are not miscellaneous employees may perform duties directly related to more than one classification. When there is such an interchange of labor, the entire payroll of employees who interchange shall be assigned to the highest valued classification representing any part of their work.

The payroll of one employee shall not be divided into two or more classes except where specifically described in classification wording as "to be separately rated" or "separately rate" and with no requirement for separate staff. See the paragraph immediately below for the auditing procedure.

General Exceptions to C. 5. above

For Construction, Erection, Temporary Staffing or Stevedoring, the payroll of any individual employee may be divided and allocated to more than one such classification provided the entry on the original records of the insured discloses an allocation of each such individual employee's payroll. Estimated or percentage allocation of payroll is not permitted. Only a single stevedoring class shall be applied to all payroll developed in the loading or unloading of a single vessel. For further reference see the material under Stevedoring in Section 2 of the Manual. For Executive Officers see Rule IX, A. 4.

6. Construction or Erection Operations

Each distinct type of construction or erection operation at a job or location shall be assigned to the classification which specifically describes such operation provided separate payroll records are maintained for each operation. Estimated or percentage allocation of payroll is not permitted.

Any such operation for which separate payroll records are not maintained shall be assigned to the highest Bureau loss cost classification which applies to the job or location where the operation is performed.

A separate construction or erection classification shall not be assigned to any operation which is within the scope of another classification assigned to such a job or location which is assignable to a construction classification designated "all work to completion." All operations of the insured contractor at that job or location shall be assignable to such classification.

7. **NOC** means not otherwise classified. A classification designated "NOC" shall apply only if no other classification more specifically describes the insured's business.

8. Changing Classifications

- a. The Bureau is empowered to determine, revise or modify the classification(s) assigned to any individual insured. No written application by the carrier, agent of record or an insured to change an insured's authorized classification(s) shall be considered by the Bureau until the carrier has issued and filed a copy of its policy Information Page written in accordance with an insured's authorized classification(s). The classification(s) shown in any policy shall be subject to correction or modification, or both, if the Bureau finds by survey or otherwise that the classification(s) shown in the policy are inappropriate to the insured. No written application to change the classification(s) for an insured on the grounds that the insured has been improperly classified shall be considered by the Bureau unless such written application is filed directly with the Bureau by the insured, agent of record or the carrier during the policy period with respect to which the application is made, or within 12 months after the termination thereof.
- b. (1) A change in classification that results from a change in an insured's operations will be applied pro rata as of the date of the change in the insured's operations, regardless of the premium impact to the insured when the carrier becomes aware of the insured's operations change and makes a written application to the Bureau to change the insured's authorized classification(s) during the policy period in which the operations change has taken place, or within 12 months after the termination thereof.
- (2) A correction of a misclassification which results in a premium decrease shall be applied to the insured's policy in effect when the application for correction is made and to the prior policy within 12 months after the termination thereof.
- (3) A correction of a misclassification which results in a premium increase shall be applied effective the employer's first normal policy renewal at least six months subsequent to the date of the Bureau's written misclassification notice concurrent to the carrier of record and the employer.
- c. Any correction of a misclassification arising from discovery by the carrier of a material misrepresentation or intentional omission by the insured, its agent, employees, officers or directors shall be applied effective the date upon which it would have applied had such material misrepresentation or intentional omission not been made. It is recommended that a carrier claiming material misrepresentation or intentional omission as contemplated in this Rule secure a declaratory judgment from the appropriate Court establishing same prior to proceeding with application of this Rule.
- d. The reallocation of payroll by a carrier among an insured's authorized classifications or the Bureau requiring a carrier to reallocate payroll among an insured's authorized classifications or to report payroll under an insured's authorized classifications for an insured's current policy or for the insured's prior policy within 12 months after the termination thereof does not constitute a class change or correction.

9. Classification Appeals

The Bureau's assignment of an individual risk to a particular classification may be appealed pursuant to Rule XVI, APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE, Section 1 of this Manual.

10. Mercantile Business/Stores

For mercantile businesses, such as stores or dealers, the single applicable store or dealer classification is determined separately for each location.

D. SHOW THE CLASSIFICATIONS IN ITEM 4 OF THE INFORMATION PAGE

Show the proper classification wording, with or without notes, and show the code number in Item 4 of the Information Page. Capitalized classification wording may be used instead of the entire wording. Section 5 of this Manual, Classification Underwriting Guide, may be used for such wording.

E. "NEW BUSINESS" EMPLOYEE CLASSIFICATION PROCEDURE

1. "New Business" is defined for purposes of this section to be all workers compensation insurance policies except those policies underwritten by an insurance group which also insured the same employer for a policy period expiring immediately prior to the effective date of the policy in question. An insurance group is defined as either a set of individual insurers under a common ownership or an individual carrier which has no other companies under common ownership.

2. Within the first 90 days of the effective date of a "New Business" policy, the employer has the right to request from the carrier a review of the classification assignments of each of its employees with the classifications on the policy. This request shall be presented in writing.
3. If an employee classification review is requested by the employer, the employer must provide the carrier with a list of all the employer's employees showing individually their specific duties. The carrier has the right in conjunction with the employee classification review to conduct an audit and/or inspection to determine the proper classification assignment of the employees.
4. Within 60 days of the employer's request, the carrier shall provide the employer with a report which will show the classification assignment of each listed employee. The carrier will be obligated to use these classification assignments for premium determination purposes for the "New Business" policy period unless review by the Delaware Compensation Rating Bureau, Inc. indicates lower-rated classifications are applicable to an employer's business or employees. Changes in the employer's operations, duties of employees listed or the addition of new employees will not be subject to the classification assignments specified in this report.
5. If the employer does not agree with the carrier's employee classification report, the Delaware Compensation Rating Bureau, Inc. shall review the employer's request, the insurer's response and will determine the appropriate classification assignments for the listed employees.
6. This Section applies only to the assignment of classifications to listed employees whose duties during the policy period are fully and accurately specified at the time of the request for an employee classification review. This procedure does not otherwise limit a carrier's right or obligation to properly classify an employer's operations based on the actual nature of those operations during the policy period.
7. The carrier will send to its "New Business" insureds a "Policyholder Notice" explaining to the insured the procedure that must be followed to request an employee classification review.

RULE V – PREMIUM BASIS

Item 4 of the Information Page

A. BASIS OF PREMIUM – TOTAL REMUNERATION

Premium shall be computed on the basis of the total remuneration paid or payable by the insured for services of employees covered by the policy.

Exception

Some classifications have a different premium basis. For example, premium for domestic worker classifications is computed on a per capita basis. Refer to Rule XIV.

B. REMUNERATION – PAYROLL

1. Definition

Remuneration means money or substitutes for money.

2. Inclusions

Remuneration includes:

- a. Wages or salaries including retroactive wages or salaries;
- b. Total cash received by employees for commissions or draws against commissions;
- c. Bonuses;
- d. Stock bonus plans – market value of stock at the time it is given to employee (refer to Exclusions, m.);
- e. Extra pay for overtime work;
- f. Pay for holidays, vacations or periods of sickness or accrued sick time;

- g. Payment by an employer of amounts otherwise required by law to be paid by employees to statutory insurance or pension plans, such as the Federal Social Security Act;
- h. Payment to employees on any basis other than time worked such as piece work, profit sharing or incentive plans;
- i. Payment or allowance for hand tools or power tools used by hand provided by employees and used in their work or operations for the insured;
- j. The rental value of an apartment or a house provided for an employee based on comparable accommodations;
- k. The value of lodging other than an apartment or house received by employees as part of their pay to the extent shown in the insured's records;
- l. The value of meals received by employees as part of their pay to the extent shown in the insured's records;
- m. The value of store certificates, merchandise, credits or any other substitute for money received by employees as part of their pay (refer to Exclusions, 1.);
- n. Musicians and entertainers who are not independent contractors shall be included in computation of premiums of hotels or restaurants (maximum of \$250 per week for each musician or entertainer);
- o. Adjustments necessary to bring employees to minimum wage shall be included;
- p. Payments for salary reduction, retirement or cafeteria plans (IRC 125) which are made through deductions from the employee's gross pay;
- q. Prevailing wage payments paid to employees based on required government-specified minimum wage rates, including but not limited to the Davis-Bacon Act or the Delaware Prevailing Wage Act;
- r. Annuity plans (see Rulings and Interpretations – Salary Reduction Plans);
- s. Expense reimbursements to employees to the extent that an employer's records do not substantiate that the expense was incurred as a valid business expense (see Rulings and Interpretations – Employee Expense Reimbursements);
- t. Payment for filming or taping of commercials excluding subsequent residuals which are earned by the commercial participant(s) each time the commercial appears in print or in broadcast.

3. Exclusions

Remuneration excludes:

- a. Payments by an employer to group insurance or group pension plans for employees, other than payments covered by Rule V - B. 2. e.;
- b. Payments made by an employer to a Group Insurance, Pension Plan or to an employee directly in lieu of the foregoing because of the Provisions of a prevailing wage statute, including but not limited to the Delaware Prevailing Wage Act or the Davis-Bacon Act. For additional information please see the Rulings and Interpretations in Section 5 of this Manual.
- c. The value of special rewards for individual invention or discovery;
- d. Dismissal or severance payments except for time worked or accrued vacation;
- e. Tips and other gratuities received by employees;
- f. Payments for active military duty;
- g. Employee discounts on goods purchased from the employee's employer;
- h. Expense reimbursements to employees to the extent that an employer's records substantiate that the expense was incurred as a valid business expense (see Rulings and Interpretations – Employee Expense Reimbursements);
- i. Supper money for late work;
- j. Work uniform allowances;

- k. Sick pay paid to an employee by a third party such as an insured's group insurance carrier which is paying disability income benefits to a disabled employee;
- l. Employer provided perquisites ("perks") such as:
 - 1. an automobile;
 - 2. an airplane flight;
 - 3. a discount on property or services;
 - 4. club memberships;
 - 5. tickets to entertainment or sporting events;
- m. Stock option plans – difference between market value of stock and lower option price is not included as remuneration.

4. Payroll

Payroll means remuneration. The carrier rating values in this Manual shall be applicable to the remuneration of all employees of the insured without exception, and compensation policies shall not be written except upon the entire payroll of the risk which is the subject of the insurance. Under no circumstances shall a compensation policy be written on any part of the risk leaving another part of the risk uninsured.

5. Employee Savings Plans

- a. Contributions, made in the form of an employee authorized salary reduction, which are diverted by an employee for payment, by the employer, into a savings plan shall be included as remuneration for premium computation purposes. Such payments made by the employer into the plan, of employee salary reduction contributions, shall not be employer contributions.
- b. Contributions of employer funds, made by the employer, the amount which being determined by reference to Employer Contributions, shall not be considered remuneration for premium computation purposes unless same contributions are reported by the employer as current taxable income to the employee.

C. ESTIMATED PAYROLLS**1. Estimated Payrolls By Classification**

For each classification shown on the Information Page, the estimated total annual payroll shall be stated in the column headed "Premium Basis – Total Estimated Annual Remuneration."

2. Determination of Estimated Payrolls

Estimated payrolls shown on the Information Page shall reflect actual remuneration anticipated by the insured during the policy period. Such estimates shall be subject to substantiation by records or inspections.

3. Approval of Estimated Payrolls

Adequacy of estimated payrolls is subject to approval by the Delaware Compensation Rating Bureau, Inc.

D. WHOLE DOLLARS – PAYROLLS

All payrolls shall be shown to the nearest dollar. A remainder of \$.50 shall be rounded to the next higher dollar.

E. PAYROLL LIMITATION**1. How Payroll Limitation Applies**

For executive officers, sole proprietors, partners and classifications with notes which indicate payroll limitation, the payroll on which premium is based shall exclude that part of the employee's average weekly pay in excess of the applicable weekly limitation, provided:

- a. Books and records are maintained to show separately the total payroll earned by each employee whose average weekly pay for the total time employed during the policy period exceeds the weekly payroll limitation, and
- b. Separate records are maintained in summary by classification for such employees.

2. Partial Week

A part of a week shall be treated as a full week in determining average weekly pay.

RULE VI – RATING VALUES AND PREMIUM DETERMINATION**Item 4 of the Information Page – continued****A. BUREAU RATING VALUES****1. Bureau Loss Cost**

Bureau Loss Costs – Dollar amounts per unit of exposure attributable to the payment of losses under workers compensation and employers liability coverages, filed by the Bureau based on the aggregate experience of all Bureau members and approved by the Insurance Commissioner.

2. Disease Loading

- a. The Bureau Rating Value for a classification code number followed by a letter (a) or (b) etc. may include a disease loading. Such a loading may be removed upon approval of the Delaware Compensation Rating Bureau, Inc.
- b. The Delaware Workers Compensation Law includes "all occupational diseases arising out of and in the course of employment." The classification rates shown in the Manual include occupational disease loadings which correspond to the usual exposure to diseases by classifications.
- c. A supplemental occupational disease loading may be applied to the carrier rate for any individual risk where the occupational disease hazard is abnormal. When a carrier plans to use the supplemental loading, they shall supply the Bureau with an inspection report either by an insurance carrier, Industrial Accident Board or some outside source which supports the abnormal disease exposure. Based on this report, the Rating Bureau will authorize the supplemental loading and publish it on the bureau data card for a minimum of one year. The supplemental loading can be removed only by an inspection report from an insurance company, or some other outside agency evidencing the abnormal exposure no longer exists. The supplemental disease loading is non-ratable in the experience and retrospective plans.

3. Terrorism Risk Insurance Act of 2002- Certified Losses

Premium under the Terrorism Risk Insurance Act of 2002 - Certified Losses is calculated on the basis of total payroll according to Rule V. The premium charge is calculated by dividing a risk's total payroll by \$100 and multiplying the result times the carrier's rating value. This premium is applied after standard premium and is not subject to any other modifications including but not limited to premium discount, experience rating, schedule rating, or retrospective rating. Non-payroll exposures are not subject to premium under the Terrorism Risk Insurance Act of 2002 - Certified Losses. Policies issued on an "If Any" basis will not be charged a terrorism rate, unless premium develops during the policy term or at audit. Per capita charges are not subject to premium under this Act. Terrorism Risk Insurance Act of 2002 - Certified Losses shall be separately stated on the Standard Policy and shall be designated to Statistical Code 9740.

B. PREMIUM

Premium for each classification shown in the policy is determined by multiplying the basis of premium by the rate.

Example of B above

Payroll	=	\$90,000
Rate	=	x 1.50
Premium	=	\$ 1,350
$\frac{\$90,000}{100} \times 1.50$	=	\$ 1,350

C. WHOLE DOLLARS – PREMIUMS

All premiums shall be shown to the nearest dollar. A remainder of \$.50 shall be rounded to the next higher dollar.

D. CARRIER RATING VALUES**1. Expense Constant**

Expense Constant (if any) is determined by individual carriers' rating values. It applies to every policy and it covers expenses such as those for issuing, recording and auditing, which are common to all workers compensation policies regardless of size.

2. Minimum Premium

Minimum Premium (if any) is determined by individual carriers' rating values. It is an expression of the lowest premium amount for which a single risk can be written and carried for any period of time.

3. Premium Discount

Premium Discount (if any) is determined by individual carriers' rating values. It recognizes that the relative expense of issuing and servicing larger premium policies is less than for smaller policies.

4. Retrospective Rating Factors**E. PREMIUM MODIFICATION EXPERIENCE RATING PLAN**

1. If the risk is subject to experience rating, the experience rating modification shall be shown in Item 4 of the Information Page and applied to the premium in accordance with the Experience Rating Plan Manual.
2. Copies of Experience Rate Calculation
 - a. The insurance carrier is furnished with the experience rate calculation. Subsequent insurance carriers may obtain copies of the experience rating calculation by way of special service at the appropriate charge.
 - b. The Bureau shall furnish to any insured employer upon his written request, or to the Home Office or Branch Office of any member of the Bureau upon the written request of the employer, a copy of the experience rating calculation of that employer at an appropriate charge.
 - c. The insurance carrier of record shall be notified of the Bureau experience modification established by the Experience Rating Procedure not more than 90 days prior to the effective date of the rating.

F. PREMIUM DETERMINATION FOR FEDERAL AND MARITIME INSURANCE

Additional rating procedures are in Rules XII and XIII for insurance for employers subject to the U.S. Longshore and Harbor Workers' Act, the Federal Employers Liability Act and Admiralty Law.

G. SCHEDULE RATING

1. An insurer may adopt a schedule rating plan, subject to such a plan being "Filed" (approved) by the Delaware Insurance Department. The plans permit the carrier to apply a schedule credit (use Code **9887**) or debit (use Code **9889**) to the standard premium determined in accordance with the Bureau Rating Values and rating plans filed by the Delaware Compensation Rating Bureau, Inc.
2. The schedule modification is to be applied after application of any experience modification but before premium discount if applicable. The schedule modification does not apply to the expense constant or the minimum premium, if applicable, but does to the following:
 - a. Aircraft Operations – passenger seat surcharge.
 - b. Premium for higher limit under Employers Liability.
 - c. Short rate penalty premium.
 - d. Additional premium resulting from flat increase on outstanding policies.
 - e. Non-ratable elements and supplemental loadings.
3. Show the schedule modification percentage and applicable statistical code on the Information Page.

H. PREMIUM CALCULATION ALGORITHM**Delaware and Pennsylvania Premium Algorithm Preface:**

Optional use upon July 1, 2000. Mandatory use for policies effective on or after January 1, 2002.

The computation of workers compensation premium includes a broad complement of potential rating values, pricing programs and other similar or related variables. To the extent that these component parts of premium determination may be applied in a prescribed sequence and using defined formulas and/or relationships, several potential benefits arise including the follow-ing:

- Competitive differences within the marketplace can be more clearly defined and consistently applied;
- Similarly situated risks can receive comparable treatment with respect to specific rating values, pricing programs or other factors, increasing the equity of the marketplace;

- Analysis of the effects of various components of overall premium determination can be better understood and more intelligently compared across carriers, states and/or time;
- In the event that new pricing programs or other factors are introduced in the future, the defined existing formulas can provide a consistent basis for the development of programs and system procedures within the workers compensation industry.

DELAWARE WORKERS COMPENSATION MANUAL

SECTION 1

EFFECTIVE DATE: JUNE 1, 2004

UNDERWRITING RULES

Page 19

Updates optional use November 26, 2002. Mandatory use for policies effective on or after October 1, 2004.
Delaware and Pennsylvania Workers Compensation Premium Algorithm
Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(1)	Classification	xxxx	(1)	Carrier value
(2)	Exposure	xxxx	(2)	Risk characteristic
(3)	Carrier Rating Value	xxxx	(3)	Carrier value
(4)	Classification Manual Premium		(4)	(2)/100x(3) if classification has payroll exposure. Special procedures apply to non-payroll classes
(5)	Total Policy Manual Premium		(5)	Sum of (4) for all classifications on the policy
(6)	Employer Liability Increased Limits Factor	xxxx	(6)	Carrier value
(7)	Employer Liability Increased Limits Premium Charge		(7)	(5)x[(6) expressed as a decimal]
(8)	Minimum Premium Employer Liability Increased Limits	9848	(8)	Carrier value
(9)	Minimum Premium Employer Liability Increased Limits Premium Charge	9848	(9)	[(8)-(7)] if (7)<(8) and (6) >0, otherwise zero
(10)	Subject Deductible Credit Percentage	9664	(10)	Carrier value
(11)	Subject Deductible Premium Credit	9664	(11)	[(5)+(7)+(9)]x[(-10) expressed as a decimal]
(12)	Waiver of Subrogation Charge	0930	(12)	Carrier value - subject to experience modification
(13)	Waiver of Subrogation Premium	0930	(13)	Value from Line (12)
(14)	Total Subject Premium		(14)	[(5)+(7)+(9)+(11)+(13)]
(15)	Experience Modification	9898	(15)	Zero for non-experience-rated risks
(16)	Modified Premium		(16)	(14)x(15)
(17)	Merit Rating Credit Factor	9885	(17)	Zero if Merit Rating Credit does not apply
(18)	Merit Rating Credit	9885	(18)	(14)x[(-17) expressed as a decimal]
(19)	Merit Rating Neutral Factor	9884	(19)	Zero whether Merit Rating Neutral Adjustment (no credit or debit) does or does not apply
(20)	Merit Rating Neutral Adjustment	9884	(20)	(14)x[(19) expressed as a decimal]
(21)	Merit Rating Debit Factor	9886	(21)	Zero if Merit Rating Debit does not apply
(22)	Merit Rating Charge	9886	(22)	(14)x[(21) expressed as a decimal]
(23)	Premium After Experience Modification or Merit Rating		(23)	(16) if Experience-Rated, [(14)+(18)+(20)+(22)] if Merit-Rated, (14) if Non-Rated
(24)	Non-Ratable Classifications	xxxx	(24)	Carrier Value
(25)	Non-Ratable Classifications Exposure		(25)	Portion of payroll exposure subject to Non-Ratable Classifications
(26)	Non-Ratable Classification Rating Value	xxxx	(26)	Carrier Value
(27)	Non-Ratable Classification Premium		(27)	(25)/100x(26) [based on applicable Non-Ratable Classification exposure]
(28)	Aircraft Seat Surcharge Exposure (# of seats)	9108	(28)	Actual number of seats for insured risk. Subject to maximum 10 seats per aircraft
(29)	Aircraft Seat Surcharge	9108	(29)	Carrier Value
(30)	Aircraft Seat Surcharge Premium Charge	9108	(30)	(28) x (29)
(31)	Workfare Program Employees Exposure (PA)	0982	(31)	Number of person weeks. A partial workweek for any worker to be counted as 1 person week.
(32)	Workfare Program Employees Rating Value (PA)	0982	(32)	Carrier Value
(33)	Workfare Program Employees Premium (PA)	0982	(33)	(31) x (32)
(34)	Non-Ratable Classification Premium Total		(34)	Sum of all (27)+(30)+(33) premiums
(35)	Non-Ratable Classification Increased Limits Factor	xxxx	(35)	Carrier value
(36)	Non-Ratable Classification Increased Limits Premium Charge	xxxx	(36)	(34)x [(35) expressed as a decimal]
(37)	Minimum Premium Non-Ratable Classification Increased Limits	9848	(37)	Carrier value
(38)	Minimum Premium Non-Ratable Classification Increased Limits Premium Charge	9848	(38)	[(37)-(36)] if (36) < (37) and (35) > 0, otherwise zero
(39)	Premium Before Schedule Rating		(39)	(23)+(34)+(36)+(38)
(40)	Schedule Rating Plan Adjustment Factor	9887/9889	(40)	Carrier value - use 9887 for schedule credits and 9889 for schedule debits

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 1****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING RULES**

Page 20

*Updates optional use November 26, 2002. Mandatory use for policies effective on or after October 1, 2004.***Delaware and Pennsylvania Workers Compensation Premium Algorithm
Premium Calculation Algorithm**

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(41)	Schedule Rating Plan Premium Adjustment	9887/9889	(41)	$(39) \times [(40) \text{ expressed as a decimal}]$. For schedule credits Line (41) will be negative
(42)	Certified Safety Committee Credit Factor (PA)	9890	(42)	Credit applies if insured is certified.
(43)	Certified Safety Committee Premium Credit (PA)	9890	(43)	$[(39)+(41)] \times [(-42) \text{ expressed as a decimal}]$
(44)	Workplace Safety Program Credit Factor (DE)	9880	(44)	Credit applies if insured qualifies
(45)	Workplace Safety Program Premium Credit (DE)	9880	(45)	$[(39)+(41)] \times [(-44) \text{ expressed as a decimal}]$
(46)	Construction Classification Premium Adjustment Program Credit Factor	9046	(46)	Based on wage level(s), application to rating organization
(47)	Construction Classification Premium Adjustment Program Premium Credit	9046	(47)	$[(39)+(41)] \times [(-46) \text{ expressed as a decimal}]$
(48)	Drug-Free Workplace Factor (DE)	9846	(48)	Carrier value
(49)	Drug-Free Workplace Credit (DE)	9846	(49)	$[(39)+(41)+(45)+(47)] \times [(-48) \text{ expressed as a decimal}]$
(50)	Managed Care Factor (DE)	9874	(50)	Carrier value
(51)	Managed Care Credit (DE)	9874	(51)	$[(39)+(41)+(45)+(47)+(49)] \times [(-50) \text{ expressed as a decimal}]$
(52)	Package Credit Factor (DE)	9721	(52)	Carrier value
(53)	Package Credit (DE)	9721	(53)	$[(39)+(41)+(45)+(47)+(49)+(51)] \times [(-52) \text{ expressed as a decimal}]$
(54)	Premium After Managed Care and Package Credit If Applicable		(54)	$[(39)+(41)+(43)+(45)+(47)+(49)+(51)+(53)]$
(55)	Assigned Risk Surcharge Factor (DE)	0277	(55)	May apply to some or all assigned risks based on plan and characteristics of individual insured
(56)	Assigned Risk Premium Surcharge (DE)	0277	(56)	$(54) \times [(55) \text{ expressed as a decimal}]$
(57)	Deductible Credit Factor	9663	(57)	Carrier value
(58)	Deductible Premium Credit	9663	(58)	$[(54)+(56)] \times [(-57) \text{ expressed as a decimal}]$
(59)	Loss Constant	0032	(59)	Carrier value - may vary based on risk premium size
(60)	Loss Constant Charge	0032	(60)	Line (59) if applicable
(61)	Short Rate Cancellation Factor	0931	(61)	Carrier value - zero if short rate cancellation does not apply
(62)	Short Rate Premium	0931	(62)	$[(54)+(56)+(58)+(60)] \times [(61)-1.0000]$ if (61)>0, otherwise zero
(63)	Expense Constant	0900	(63)	Carrier value if applicable
(64)	Expense Constant Charge	0900	(64)	Line (63)
(65)	Minimum Premium	0990	(65)	Carrier value
(66)	Minimum Premium Charge	0990	(66)	If (65)> $[(54)+(56)+(58)+(60)+(62)+(64)]$, (65)- $[(54)+(56)+(58)+(60)+(62)+(64)]$, otherwise zero
(67)	Unit Statistical Report Total Standard Premium		(67)	$[(54)+(56)+(58)+(60)+(62)+(66)]$
(68)	Premium Discount Amount	0063/0064	(68)	Carrier value based on $[(54)+(56)+(58)+(60)+(62)+(66)]$
(69)	Additional premium Waiver of Subrogation (flat charge)	9115	(69)	Carrier value(s)
(70)	Terrorism Premium Charge	9740	(70)	$(\text{Total payroll}/100) \times \text{carrier rating value}$
(71)	Total Policy Premium Subject to Employer Assessment		(71)	$(64)+(67)-(68)+(69)+(70)$
(72)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(72)	Bureau value for the specific purpose of computing employer assessments
(73)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(73)	$[(71)-(11)-(58)] \times (72)$ NOTE: Cells (11) and (58) are credits. Subtracting these credits as shown effectively adds the premium reduction given for deductible coverage back into the premium for purposes of calculating employer assessments

RULE VII – PREMIUM DISCOUNT**Item 4 of the Information Page****A. PREMIUM DISCOUNT**

Premium Discount (if any) is determined by an individual carriers' rating values. It recognizes that the relative expense of issuing and servicing larger premium policies is less than for smaller premium policies.

B. COMBINATION OF POLICIES**1. Combination Permitted**

Two or more policies issued to the same insured by one or more insurance carriers under the same management may be combined for the purpose of computing the premium discount for that insured.

2. Combination Procedure

If such separate policies have different expiration dates, the combination for the purpose of 1. above is subject to the following:

- a. The Bureau shall determine the effective date for the application of premium discount.
- b. All such policies in force prior to such effective date shall be cancelled and rewritten as of the effective date.
- c. All policies effective after the effective date of the combination shall be written to expire concurrently with other policies in the combination.

**C. LARGE CONSTRUCTION PROJECTS
(Wrap-Up)**

The first step in setting up a "Wrap-Up" program requires the carrier to make application to: State of Delaware Department of Labor, Industrial Accident Board, 4425 North Market Street - 3rd Floor, Wilmington, DE 19802.

The following application of the premium discount is optional for large construction projects which are not under a retrospective rating plan:

Policies issued to two or more legal entities engaged in a construction, erection or demolition project may be combined for the purpose of computing premium discount, subject to the following conditions:

1. Insurance Carrier

All such policies must be issued by one or more insurance carriers under the same management.

2. Policy Limitation

The policies shall be limited to insurance on such large construction projects.

3. Eligible Entities

Entities eligible for combination shall be limited to the general contractor (including any owner or principal acting as a general contractor) and subcontractors performing work under contracts let on an ex-insurance basis. In addition, if the contract between the owner or principal and such general contractor is on an ex-insurance basis, the owner or principal shall be an eligible entity under this rule.

4. Premium Requirement

Estimated total standard premium for the project to be done by the combined entities must be \$500,000 or more.

5. Location Requirement

The project must be confined to operations at a single location. In connection with the building of roadways, tunnels, waterways or surface or underground conduits, the entire job or sections of the job shall be considered a single location if the construction work is performed by a single general contractor for a single owner or principal.

6. Duration Requirement

The project must be of definite duration involving work to be performed continuously to completion.

7. Bureau Notification

The Bureau must be notified of the method by which the wrap-up policies will be identified.

8. Separate Policy Requirement

A separate policy is required for each entity included in the wrap-up plan and each policy is subject to that entity's own experience rating modification.

9. Experience Modifications

The experience developed by each entity in the combinations will be used in calculating the future experience of the entity. There will be no experience rating for the project as a unit.

RULE VIII – LIMITS OF LIABILITY**Item 3-B of the Information Page****A. WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY****1. Part One – Workers Compensation**

There is no limit of liability in the standard policy for Part One. The policy provides all benefits required by the Delaware Workers Compensation Law.

2. Part Two – Employers Liability**a. Standard Limits**

The standard limits of liability under Part Two are:

Bodily Injury by Accident: **\$100,000** – each accident
Bodily Injury by Disease: **\$100,000** – each employee
Bodily Injury by Disease: **\$500,000** – policy limit.

b. Increased Limits

The limit under Part Two may be increased, subject to the following:

- (1) The limits of liability shall be the same for all states specified in Item 3-A of the Information Page.
- (2) The additional premium for increased limits shall be determined by multiplying the total premium by the percentage in the following Table for Increased Limits. For this purpose, total premium shall be computed before application of any carrier rate but before application of experience rating modification or retrospective rating adjustment.

TABLE FOR INCREASED LIMITS

<u>Classification Codes</u>	<u>Limits of Liability</u>			<u>Percentage</u>
	(000s omitted)			
9803	100	/	100 / 1,000	.70%
9804	100	/	100 / 2,500	1.20%
9805	100	/	100 / 5,000	1.70%
9806	100	/	100 / 10,000	2.40%
9807	500	/	500 / 500	1.90%
9808	500	/	500 / 1,000	2.20%
9809	500	/	500 / 2,500	2.70%
9810	500	/	500 / 5,000	3.20%
9811	500	/	500 / 10,000	3.90%
9812	1,000	/	1,000 / 1,000	3.30%
9813	1,000	/	1,000 / 2,500	3.80%
9814	1,000	/	1,000 / 5,000	4.40%
9815	1,000	/	1,000 / 10,000	5.00%
9816	1,000	/	over 1,000 / 10,000	(a)
(a) Apply to Bureau for higher limit charges.				

- (3) The premium for increased limits shall be subject to experience rating modification, merit rating, deductible credit or retrospective rating. The premium for increased limits on non-ratable classifications is not subject to any experience rating modifications, merit rating or retrospective rating.

c. Accident Limit

The limit of liability under Part Two applies to all bodily injury arising out of any one accident.

d. Disease Limit

The limit of liability under Part Two for Bodily Injury by Disease – each employee – applies as a separate limit to bodily injury by disease to any one employee and the limit of liability for Bodily Injury by Disease policy limit – applies as an aggregate limit for all bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease.

e. Show Limit on the Information Page

The limits of liability under Part Two must be stated in Item 3-B of the Information Page.

B. VOLUNTARY COMPENSATION INSURANCE

1. Standard Limits

The standard limits of liability under Part Two Employers Liability Insurance for employees subject to voluntary compensation are:

Bodily Injury by Accident: **\$100,000** – each accident
 Bodily Injury by Disease: **\$100,000** – each employee
 Bodily Injury by Disease: **\$500,000** – policy limit

The limit of liability for Bodily Injury by Accident applies to all bodily injury arising out of any one accident. The limit of liability for Bodily Injury by Disease – each employee – applies as a separate limit to bodily injury by disease to any one employee and the limit of liability for Bodily Injury by Disease – policy limit – applies as an aggregate limit for all bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease.

2. Increased Limits

The standard limits under Part Two Employers Liability for employees subject to voluntary compensation insurance may be increased. The premium for the increased limits shall be determined on the basis of the factors in the following table:

**TABLE FOR INCREASED LIMITS
Employers Liability Insurance Only**

<u>Limit of Liability</u>			<u>Factor</u>
(000s omitted)			
100	/	100 / 1,000	1.053
100	/	100 / 2,500	1.127
100	/	100 / 5,000	1.225
100	/	100 / 10,000	1.284
500	/	500 / 500	1.186
500	/	500 / 1,000	1.206
500	/	500 / 2,500	1.286
500	/	500 / 5,000	1.368
500	/	500 / 10,000	1.424
1,000	/	1,000 / 1,000	1.280
1,000	/	1,000 / 2,500	1.357
1,000	/	1,000 / 5,000	1.436
1,000	/	1,000 / 10,000	1.509
over 1,000	/	1,000 / 10,000	(a)
(a) Apply to Bureau for higher limit factor			

3. Premium Determination

Premium shall be determined on the basis of the workers compensation rules, classifications and Bureau rating values in this Manual for the state workers compensation law designated in the schedule in the Voluntary Compensation and Employers Liability Coverage Endorsement.

4. Payroll Records

When voluntary compensation insurance is provided for a group of employees, separate payroll records shall be maintained by the insured for the designated group of employees.

RULE IX – SPECIAL CONDITIONS OR OPERATIONS AFFECTING COVERAGE AND PREMIUM

A. EXECUTIVE OFFICERS

1. Definition

Executive Officers of a corporation are the President, Vice President, Secretary, Treasurer or any other officer appointed or elected in accordance with the charter or by-laws of a corporation or unincorporated association.

2. Law and Status

Executive officers of a corporation are covered under the Delaware Workers Compensation Law. However, up to eight (8) executive officers who are stockholders of the corporation, when executing a written agreement between the corporation and such executive officers, may elect not to be subject to the law. To exclude such officers, attach the Partners, Officers and Others Exclusion Endorsement **WC 00 03 08**.

When executive officers are covered under the law they have the same status as employees under the policy.

3. Premium Determination

Premium for executive officers, other than elected officers of Delaware or its political subdivisions, shall be based on their total payroll, subject to the following:

- The requirements of Rule V - E.
- The minimum individual payroll for an executive officer is **\$400** per week.
- The maximum individual payroll for an executive officer is **\$1,900** per week.
- These limitations apply to the average weekly payroll of each executive officer for the number of weeks the officer was employed during the policy period.

-
- e. A part of a week shall be considered a full week in determining the average weekly payroll.

4. Assignment of Payroll

Payroll assignment shall be made in the same manner as for any employee. No executive officer's payroll may be assigned to a standard exception classification unless that officer's duties fulfill the definition of either Salesman - 951 or Office - 953. See Rule IV.

5. Flight Duties

Payroll of an executive officer who is a pilot or member of the flying crew of an aircraft used in the insured's business shall be assigned as follows:

- a. For each week during which the executive officer did not perform flight duties, assign the officer's payroll as provided in Rule IX - A. 4.
- b. For each week during which the executive officer performed flight duties, assign the officer's payroll for that week to Code 7421, Transportation of Personnel for Business. If an executive officer's non-flying duties in such a week are subject to a higher rated classification, that higher rated classification shall be assigned in that week.

Rules 5. a. and b. apply on the basis of the pilot's log book required under Federal regulations or other verifiable records.

If Code 7421, Transportation of Personnel for Business, applies and verifiable records are not maintained to indicate those weeks during which flying is performed by executive officers, their payroll shall be assigned to the highest rated classification which applies to any of their operations.

B. SOLE PROPRIETORS AND PARTNERS OR MEMBERS OF THEIR IMMEDIATE FAMILY

1. Law and Status

- a. Sole proprietors or partners are not covered under Delaware Law.
- b. Sole proprietors or partners **may elect** to be covered in the State of Delaware. They then have the same status as employees under the policy.
- c. Immediate family members of sole proprietors or partners **are covered** under Delaware Law. Immediate family is defined as a parent, spouse, child or sibling of a sole proprietor or partner.

2. Coverage

- a. To provide coverage for a sole proprietor or partner, attach the **Sole Proprietors, Partners, Officers and Others Coverage Endorsement, WC 00 03 10**.
- b. To exclude coverage for Immediate Family members, attach the **Partners, Officers and Others Exclusion Endorsement, WC 00 03 08**.

3. Premium Determination

- a. Premium for sole proprietors, partners or members of their immediate family shall be based on their total payroll.
- b. Rules to limit payroll for sole proprietors or partners are the same as for executive officers. (See Rule IX A. 3. for more details.) (Exception: If a payroll amount cannot be determined, the latest Delaware Statewide Average Weekly Wage should be used to set Annual Remuneration of policies effective on and after August 1 of any given year.)

C. CONTRACTORS AND SUBCONTRACTORS AS EMPLOYERS

- 1. No contractor or subcontractor shall receive compensation under the Delaware Workers Compensation Law, but shall be deemed to be an employer and all rights of compensation of the employees of any such contractor or subcontractor shall be against their employer and not against any other employer.
- 2. Lessees transporting passengers for hire in motor vehicles leased pursuant to written leases shall not receive compensation under the Delaware Workers Compensation Law but shall be deemed to be employers.

D. EX-MEDICAL COVERAGE

Ex-medical coverage is prohibited in the State of Delaware.

E. PROFESSIONAL AND SEMI-PROFESSIONAL ATHLETES – CLASS CODES 970 and 991

1. Employees who qualify for payroll limitation include but are not limited to all players, coaches, managers or game officials and include all players on salary list of the employer.
2. The entire remuneration of each player, coach or manager should be included in computing premium, subject to a maximum of \$60,000 per season.
3. Season includes pre-season and post-season exposure.
4. When a player, coach or manager works for two or more teams in the same sport during the season, the maximum shall be pro-rated.
5. The remuneration of an individual player is subject to a minimum of \$600.00 per week of the season or year, including board and lodging. (Limited to Code 970). For more details refer to the Classification and Rating Values Section.

F. DELAWARE WORKPLACE SAFETY PROGRAM**1. The Effective Date**

Delaware Workplace Safety Program effective February 1, 1989. Revised July 1, 1999.

2. Eligibility

- a. Employers are eligible for the Workplace Safety Program if they have **\$3,161** or more of annual Delaware only premium at residual market rates.
- b. Qualifying premium and safety credit percent eligibility is based on the most current required unit statistical card filing (for example, July 1999 employers qualify using the unit statistical report for the July 1996 policy).
- c. The Bureau will test each employer by taking the required unit statistical card payroll times current Residual Market Rates times most current experience modification to determine the employer's qualifying premium.

3. Employer Notification

Employers meeting the premium qualification requirement will be notified by the Delaware Department of Insurance seven months in advance of renewal date. This notification will inform the employer of the premium credit they are eligible for if attested safe, together with the schedule of inspection costs.

4. Inspection

The cost of each Department of Insurance safety inspection will be borne by the employer and will start at **\$150 per location**. Each work location must pass inspection for the employer to be eligible for premium credit under the Workplace Safety Program. Inspection fees for large and/or complex employers may be established by the Department of Insurance.

5. Employer Action

Once the employer receives their notification of eligibility, the employer must decide to participate in the Workplace Safety Program. This decision must be made no later than five months before their policy renewal. The employer must contact the Delaware Department of Insurance and request an inspection. Inspections will be made by a representative from one of the independent safety expert companies contracted by the Delaware Department of Insurance.

6. Delaware Department of Insurance Action

The Department of Insurance will notify the inspector of the employer's request. The inspector will then contact the employer to set up the first of two inspections. A second unannounced inspection will be made at some later date to confirm initial certifications of safety in the workplace. Failure to pass this non-scheduled inspection will result in withdrawal of the safety credit.

7. Qualified Employer

The Bureau will be informed when an employer passes the inspection. The Bureau will then record on the experience rating calculation sheet the credit percentage to apply to the renewal policy. **Code 9880** is to be used in policy issuance and statistical reporting to record the Safety Program premium credit, which is to be applied after experience modification and after deviation or schedule rating adjustments but before calculating premium discount and before adding of expense constant.

For Example:

<u>Code</u>	<u>Classification</u>	<u>Payroll</u>	<u>Rate</u>	<u>Premium</u>	
975	Restaurant	\$350,000	\$4.39	\$15,365	
953	Clerical	80,000	.54	432	
	Sub-Total			15,797	
9898	Experience Modification		.95	790	Credit
	Sub-Total			15,007	
9887	Schedule Credit 5%			750	Credit
	Sub-Total			14,257	
9880	Safety Program Credit 19%			2,709	Credit
	Sub-Total			11,548	
0063	Premium Discount if applicable				
0900	Expense Constant if applicable				
9999	Estimated Annual Premium			11,548	

8. Safety Credit Percentages

Safety credits will be granted according to the following formula:

$$20\% \times [1.0000 - C]$$

where "C" is the credibility of the qualified employer in the uniform Experience Rating Plan for the policy period expiring immediately prior to the application of the safety credit. If the qualified employer was not experience-rated in the policy period expiring immediately prior to the application of the safety credit, "C" will be set at 0.050. Safety credit packages will be rounded to the nearest whole percent.

9. Bureau Rating Values

A Delaware Workplace Safety Program Correction Factor shall be included in loss costs and residual market rates. This factor shall be designed to make the Workplace Safety Program revenue neutral in the aggregate.

10. Appeals

The Bureau's determination of the percentage credit for an individual risk eligible for the Delaware Workplace Safety Program may be appealed pursuant to Rule XVI, APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE, Section 1 of this Manual.

G. DELAWARE CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM

1. Program Description

The Delaware Construction Classification Premium Adjustment Program provides for a premium credit for up to one year for a policy which contains one or more construction classifications. A credit may be applicable to those policies effective new and renewed with normal anniversary rating dates on or after **July 1, 1990**.

The basis for determining the credit is the total payroll (including overtime premium pay) and hours worked for each construction classification for the third calendar quarter in **1989** as reported to taxing authorities. If the insured did not engage in operations for the complete quarter, then the last complete quarter prior to policy year inception shall be used or, if there was no complete quarter of operations prior to the policy inception, then the first complete quarter after policy inception shall be used. A credit may be determined for each construction classification by dividing the total payroll, including overtime premium pay, by the number of hours worked to arrive at the average hourly wage for the classification. In the absence of specific records for salaried employees, it will be assumed each such individual worked forty (40) hours per week. The credit for average hourly wage is listed on next page:

DCCPAP Wage Table
Effective March 1, 2001 through December 31, 2001

<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>	<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>
\$13.24 or less	0%	\$17.51-\$18.00	15%
\$13.25-\$15.25	5%	\$18.01-\$18.50	16%
\$15.26-\$15.50	6%	\$18.51-\$19.00	17%
\$15.51-\$15.75	7%	\$19.01-\$19.50	18%
\$15.76-\$16.00	8%	\$19.51-\$20.00	19%
\$16.01-\$16.25	9%	\$20.01-\$20.50	20%
\$16.26-\$16.50	10%	\$20.51-\$21.00	21%
\$16.51-\$16.75	11%	\$21.01-\$21.75	22%
\$16.76-\$17.00	12%	\$21.76-\$22.50	23%
\$17.01-\$17.25	13%	\$22.51-\$23.25	24%
\$17.26-\$17.50	14%	over \$23.25	25%

DCCPAP Wage Table
Effective January 1, 2002 through December 31, 2002

<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>	<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>
\$13.74 or less	0%	\$18.01-\$18.50	15%
\$13.75-\$15.75	5%	\$18.51-\$19.00	16%
\$15.76-\$16.00	6%	\$19.01-\$19.50	17%
\$16.01-\$16.25	7%	\$19.51-\$20.00	18%
\$16.26-\$16.50	8%	\$20.01-\$20.50	19%
\$16.51-\$16.75	9%	\$20.51-\$21.00	20%
\$16.76-\$17.00	10%	\$21.01-\$21.75	21%
\$17.01-\$17.25	11%	\$21.76-\$22.50	22%
\$17.26-\$17.50	12%	\$22.51-\$23.25	23%
\$17.51-\$17.75	13%	\$23.26-\$24.00	24%
\$17.76-\$18.00	14%	over \$24.00	25%

DCCPAP Wage Table
Effective January 1, 2003 through December 31, 2003

<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>	<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>
\$14.49-or less	0%	\$19.01-19.25	15%
\$14.50-16.75	5%	\$19.26-19.75	16%
\$16.76-17.00	6%	\$19.76-20.25	17%
\$17.01-17.25	7%	\$20.26-20.75	18%
\$17.26-17.50	8%	\$20.76-21.25	19%
\$17.51-17.75	9%	\$21.26-22.00	20%
\$17.76-18.00	10%	\$22.01-22.75	21%
\$18.01-18.25	11%	\$22.76-23.50	22%
\$18.26-18.50	12%	\$23.51-24.25	23%
\$18.51-18.75	13%	\$24.26-25.25	24%
\$18.76-19.00	14%	Over 25.25	25%

DCCPAP Wage Table
Effective January 1, 2004

<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>	<u>Average Hourly Wage</u>	<u>Credit From Manual Premium</u>
\$14.74-or less	0%	\$19.26-19.75	15%
\$14.75- 17.00	5%	\$19.76-20.25	16%
\$17.01-17.25	6%	\$20.26-20.75	17%
\$17.26-17.50	7%	\$20.76-21.25	18%
\$17.51-17.75	8%	\$21.26-22.00	19%
\$17.76- 18.00	9%	\$22.01-22.75	20%
\$18.01-18.25	10%	\$22.76-23.50	21%
\$18.26-18.50	11%	\$23.51-24.25	22%
\$18.51-18.75	12%	\$24.26-25.00	23%
\$18.76-19.00	13%	\$25.01-26.00	24%
\$19.01-19.25	14%	Over 26.00	25%

The total construction classification credit amount, in dollars, must be calculated and then divided by the total policy premium at Bureau Rating Values - including construction and non-construction classifications. The result would be the percentage credit which is to be applied to the July 1, 1990 or later policy. When calculating the total policy credit the percentage shall be rounded to the nearest whole number with .5 being rounded upward (as an example, 4.4 rounded to 4% and 4.5 rounded to 5%).

The insured shall submit the required payroll and hours worked information to the Delaware Compensation Rating Bureau, Inc. for calculation of any applicable credit. The carrier shall, upon audit, verify the information that was submitted by the insured and used in the calculation of the credit. If the carrier discovers an error in the original request for policy credit, the revised information must be submitted to the Delaware Compensation Rating Bureau, Inc. for recalculation. If the insured does not furnish records to verify the payrolls and hours worked originally submitted and used in the calculation of the credit, there shall be no credit applied to the policy.

The credit authorized by the Delaware Compensation Rating Bureau, Inc. shall appear on Item 4 of the policy. If the credit applicable to the policy is not available at the time of policy issuance, the carrier shall endorse the policy to provide the appropriate credit information once a qualifying application has been processed and the Bureau has notified the carrier of the credit determined on the basis of such application.

Report Delaware Construction Class Premium Credit on the information page and unit statistical report under **Code 9046**.

Carriers are required to use the approved form to notify all their insureds, who have one or more construction classifications on their policy, that they may be eligible for a premium adjustment credit.

2. "Construction classifications" are those classifications subject to the following code numbers:

601	609	645	652	658	666	676
602	611	646	653	659	667	677
603	615	647	654	661	668	
605	617	648	655	663	669	
607	625	649	656	664	674	
608	643	651	657	665	675	

3. **Third Calendar Quarter**

a. Policy Anniversary Date Quarter Used

07/01/90 to 07/01/91	1989
07/01/91 to 07/01/92	1990
07/01/92 to 07/01/93	1991

4. The Bureau will inform the carrier and employer of the credit percentage. The Bureau will then record on the experience rating sheet (when applicable) the credit percentage to apply to the policy. Code 9046 is to be used in policy issuance and statistical reporting to record the construction premium credit, which is to be applied after the experience modification and after the deviation or schedule rating adjustments, but before calculating the premium discount and before adding the expense constant.

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Example:

Code	Classification	Payroll	Rate	Premium	
652	Carpentry	\$300,000	\$13.83	\$41,490	
951	Salesman	41,600	.60	250	
953	Office	176,000	.39	686	
	Sub-Total			42,426	
9898	Experience Modification	1.180		7,637	Debit
				50,063	
9887	Schedule Credit 5%			2,503	Credit
	Sub-Total			47,560	
9880	Safety Program Credit 20%			9,512	
	Sub-Total			38,048	
9046	Construction Credit 20%			9,512	
	Sub-Total			28,536	
0277	Residual Market Surcharge	.18		5,135	Debit
0063	Premium Discount (if applicable)				Credit
	Sub-Total				
9999	Estimated Annual Premium			\$33,672	

5. Appeals

The Bureau's determination of an individual risk's eligibility for and/or the percentage of credit under the Delaware Construction Classification Premium Adjustment Program may be appealed pursuant to Rule XVI, APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE, Section 1 of this Manual.

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 1****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING RULES**

Page 31

BUREAU FILE NO. _____

**DELAWARE WORKERS COMPENSATION – 200__
PREMIUM CREDIT APPLICATION**

NAME ON INSURANCE POLICY _____

INSURANCE COMPANY (Not Agent) _____

POLICY NO. _____ EFF. DATE _____

Notice: Unless Code(s), total wages paid as reported to taxing authorities, total hours worked, and calendar quarter reported are indicated and application is signed, it cannot be processed. Must include non-construction class code payrolls. Corporate Officers should be included in the appropriate classification. Do not include corporate officers who have elected to be excluded from the Workers Compensation Act. Contact your agent and/or insurance company if assistance is desired.

<u>CLASSIFICATION DESCRIPTION</u>	<u>DELAWARE WC CLASS CODE</u>	<u>TOTAL DELAWARE WAGES PAID THIS QUARTER</u>	<u>TOTAL HOURS WORKED THIS QUARTER (Including O.T.)</u>
<u>Example: Carpentry</u>	<u>651</u>	<u>\$8,000</u>	<u>520</u>
<u>Example: Office</u>	<u>953</u>	<u>\$2,000</u>	<u>400</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The foregoing is based on actual wages and hours worked, as reflected in our payroll records, for the complete calendar quarter ending _____.

Signature _____ Title _____

Telephone Number _____ Date _____

Address _____ City _____ State _____ Zip Code _____

SEND APPLICATION TO DELAWARE COMPENSATION RATING BUREAU, INC., ATTENTION: EXPERIENCE RATING DEPARTMENT, THE WIDENER BUILDING – 6TH FLOOR, ONE SOUTH PENN SQUARE, PHILADELPHIA, PA 19107-3577.

H. WAIVER OF SUBROGATION

For policies where the carrier waives subrogation rights, the premium charge associated with such waiver shall be assigned to Code 0930.

For policies where a flat charge has been levied for a waiver of subrogation rights, the amount shall be assigned to Code 9115. Code 9115 – Flat Charge Waiver of Subrogation is not included in Total Standard Premium.

RULE X – CANCELLATION**A. WHO MAY CANCEL**

The Cancellation Condition of the Standard Policy permits cancellation by the insured or by the insurance carrier.

IMPORTANT NOTICE: CANCELLATION NOTICES MUST BE FILED WITH THE BUREAU WITHIN 10 DAYS OF ISSUANCE; PROVIDED, HOWEVER, THAT FAILURE TO FILE SUCH NOTICE WITHIN THE REQUIRED TIME SHALL NOT INVALIDATE ANY CANCELLATION WHICH HAS BEEN MADE IN ACCORDANCE WITH THE PROVISIONS OF THE POLICY.

B. PREMIUM DETERMINATION – CANCELLATION BY THE INSURANCE CARRIER

Premium for the cancelled policy shall be computed as follows:

1. Carrier Rating Values and Payroll

Apply Carrier Rating Values to the payroll developed during the period the policy was in effect.

2. Experience Rating

Apply any experience rating modification in accordance with the rules of the Experience Rating Plan Section. Refer to Rule VI - H.

3. Deductible

Apply the appropriate deductible credit factor, if any, in accordance with the deductible table in Section 2 of this Manual.

C. PREMIUM DETERMINATION – CANCELLATION BY THE INSURED WHEN RETIRING FROM BUSINESS

Compute the premium as provided in C above if a policy is cancelled by the insured when:

1. All the work covered by the policy has been completed, or
2. All interest in any business covered by the policy has been sold, or
3. The insured has retired from all business covered by the policy.

D. PREMIUM DETERMINATION – CANCELLATION BY THE INSURED, EXCEPT WHEN RETIRING FROM BUSINESS

The premium for the cancelled policy shall be based on the Short Rate Cancellation Table in this rule and computed as follows:

1. Actual Payroll

Determine the payroll developed during the period the policy was in effect.

2. Extended Payroll

Extend such payroll pro-rata to an annual basis.

Example

A payroll of \$55,500 for 185 days would produce a payroll of \$109,500 on an annual basis:

$$\begin{array}{r} \$55,500 \quad \times \quad \frac{365}{185} \quad = \quad \$109,500. \end{array}$$

3. Carrier Rate

Apply Carrier Rate to the payroll in 2. above.

4. Experience Rating

Apply any experience rating modification in accordance with the rules of the Experience Rating Plan Manual. Refer to Rule VI - 1.

5. Deductible

Apply the appropriate deductible credit factor, if any, in accordance with the deductible credit schedule in Section 2 of this Manual.

6. Short Rate Percentage

Based on the time the policy was in effect, apply the short rate percentage shown in the Short Rate Cancellation Table in this rule to the annual premium computed on the basis of the extended payroll in order to determine the short rate portion of the annual premium.

7. Example of a Short Rate Cancellation

A policy in effect for 185 days develops actual payroll of \$55,500, carrier rate \$.50.

- a. Payroll extended to annual basis =

$$\$55,500 \times \frac{365}{185} = \$109,500.$$

- b. Annual premium = \$109,500 x \$.50 = 548

- c. Short rate percentage for 185 days = 61%
(See Table on next page)

- d. Short rate premium for cancelled policy =
\$548 x .61 = \$334

- e. Total premium for cancelled policy = \$334

Refer to the Rules and Interpretation Section for an alternative method of short rate computation.

E. SHORT RATE CANCELLATION TABLE FOR TERM OF ONE YEAR

Days Policy In Force		Percent of One Year Premium
1		5%
2		6
3 - 4		7
5 - 6		8
7 - 8		9
9 - 10		10
11 - 12		11
13 - 14		12
15 - 16		13
17 - 18		14
19 - 20		15
21 - 22		16
23 - 25		17
26 - 29		18
30 - 32	(1 mo)	19
33 - 36		20
37 - 40		21
41 - 43		22
44 - 47		23
48 - 51		24
52 - 54		25
55 - 58		26
59 - 62	(2 mos)	27
63 - 65		28
66 - 69		29
70 - 73		30
74 - 76		31
77 - 80		32
81 - 83		33
84 - 87		34
88 - 91	(3 mos)	35
92 - 94		36
95 - 98		37
99 - 102		38
103 - 105		39
106 - 109		40
110 - 113		41
114 - 116		42
117 - 120		43
121 - 124	(4 mos)	44
125 - 127		45
128 - 131		46
132 - 135		47
136 - 138		48
139 - 142		49
143 - 146		50
147 - 149		51
150 - 153	(5 mos)	52

Days Policy In Force		Percent of One Year Premium
154 - 156		53
157 - 160		54
161 - 164		55
165 - 167		56
168 - 171		57
172 - 175		58
176 - 178		59
179 - 182	(6 mos)	60
183 - 187		61
188 - 191		62
192 - 196		63
197 - 200		64
201 - 205		65
206 - 209		66
210 - 214	(7 mos)	67
215 - 218		68
219 - 223		69
224 - 228		70
229 - 232		71
233 - 237		72
238 - 241		73
242 - 246	(8 mos)	74
247 - 250		75
251 - 255		76
256 - 260		77
261 - 264		78
265 - 269		79
270 - 273	(9 mos)	80
274 - 278		81
279 - 282		82
283 - 287		83
288 - 291		84
292 - 296		85
297 - 301		86
302 - 305	(10 mos)	87
306 - 310		88
311 - 314		89
315 - 319		90
320 - 323		91
324 - 328		92
329 - 332		93
333 - 337	(11 mos)	94
338 - 342		95
343 - 346		96
347 - 351		97
352 - 355		98
356 - 360		99
361 - 365	(12 mos)	100

RULE XI – THREE-YEAR FIXED RATE POLICY OPTION

1. A carrier may file a "Three-Year Fixed Rate Option" program with the Delaware Insurance Department.
2. A policy may be issued for a period of three years at a fixed carrier rate, provided the risk is not eligible for the Experience Rating Plan on the effective date of the policy.
3. A policy issued under an approved program shall be designated on the Information Page as follows - "THREE-YEAR FIXED RATE."

RULE XII – U.S. LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT**A. GENERAL EXPLANATION**

The U.S. Longshore and Harbor Workers' Compensation Act (U.S.L. & H.W. Act) is a Federal law which provides for payment of compensation and other benefits to employees such as longshore, harbor workers, ship repairmen, shipbuilders, ship-breakers and other employees engaged in loading, unloading, repairing or building a vessel. It applies to such employees while working on navigable waters of the United States and also while working on any adjoining pier, wharf, dry dock, terminal, building way, marine railway, or other area adjoining such navigable waters customarily used for loading, unloading, repairing or building a vessel. It does not cover masters or members of the crew of a vessel. For complete details see U.S. Code (1946), Title 33, Section 901-49, amended by Public Law 92-576.

B. WORKERS COMPENSATION INSURANCE – PART ONE

The standard policy is used to insure the statutory obligation of an employer to furnish benefits required by the U.S.L. & H.W. Act. Attach the Standard Longshore and Harbor Workers' Compensation Act Coverage Endorsement (**WC 00 01 06A**) to provide such insurance. Do not designate the U.S.L. & H.W. Act in Item 3-A of the Information Page.

C. EMPLOYERS LIABILITY INSURANCE – PART TWO

For operations subject to the U.S.L. & H.W. Act, the standard limits of liability under Part Two are:

Bodily Injury by Accident: **\$100,000** – each accident

Bodily Injury by Disease: **\$100,000** – each employee

Bodily Injury by Disease: **\$500,000** – policy limit, Refer to Rule VIII.

a. Accident Limit

The limit of liability applies to all bodily injury arising out of any one accident.

b. Disease Limit

The limit of liability also applies as a separate aggregate limit for all bodily injury by disease. The aggregate limit applies separately to bodily injury by disease arising out of work in each state shown in Item 3-A of the Information Page.

c. Show Limits on Endorsement

These limits of liability must be stated in the Maritime Coverage Endorsement and/or the Federal Employers Liability Act Coverage Endorsement.

D. CLASSIFICATIONS AND RATES**1. Classifications**

Classifications for insurance under the U.S.L. & H.W. Act are listed in "Section 2 – Classifications" of this Manual.

2. Rates for Federal "F" Classifications

The manual rates for classification code numbers followed by the letter "F" include premium for operations subject to the U.S.L. & H.W. Act.

3. Rates for Non-Federal "Non-F" Classifications

The Bureau Rating Values for classification code numbers not followed by the letter "F" do not include premium for operations subject to the U.S.L. & H.W. Act. If operations under such classifications involve some employees subject to U.S.L. & H.W. Act, the manual rates and minimum premiums for such classifications shall be increased by the U.S. Longshore and Harbor Workers' Compensation Coverage Percentage, the value for which is shown in Section 2. Such increased rate shall apply only to payroll of employees engaged in operations subject to the U.S.L. & H.W. Act.

NOTE: Deductible credit is not permissible in connection with U.S.L. & H.W. Act coverage.

E. EXTENSIONS OF THE U.S.L. & H.W. ACT**1. Defense Bases Act**

The Defense Bases Act extends the provisions of the U.S.L. & H.W. Act to employers and their employees on overseas military bases and on other overseas locations under public works contracts being performed by contractors with agencies of the United States Government. Employees who are not United States citizens may be exempted from coverage upon approval of a waiver by the Secretary of Labor. For complete details, see Defense Bases Act, U.S. Code (1946) Title 42 Sections 1651-54, Public Law 208, 77th Congress.

To provide such insurance, attach the Standard Defense Bases Act Coverage Endorsement (**WC 00 01 01**).

2. Civilian Employees of Nonappropriated Fund Instrumentalities Act

The Nonappropriated Fund Instrumentalities Act extends the provisions of the U.S.L. & H.W. Act to civilian employees of nonappropriated fund instrumentalities such as post exchanges and service clubs of the Armed Forces. For complete details, see U.S. Code (1970) Title 5, Section 8171 (Public Law 85-538, 85th Congress).

To provide such insurance attach the Standard Nonappropriated Fund Instrumentalities Act Coverage Endorsement (**WC 00 01 08**).

3. Premium Determination

For insurance under extensions of the U.S.L. & H.W. Act, determine premium as provided in Rule XII - D.

RULE XIII – THE ADMIRALTY LAW AND THE FEDERAL EMPLOYERS' LIABILITY ACT

NOTE: The Delaware Compensation Rating Bureau, Inc. has no jurisdiction over the rates or classification for Admiralty or Federal Employers Liability exposure. The following rule was published by the National Council on Compensation Insurance and is shown here for information purposes only.

A. GENERAL EXPLANATION**1. Admiralty Law**

Masters and members of the crews of vessels are not covered under state workers compensation laws nor under the U.S.L. & H.W. Act. They are subject to admiralty law and, if injured, have the right to sue their employers for damages in the Admiralty Courts where the proceeding is in the nature of an employers' liability suit. They also have the right to transportation, wages, maintenance and cure. Such seamen are subject to a Federal law, the Merchant Marine Act of 1920, known as the Jones Act (46 U.S. Code, Section 688, 1970) which applies the provisions of the Federal Employers Liability Act to seamen. Every person employed on board a vessel is deemed to be a seaman if connected with the operation or welfare of the vessel while in navigable waters. Usually, navigable waters are defined as those which form a continuous highway for interstate or international commerce.

2. Federal Employers Liability Act (F.E.L.A.)

The Federal Employers Liability Act applies to employees of interstate railroads. Such employees are not subject to state workers compensation laws. This federal law imposes liability for damages on the railroad if the injured railroad employee can show any negligence on the part of the railroad. For complete details, see 45 U.S. Code Sections 51-60, 1970.

B. DESCRIPTION OF COVERAGE PROGRAMS

The Standard Policy may be used to provide insurance for liability under one or more state workers compensation laws and also for liability under admiralty law or F.E.L.A. There are two programs to furnish such insurance:

1. Program I

Provides under Part One - Workers Compensation Insurance statutory liability - under the workers compensation law of any state designated on the Information Page and under Part Two - Employers Liability Insurance, Employers liability for damages under admiralty law or F.E.L.A., subject to a standard limit of liability of \$25,000.

2. Program II

Provides the same coverage as Program I, but with the addition of Voluntary Compensation. Under Program II, the insurance carrier will offer a settlement of a claim strictly in accord with the statutory benefits provided in the workers' compensation law designated in the Voluntary Compensation Endorsement attached to the policy as if the claim were subject to the laws of negligence. If the offer of settlement is rejected, Employers liability then applies to such claim or suit, with the same standard limit as for Program I.

C. COVERAGE**1. Admiralty Law Endorsements**

To provide Program I for admiralty law, attach the Standard Maritime Coverage Endorsement **(WC 00 02 01)**. To provide Program II for admiralty law, also attach the Standard Voluntary Compensation, Maritime Coverage Endorsement **(WC 00 02 03)**.

2. Admiralty Law Coverage Options

- a. The Maritime Coverage Endorsement **(WC 00 02 01)** excludes liability to provide transportation, wages, maintenance and cure. This endorsement may optionally include a provision to insure such liability for an additional premium based on an (A) rate.

3. F.E.L.A. Endorsements

To provide Program I for employments subject to F.E.L.A., attach the Standard Federal Employers Liability Act Coverage Endorsement **(WC 00 01 04)**. To provide Program II, also attach the Standard Voluntary Compensation and Employers Liability Endorsement **(WC 00 03 11)**.

4. U.S.L. & H.W. Act

When insurance is provided for liability under admiralty law or F.E.L.A., insurance for liability under the U.S.L. & H.W. Act also may be necessary. To provide such insurance, attach the Standard Longshore and Harbor Workers' Compensation Act Coverage Endorsement **(WC 00 01 06)**.

D. EXCLUSIONS

Unless specifically excluded, coverage for liability of an employer under admiralty law or F.E.L.A. is provided by the policy under Part Two - Employers Liability. The policy may be endorsed to exclude such coverage as follows:

1. Exclusion of Admiralty Law Liability

To exclude admiralty liability, attach the Standard Maritime Exclusion Endorsement **(WC 00 02 02)**.

2. Exclusion of F.E.L.A. Liability

To exclude F.E.L.A. liability, attach the Standard Federal Employers Liability Act Exclusion Endorsement **(WC 00 01 05)**.

E. LIMITS OF LIABILITY**1. Standard Limit**

The standard limit of liability under Part Two Employers Liability Insurance for admiralty or F.E.L.A. insurance under Program I or II is \$25,000.

2. Increased Limits

Increased limits of liability under Part Two - Employers Liability Insurance are available. The additional premium for increased limits shall be determined by applying the factor in the following Table for Increased Limits to the total premium for admiralty or F.E.L.A. classifications before application of:

- a. Expense Constant
- b. Experience rating modification
- c. Premium discount or retrospective rating adjustment.

The premium for increased limits is subject to an experience rating modification.

TABLE FOR INCREASED LIMITS

Limit Per Accident	Factor	Minimum Premium	
		Program I	Program II
\$ 25,000	1.00	100	200
50,000	1.09	109	218
100,000	1.15	115	230
200,000	1.23	123	246
300,000	1.29	129	258
400,000	1.34	134	268
500,000	1.38	138	276

3. Minimum Premium

The separate minimum premium shown in the above Table For Increased Limits applies to a policy which includes classifications for operations subject to admiralty law or the F.E.L.A. Such minimum premium is the lowest premium for insuring admiralty or F.E.L.A. operations and it shall apply in addition to the minimum premium or premium for other operations on such a policy. It is not subject to an experience rating modification.

F. CLASSIFICATIONS

NOTE: The Delaware Compensation Rating Bureau, Inc. has no jurisdiction over the rates or classification for Admiralty or Federal Employers Liability Exposure. The following rule is for information purposes only.

The classifications for admiralty or F.E.L.A. operations follow.

Classifications
Code Number

	Program I	Program II	
		State Act Benefits	USL Act Benefits
Boat Livery - boats under 15 tons. This classification includes the laying up or putting into commission of boats. Boats 15 tons or over to be separately rated under the appropriate vessels classification.	7038	7090	7050
Diving - marine	7394	7395	7398
Dredging - all types	7333	7335	7337
Ferries - This classification includes dock employees.	7019	7027	7062
Fishing Vessels - NOC. This classification includes packing, curing or shipping fish and repair of nets or boats.	7039	7091	7051
Oyster Boats - This classification includes planting; harvesting; and operation of boats.	7079	7097	7070
Salvage Operations - marine.	7394	7395	7398
Supply Boats	7020	7028	7131
Tugboats	7020	7028	7131
Vessels - NOC	7016	7024	7047
Vessels - not self-propelled. Such vessels having a regular master and crew who are furnished living quarters aboard the vessel, shall be rated as "Vessels, NOC."	7046	7098	7099

Classifications	Code Number		
	Program I	Program II	
		State Act Benefits	USL Act Benefits
Vessels - sail	7036	7088	7048
Wrecking - marine. This classification includes salvage operations.	7394	7395	7398
Yachts - private - sail or power	7037	7089	7049

Federal Employers Liability Act

Railroad Operation - all employees including drivers. This classification contemplates the normal operations of railroads including normal maintenance and repair. All extraordinary repair work including such work as rebuilding bridges, grade crossing elimination, laying or relaying track and all new construction operations shall be classified as Code 6702 or 6703.	7151	7153	7152
Clerical Office Employees - NOC	8814	8805	8815
Salespersons, Collectors or Messengers - outside	8737	8734	8738
Railroad Construction - all operations including clerical, salespersons and drivers	6702	6704	6703

G. WATERS NOT UNDER ADMIRALTY JURISDICTION

1. Coverage

An insured may conduct operations on waters not subject to admiralty jurisdiction. The Standard Policy and endorsement forms shall provide insurance and is subject to the rules which apply to statutory workers' compensation insurance.

2. Admiralty Law or U.S.L. & H.W. Act Liability

If there is a potential liability under admiralty law, follow the previous rules for insurance under admiralty law. If there is a potential liability under the U.S.L. & H.W. Act, refer to Rule XII.

RULE XIV – AGRICULTURAL, DOMESTIC WORKERS - RESIDENCES

A. DEFINITIONS

1. Please refer to the "Agriculture" Ruling and Interpretation in Section 5 of this Manual.

Agriculture is included in Codes 0006, 0008, 0011, 0013, 0016, 0034, 0036 and 0083. For definitions of individual agricultural classes please see the Farms class listing in Section 2.

2. Inside Domestic Workers

Domestic Workers – Inside are employees engaged exclusively in household or domestic work performed principally inside the residence. Examples include a cook, housekeeper, laundry worker, maid, butler, companion, nurse and baby sitter.

3. Outside Domestic Workers

Domestic Workers – Outside are employees engaged exclusively in household or domestic work performed principally outside the residence. Examples include a private chauffeur and a gardener.

4. Occasional Domestic Workers

Domestic Workers – Occasional are domestic workers, inside or outside, who are employed part-time. Any domestic worker employed more than one half of the customary full time shall be assigned and rated as a full-time domestic worker. Examples of occasional domestic workers are persons engaged on certain days for gardening, cleaning, laundering or baby sitting.

B. COVERAGE

1. Workers Compensation and Employers Liability Insurance
2. By Voluntary Compensation Insurance

Agricultural and domestic workers are not included within the workers compensation law. Voluntary compensation insurance for agricultural and domestic workers may be provided by attaching the standard Voluntary Compensation Endorsement to a workers compensation policy.

3. Also, agricultural and domestic workers may elect to come under the Workers Compensation Act. This coverage is provided by the standard policy.

C. NAME OF INSURED

One or more members of the same residence may be named as the insured, but only with respect to the employment of domestic workers in connection with such residence.

D. CLASSIFICATIONS

1. Please refer to the Section 2 Domestic Workers class listing for the Domestic Workers classifications.
2. Please refer to the Section 2 Farms class listing for the agricultural classifications.

3. Maintenance, Repair Or Construction Operations

- a. Codes 0913, 0908, 0912 and 0909 include ordinary repair or maintenance of the insured's premises or equipment by domestic workers.
- b. Building maintenance or repair by employees hired only for that purpose shall be assigned to Code 971 - Building NOC - operations by owner or lessee.
- c. Extraordinary repairs, alterations, new construction, erection or demolition of structures shall be assigned to construction or erection classifications.

E. BUREAU RATING VALUES AND PREMIUM**1. Bureau Rating Values**

The Bureau Rating Values for Codes 0913, 0908, 0912 and 0909 are per capita premium charges. All Agriculture code rates are per \$100 of payroll. Terrorism Risk Insurance Act of 2002-Certified Losses **(9740)** does not apply to per capita classification premium charges

2. Records Required

The insured shall maintain a record of the names, duties and period of service of each domestic worker.

3. Full Time Domestic Workers

Estimated premium for Codes 0912 and 0913 shall be computed on the estimated number of such domestic workers during the policy period. If additional domestic workers under Code 0912 and 0913 are employed during the policy period or if some domestic workers are no longer employed and are not replaced, the per capita premium charges shall be pro rated. Each pro rata charge shall be based on the period of employment but shall not be less than 25% of the per capita charge.

4. Occasional Domestic Workers

A separate per capita charge shall be applied to each concurrently employed domestic worker.

F. SCHEDULE RATING

An approved schedule rating plan shall be applied to the premiums for domestic workers.

RULE XV – FINAL EARNED PREMIUM DETERMINATION**A. ACTUAL PAYROLL**

Final earned premium for the policy shall be determined on actual, instead of estimated, payroll or other premium basis.

B. PREMIUM DETERMINATION

The determination of final earned premium is governed by the rules, classifications and Bureau rating values and carrier rating values, subject to modification by applicable rating plans.

C. AUDIT RIGHTS OF CARRIER

The insurance carrier has the right to compute earned premium based on an examination of original payroll records and books of account of the insured, in accordance with Part Five (Premium Audit) of the Standard Policy.

D. AUTHORIZED CLASSIFICATIONS

Classifications which are not expressed on the policy shall not be used in auditing the payroll of any risk upon which a Data Card has been issued by the Delaware Compensation Rating Bureau, Inc. unless upon application to the Bureau the Data Card may be revised.

RULE XVI – APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE

- A. Any person, corporate or otherwise, aggrieved by an application of the rating system of the Delaware Compensation Rating Bureau, Inc. ("the Bureau"), as approved by the Insurance Commissioner pursuant to Title 18, Chapter 26 of the Delaware Code, may appeal such application to the Bureau in accordance with this Procedure. "Rating system" is defined herein to include but is not necessarily limited to the following: the assignment by the Bureau of an individual business to a particular classification, the continuation or discontinuation of an entity's(ies)' previous experience to the experience rating of new ownership, revision of losses used in a business' experience modification or merit rating, an individual business' eligibility for and/or the percentage of credit under the Delaware Construction Classification Premium Adjustment Program, the discount or surcharge applied to a business eligible for the Merit Rating Plan, the percentage credit for a business eligible for the Delaware Workplace Safety Program or any other workers compensation insurance pricing program filed by the Bureau with the Insurance Commissioner. The aggrieved party must commence any appeal of an application of the rating system within 12 months of the policy period in which the application was made by filing an appeal directly with the Bureau in accordance with this Procedure, except for an appeal for revision of losses used in a business' experience modification or merit rating which shall be governed by the specific Revision of Losses provisions of Sections 6 and 7 of this Manual.
- B. An aggrieved party to which the rating system is found on appeal by the Committee to have been improperly applied as of the time of the aggrieved party's appeal to the Bureau in accordance with this Procedure may have such application amended effective only for the policy currently in effect at the time the aggrieved party first submitted its appeal to the Bureau in accordance with Paragraph F. hereof and for the immediately preceding expired policy. In the case of a multiple year policy application of the rating system may be amended effective only for the policy year currently in effect at the time the aggrieved party first submitted its appeal to the Bureau in accordance with Paragraph F. hereof and for the policy year expiring no more than 12 months prior to such appeal to the Bureau.
- C. An aggrieved party for which application of the rating system is revised as a result of a change in the Bureau's interpretation of the rating system approved for use by the Insurance Commissioner may have such application amended effective as of the date determined by the Bureau's Classification and Rating Committee, which date may be prospective or retroactive as determined by the Committee; provided, however, that any retroactive effect shall not exceed the time period authorized in Paragraph B. hereof.
- D. An aggrieved party for which application of the rating system is revised pursuant to a change to the rating system filed by the Bureau and approved for use by the Insurance Commissioner may have such application amended effective only upon the aggrieved party's first normal policy anniversary date on or later than the effective date of the change to the rating system approved by the Insurance Commissioner.
- E. Nothing in this Procedure shall permit an aggrieved party for which application of the rating system is revised on a new and renewal basis only to have such application amended effective before the aggrieved party's first normal policy anniversary date effective on or later than the effective date of the change to the rating system approved by the Insurance Commissioner.
- F. An aggrieved party who wants to appeal an application of the rating system must first submit a written request for review thereof to the Bureau, together with all information in support of its appeal. The Bureau staff shall review the request and supporting information. To make certain the facts of an appeal are fully agreed upon by the Bureau and the appellant, the Bureau staff may (as circumstances warrant) visit the appellant's Delaware workplace(s). The Bureau shall notify the appellant in writing of its final decision resulting from the Bureau staff's review. If the appellant is still aggrieved by the rating system application following completion of the Bureau staff's review and final decision, the appellant shall have the right to present its appeal to the Bureau's Classification and Rating Committee in accordance with the provisions of this Procedure. A further appeal by an appellant of the Classification and Rating Committee decision may be taken to the Insurance Commissioner.

pursuant to Title 18, Section 2614 of the Delaware Code only after the appellant has first exhausted its rights pursuant to this Procedure.

- G.** Any party aggrieved by a final decision of the Bureau staff pursuant to Paragraph F. shall have the right to appeal to the Classification and Rating Committee of the Bureau. Any Committee member having a direct pecuniary interest in the aggrieved party's appeal shall recuse its representative from the appeal proceeding.

Such appeal must be received by the Bureau no later than 90 days from the date of the Bureau staff's final decision referred to in Paragraph F.

- H.** All appeals pursuant to Paragraph G. hereof must be filed with the Bureau and must meet the following requirements:

1. The appeal must be in writing.
2. The appeal must set forth in detail the nature of the complaint, all reasons for believing the Bureau decision to be in error, all documents in support of the appeal, the specific nature of the relief desired, and that the aggrieved party or its designated representative will appear before the Classification and Rating Committee at a to be determined hearing date. The Bureau urges the aggrieved party to appear before the Committee as the aggrieved party is better able to respond to any questions the Committee may have regarding the aggrieved party's business operations than a designated representative.
3. In the event an appeal does not fulfill the requirements of Paragraph H. 2. hereof the Bureau shall make a written request for the needed additional information from the aggrieved party who shall have 30 days to comply. Upon a written showing by the aggrieved party that the requested additional information cannot be provided within 30 days, the Bureau may grant an extension consistent with the circumstances. If the requested additional information is not submitted within the specified time period as extended, the appeal shall be dismissed.

- I.** Following receipt of an appeal to the Classification and Rating Committee, the Bureau will notify the appellant of the time and place in Delaware of the Classification and Rating Committee meeting at which the matter shall be heard. The appeal shall be dismissed if an appellant, after due notice pursuant to Paragraph M. hereof, fails to be present or represented at three such scheduled hearings.

- J.** The procedure at the hearing shall be as informal as possible and shall provide for the following steps:

1. The Chairman of the Classification and Rating Committee shall introduce the appellant to the Classification and Rating Committee.
2. The appellant may at its option make an oral presentation of its case or may rely solely upon the written material previously submitted to the Bureau in connection with the appeal.
3. Bureau staff members or consultants to the Bureau may present testimony and other information to the Committee relating to the matter under consideration.
4. The appellant or the Bureau may also present witnesses and documentary evidence relevant to the appeal, and the appellant and the Bureau shall have the opportunity to direct questions to any witness who has testified before the Committee on appeal.
5. After all testimony and other evidence have been presented the hearing shall be declared closed by the Chairman of the Committee. Such hearing may in the discretion of the Committee be reopened at any time prior to the Committee's decision.
6. After the hearing is closed the Committee shall arrive at its decision in executive session.
7. The decision shall be set forth in writing, shall specify all factual and other bases for the decision, and shall be sent to the appellant no later than thirty (30) days after the hearing.
8. The decision shall be included in the minutes of the meetings of the Classification and Rating Committee and retained in the records of the Bureau.
9. The minutes of the Classification and Rating Committee meeting shall be kept by the Bureau staff. As hearings before the Classification and Rating Committee are as informal as possible there shall be no stenographic, audio or video record thereof.
10. If travel is required for the aggrieved person to be heard by the Classification and Rating Committee in person, the aggrieved person will be reimbursed for travel expenses in the same manner as members of the Classification and Rating Committee.

- K.** An appellant is not required to be represented by an attorney at any stage in any proceeding. However, an appellant has a right at the appellant's expense to be represented by an attorney. An appellant who is represented by an attorney shall notify the Bureau in writing and shall also furnish the Bureau with the attorney's name and mailing address. After the Bureau has

received such notification from the appellant, subsequent papers in the proceeding to be served on such appellant shall be served only upon the attorney designated by the appellant.

- L.** All requests pursuant to Paragraph F., appeals pursuant to Paragraph G. or notice of appearance by an appellant's attorney pursuant to Paragraph K. hereof must be filed with the Bureau (to the Bureau's office - The Widener Building, 6th Floor, One South Penn Square, Philadelphia, PA 19107-3577).
- M.** Notices of any requirement for additional information pursuant to Paragraph H. 3., or of the time and place in Delaware of the Classification and Rating Committee hearing shall be given to the appellant or its attorney pursuant to Paragraph K. in writing personally or by certified mail (with return receipt). The notice of hearing shall be made at least ten days in advance of such hearing unless such notice is waived by the appellant or its attorney. When a meeting is adjourned to another time or place in Delaware, written notice need not be given of the adjourned hearing if the time and place in Delaware thereof are announced at the meeting during which all parties are present at which the adjournment is taken. All other notices, orders, papers and communications, including a copy of the decision, may be served on an appellant by hand delivery or by regular first class mail to the appellant or its attorney at the last known mailing address provided to the Bureau.
- N.** During the course of all proceedings governed by this Procedure the Classification and Rating Committee shall have the power to interpret and apply the foregoing Paragraphs and such interpretation shall be binding upon the parties.
- O.** Appeals from a final decision of the Classification and Rating Committee pursuant to this Procedure must be filed with the Insurance Commissioner within 30 days of the mailing date of the Committee's decision as provided in Section 2614, Title 18 of the Delaware Code.
- P.** Unless otherwise specifically provided by this Procedure, all periods of time shall be calculated from the postmark on materials sent by first class or certified mail through the United States Postal Service or the date of any hand delivery, whichever date is earlier.
- Q.** Nothing contained in this Procedure shall prevent efforts to resolve any controversies governed by this Procedure on an informal basis at any stage of the proceedings before the Bureau or the Classification and Rating Committee.

TABLE OF CONTENTS

SECTION 2 – CLASSIFICATIONS AND BUREAU RATING VALUES

BUREAU RATING VALUES

U.S. LONGSHORE AND HARBOR WORKERS' ACT COVERAGE

CLASSIFICATIONS – NUMERIC AND GROUP ARRANGEMENT

WORKERS COMPENSATION – DOMESTIC WORKERS

EXPLOSIVES AND AMMUNITION MANUFACTURING

MARITIME OR FEDERAL EMPLOYMENTS

AIRCRAFT OPERATIONS

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 2****EFFECTIVE DATE: JUNE 1, 2004****RATING VALUES**

Page 1

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS
FOR DELAWARE WORKERS COMPENSATION INSURANCE**

CODE NO	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ GRP
	ADVISORY LOSS COSTS	RISK MANUAL RATE	RISK MIN PREM.	EXPECTED LOSS FACTORS TABLE**			
				A-1	A-2	A-3	
005	19.41	26.77	3,050	7.38	8.44	8.64	III
0006	7.59	10.48	1,255	2.89	3.30	3.38	II
007	7.63	10.52	2,285	2.90	3.32	3.39	II
0008	3.11	4.28	1,070	1.18	1.35	1.38	II
009	31.05	42.82	3,050	11.80	13.50	13.82	III
0011	4.33	5.98	1,400	1.65	1.89	1.93	II
0012	6.03	8.31	1,855	2.29	2.62	2.68	II
0013	5.45	7.51	1,700	2.07	2.37	2.42	II
0016	4.55	6.28	845	1.73	1.98	2.02	II
028	5.46	7.52	1,700	1.91	2.08	2.17	III
0034	6.33	8.72	1,085	2.40	2.75	2.81	II
0036	5.99	8.26	1,040	2.28	2.60	2.66	II
055	6.86	9.47	2,080	2.40	2.62	2.73	III
059	5.89	8.12	1,820	2.06	2.24	2.34	III
0083	7.62	10.51	1,260	2.90	3.31	3.39	II
101	6.06	8.36	1,865	2.14	2.15	2.33	III
104	4.16	5.73	1,350	1.47	1.47	1.59	II
105	6.46	8.91	1,970	2.28	2.29	2.48	III
106	7.83	10.79	2,340	2.77	2.78	3.00	II
107	4.80	6.62	1,525	1.70	1.70	1.84	I
108	6.08	8.38	1,870	2.15	2.15	2.33	II
109	6.76	9.31	2,050	2.39	2.39	2.59	III
110	4.19	5.79	1,365	1.48	1.49	1.61	II
111	5.52	7.62	1,720	1.95	1.96	2.12	II
112	10.87	14.99	3,050	3.84	3.85	4.17	II
113	6.86	9.46	2,080	2.42	2.43	2.63	II
114	12.58	17.36	3,050	4.45	4.46	4.83	III
115	2.74	3.77	970	0.97	0.97	1.05	I
119	8.29	11.44	2,465	2.93	2.94	3.18	II
130	6.39	8.81	1,955	2.26	2.27	2.45	III
132	3.28	4.52	1,115	1.16	1.16	1.26	II
134	3.26	4.50	1,115	1.15	1.16	1.25	II
135	3.26	4.50	1,115	1.15	1.16	1.25	I
136	3.30	4.56	1,125	1.17	1.17	1.27	II
139	6.91	9.53	2,095	2.44	2.45	2.65	II

* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

** Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 2****EFFECTIVE DATE: JUNE 1, 2004****RATING VALUES**

Page 2

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS
FOR DELAWARE WORKERS COMPENSATION INSURANCE**

CODE NO	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ GRP
	ADVISORY LOSS COSTS	RISK MANUAL RATE	RISK MIN PREM.	EXPECTED LOSS FACTORS TABLE**			
				A-1	A-2	A-3	
141	6.29	8.67	1,925	2.22	2.23	2.41	II
142	3.33	4.59	1,130	1.18	1.18	1.28	II
161	3.63	5.00	1,210	1.28	1.29	1.39	II
163	4.08	5.62	1,330	1.44	1.45	1.56	II
165	6.23	8.59	1,910	2.20	2.21	2.39	III
166	3.28	4.52	1,115	1.16	1.16	1.26	II
185	4.16	5.73	1,350	1.47	1.47	1.59	II
187	4.80	6.62	1,525	1.70	1.70	1.84	I
191	3.63	5.00	1,210	1.28	1.29	1.39	II
201	5.50	7.58	1,715	1.94	1.95	2.11	II
204	4.24	5.85	1,375	1.50	1.50	1.63	II
205	3.52	4.86	1,185	1.24	1.25	1.35	I
221	5.61	7.74	1,745	1.98	1.99	2.15	II
222	6.08	8.39	1,870	2.15	2.16	2.33	II
225	5.55	7.66	1,730	1.96	1.97	2.13	II
227	5.89	8.12	1,820	2.08	2.09	2.26	II
255	5.86	8.08	1,810	2.07	2.08	2.25	II
257	7.94	10.96	2,370	2.81	2.82	3.05	II
259	4.27	5.90	1,385	1.51	1.52	1.64	II
261	7.10	9.79	2,145	2.51	2.52	2.72	II
263	4.84	6.66	1,535	1.71	1.71	1.85	II
265	4.85	6.67	1,535	1.71	1.72	1.86	II
275	5.61	7.74	1,745	1.98	1.99	2.15	II
276	6.08	8.39	1,870	2.15	2.16	2.33	II
281	3.69	5.09	1,230	1.30	1.31	1.42	II
282	6.34	8.74	1,940	2.24	2.25	2.43	III
297	3.69	5.09	1,230	1.30	1.31	1.42	II
301	9.31	12.84	2,740	3.29	3.30	3.57	III
305	10.14	13.98	2,960	3.58	3.60	3.89	II
306	5.65	7.80	1,755	2.00	2.01	2.17	II
309	4.92	6.79	1,560	1.74	1.74	1.89	II
311	5.00	6.89	1,580	1.77	1.77	1.92	II
319	5.45	7.51	1,700	1.93	1.93	2.09	II
323	3.47	4.77	1,165	1.22	1.23	1.33	II
327	4.73	6.52	1,505	1.67	1.68	1.81	II

* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

** Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 2****EFFECTIVE DATE: JUNE 1, 2004****RATING VALUES**

Page 3

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS
FOR DELAWARE WORKERS COMPENSATION INSURANCE**

CODE NO	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ GRP
	ADVISORY LOSS COSTS	RISK MANUAL RATE	RISK MIN PREM.	<u>EXPECTED LOSS FACTORS TABLE**</u>			
				A-1	A-2	A-3	
402	7.71	10.63	2,310	2.72	2.73	2.96	III
403	4.49	6.19	1,440	1.59	1.59	1.72	II
404	5.54	7.65	1,725	1.96	1.97	2.13	III
406	7.61	10.49	2,280	2.69	2.70	2.92	II
407	5.65	7.80	1,755	2.00	2.01	2.17	II
411	11.80	16.27	3,050	4.17	4.18	4.53	III
413	10.45	14.41	3,045	3.69	3.71	4.01	III
415	6.43	8.87	1,965	2.27	2.28	2.47	III
416	12.50	17.24	3,050	4.42	4.43	4.80	II
421	10.16	14.01	2,965	3.59	3.60	3.90	III
425	10.34	14.27	3,020	3.66	3.67	3.97	III
427	5.47	7.54	1,705	1.93	1.94	2.10	III
429	6.84	9.42	2,070	2.42	2.42	2.62	III
431	9.49	13.08	2,785	3.35	3.36	3.64	II
433	5.69	7.85	1,765	2.01	2.02	2.18	II
435	6.96	9.60	2,105	2.46	2.47	2.67	II
441	2.40	3.31	880	0.85	0.85	0.92	II
445	8.58	11.83	2,540	3.03	3.04	3.29	II
447	6.25	8.62	1,915	2.21	2.22	2.40	III
449	5.00	6.90	1,580	1.77	1.77	1.92	III
451	6.45	8.89	1,970	2.28	2.29	2.47	II
454	8.47	11.68	2,515	2.99	3.00	3.25	II
456	5.48	7.55	1,705	1.94	1.94	2.10	II
457	10.28	14.18	3,000	3.63	3.65	3.94	II
458	3.21	4.43	1,100	1.13	1.14	1.23	II
459	2.12	2.92	805	0.75	0.75	0.81	I
461	5.52	7.62	1,720	1.95	1.96	2.12	II
463	3.01	4.15	1,045	1.06	1.07	1.15	II
464	5.22	7.20	1,640	1.84	1.85	2.00	II
465	4.99	6.88	1,575	1.76	1.77	1.91	III
467	4.46	6.14	1,430	1.57	1.58	1.71	II
471	2.59	3.57	930	0.91	0.92	0.99	II
472	2.41	3.32	880	0.85	0.85	0.92	II
473	2.65	3.65	945	0.94	0.94	1.01	II
474	1.85	2.56	735	0.66	0.66	0.71	II

* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

** Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

DELAWARE WORKERS COMPENSATION MANUAL

SECTION 2

EFFECTIVE DATE: JUNE 1, 2004

RATING VALUES

Page 4

MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS FOR DELAWARE WORKERS COMPENSATION INSURANCE

CODE NO	BUREAU*		ASSIGNED		ASSIGNED	EXPERIENCE RATING PLAN			HAZ GRP
	ADVISORY LOSS COSTS		RISK MANUAL RATE		RISK MIN PREM.	EXPECTED LOSS FACTORS TABLE**			
						A-1	A-2	A-3	
475	4.78		6.59		1,520	1.69	1.70	1.83	III
476	2.28		3.14		845	0.80	0.81	0.87	II
477	3.81		5.25		1,260	1.35	1.35	1.46	II
483	1.99		2.75		770	0.70	0.71	0.76	II
485	2.23		3.08		835	0.79	0.79	0.86	II
486	3.64		5.02		1,215	1.29	1.29	1.40	II
487	2.02		2.79		780	0.72	0.72	0.78	II
488	1.17		1.60		545	0.41	0.41	0.45	II
489	1.37		1.89		605	0.48	0.49	0.53	II
491	4.49		6.19		1,440	1.59	1.59	1.72	II
495	6.45		8.89		1,970	2.28	2.29	2.47	II
497	2.41		3.32		880	0.85	0.85	0.92	II
499	4.78		6.59		1,520	1.69	1.70	1.83	III
501	4.65		6.41		1,485	1.64	1.65	1.78	III
502	4.72		6.51		1,505	1.67	1.67	1.81	I
506	3.28		4.53		1,120	1.16	1.16	1.26	II
507	4.95		6.83		1,565	1.75	1.76	1.90	III
509	8.50		11.73		2,520	3.01	3.02	3.26	III
511	10.09		13.91		2,945	3.57	3.58	3.87	III
512	6.90	a	9.52	b	2,090	2.44	2.45	2.65	III
513	5.25	c	7.25	d	1,650	1.86	1.86	2.02	II
535	5.03		6.93		1,585	1.78	1.78	1.93	II
536	7.38		10.17		2,220	2.61	2.61	2.83	II
544	8.53		11.76		2,530	3.01	3.02	3.27	III
551	2.61		3.59		935	0.92	0.92	1.00	IV

* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

** Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

a OD: \$1.38 Supplementary is not subject to experience or retrospective rating. Code as 0175.

b OD: \$1.90 Supplementary is not subject to experience or retrospective rating. Code as 0175.

c OD: \$0.52 Supplementary is not subject to experience or retrospective rating. Code as 0176.

d OD: \$0.73 Supplementary is not subject to experience or retrospective rating. Code as 0176.

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 2****EFFECTIVE DATE: JUNE 1, 2004****RATING VALUES**

Page 5

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS
FOR DELAWARE WORKERS COMPENSATION INSURANCE**

CODE NO	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ GRP
	ADVISORY LOSS COSTS	RISK MANUAL RATE	RISK MIN PREM.	<u>EXPECTED LOSS FACTORS TABLE**</u>			
				A-1	A-2	A-3	
553	5.89	8.13	1,820	2.08	2.09	2.26	IV
555	1.20	1.66	560	0.42	0.43	0.46	II
563	3.04	4.19	1,050	1.07	1.08	1.17	II
571	3.93	5.42	1,290	1.39	1.39	1.51	II
573	4.92	6.78	1,555	1.74	1.74	1.88	III
581	3.88	5.36	1,280	1.37	1.38	1.49	III
587	3.04	4.19	1,050	1.07	1.08	1.17	II
601	13.70	18.88	3,050	4.37	4.76	4.98	III
602	9.26	12.78	2,555	3.02	3.29	3.44	III
603	14.39	19.84	3,050	4.68	5.10	5.33	III
605	11.40	15.73	3,050	3.74	4.08	4.26	III
607	12.05	16.61	3,050	3.98	4.34	4.54	III
608	7.13	9.83	2,015	2.31	2.52	2.64	III
609	7.27	10.03	2,025	2.33	2.54	2.65	III
611	15.51	21.38	3,050	5.07	5.52	5.77	III
615	20.46	28.21	3,050	6.70	7.31	7.64	IV
617	9.42	12.99	2,570	3.04	3.31	3.46	III
625	8.27	11.40	2,320	2.71	2.95	3.08	III
643	14.34	19.78	3,050	3.11	3.39	3.55	III
645	8.29	11.42	2,285	2.66	2.90	3.03	III
646	6.01	8.29	1,740	1.96	2.14	2.23	II
647	9.45	13.03	2,630	3.11	3.39	3.55	II
648	6.68	9.20	1,970	2.25	2.46	2.57	III
649	4.55	6.28	1,370	1.48	1.61	1.68	III
651	9.37	12.92	2,620	3.10	3.38	3.53	III
652	11.16	15.39	3,050	3.81	4.15	4.34	III
653	8.93	12.33	2,500	2.95	3.21	3.36	III
654	9.45	13.03	2,520	2.97	3.24	3.39	III
655	21.70	29.92	3,050	7.03	7.66	8.01	IV
656	11.72	16.15	3,050	3.85	4.20	4.38	III
657	15.32	21.13	3,050	5.02	5.47	5.72	IV
658	9.44	13.02	2,600	3.08	3.35	3.50	III
659	20.18	27.84	3,050	6.65	7.25	7.58	III
660	3.30	4.56	1,125	1.16	1.26	1.32	III
661	4.92	6.79	1,460	1.59	1.74	1.82	III

* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

** Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 2****EFFECTIVE DATE: JUNE 1, 2004****RATING VALUES**

Page 6

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS
FOR DELAWARE WORKERS COMPENSATION INSURANCE**

CODE NO	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ GRP
	ADVISORY LOSS COSTS	RISK MANUAL RATE	RISK MIN PREM.	EXPECTED LOSS FACTORS TABLE**			
				A-1	A-2	A-3	
662	3.68	5.07	1,225	1.29	1.40	1.46	III
663	5.76	7.94	1,705	1.91	2.09	2.18	III
664	4.70	6.48	1,380	1.49	1.62	1.70	III
665	12.22	16.85	3,050	4.09	4.46	4.66	III
666	8.68	11.96	2,435	2.86	3.12	3.26	III
667	2.83	3.91	950	0.93	1.01	1.06	III
668	7.63	10.51	2,145	2.48	2.71	2.83	II
669	10.03	13.83	2,710	3.21	3.50	3.66	III
670	6.18	8.54	1,900	2.16	2.36	2.46	III
673	7.38	10.17	2,220	2.58	2.81	2.94	III
674	7.60	10.48	2,160	2.50	2.73	2.85	III
675	5.76	7.94	1,700	1.90	2.08	2.17	III
676	7.76	10.69	2,150	2.49	2.72	2.84	III
677	6.03	8.31	1,755	1.97	2.15	2.25	III
679	15.29	21.09	3,050	5.35	5.83	6.09	III
681	6.18	8.54	1,900	2.16	2.36	2.46	III
682	21.64	29.84	3,050	7.56	8.25	8.62	III
691	7.27	10.03	2,025	2.33	2.54	2.65	III
693	9.37	12.92	2,620	3.10	3.38	3.53	III
695	4.92	6.79	1,460	1.59	1.74	1.82	III
709	2.98	4.12	1,040	1.04	1.14	1.19	III
716	4.63	6.39	1,480	1.62	1.77	1.85	III
718	5.11	7.05	1,610	1.79	1.95	2.04	III
721	12.88	17.77	3,050	4.55	4.57	4.94	III
744	2.34	3.23	865	0.83	0.83	0.90	III
751	1.80	2.48	720	0.64	0.64	0.69	III
752	1.12	1.55	535	0.40	0.40	0.43	IV
753	5.73	7.90	1,775	2.03	2.03	2.20	III
755	3.84	5.29	1,265	1.36	1.36	1.47	III
757	2.05	2.83	785	0.73	0.73	0.79	III
759	5.33	7.34	1,665	1.88	1.89	2.04	III
801	7.99	11.02	2,385	3.04	3.47	3.56	II
803	19.85	27.37	3,050	7.55	8.63	8.83	III
804	3.65	5.04	1,220	1.39	1.59	1.63	III
805	5.82	8.01	1,795	2.21	2.53	2.59	III

* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

** Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 2****EFFECTIVE DATE: JUNE 1, 2004****RATING VALUES**

Page 7

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS
FOR DELAWARE WORKERS COMPENSATION INSURANCE**

CODE NO	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ GRP
	ADVISORY LOSS COSTS	RISK MANUAL RATE	RISK MIN PREM.	EXPECTED LOSS FACTORS TABLE**			
				A-1	A-2	A-3	
806	10.63	14.66	3,050	4.04	4.62	4.73	II
807	8.28	11.42	2,460	3.15	3.60	3.68	III
808	10.21	14.09	2,985	3.88	4.44	4.54	III
809	5.34	7.36	1,670	2.03	2.32	2.37	III
811	9.65	13.31	2,830	3.67	4.20	4.29	III
812	8.01	11.05	2,390	3.05	3.48	3.57	III
813	6.30	8.69	1,930	2.40	2.74	2.80	II
814	5.47	7.54	1,705	2.08	2.38	2.43	III
815	4.40	6.06	1,415	1.67	1.91	1.96	III
816	2.74	3.78	970	1.04	1.19	1.22	II
817	9.69	13.37	2,840	3.69	4.22	4.31	III
818	3.42	4.72	1,155	1.30	1.49	1.52	III
819	1.12	1.55	535	0.43	0.49	0.50	III
821	7.18	9.89	2,165	2.73	3.12	3.19	III
825	4.34	5.99	1,405	1.65	1.89	1.93	III
855	6.95	9.59	2,105	2.64	3.02	3.09	III
857	10.77	14.86	3,050	4.10	4.69	4.80	III
858	10.06	13.87	2,940	3.82	4.37	4.48	III
859	11.20	15.46	3,050	4.26	4.87	4.99	III
860	11.04	15.22	3,050	4.20	4.80	4.91	III
861	7.01	9.67	2,120	2.67	3.05	3.12	III
862	9.76	13.46	2,860	3.71	4.24	4.34	II
865	3.28	4.53	1,120	1.25	1.43	1.46	II
867	6.30	8.69	1,930	2.40	2.74	2.80	II
877	3.12	4.29	1,070	1.18	1.35	1.39	II
879	4.09	5.63	1,335	1.55	1.78	1.82	II
880	5.22	7.21	1,640	1.99	2.27	2.33	II
881	3.50	4.82	1,175	1.33	1.52	1.56	II
882	6.25	8.62	1,915	2.38	2.72	2.78	II
883	2.76	3.81	980	1.05	1.20	1.23	II
884	1.25	1.72	570	0.47	0.54	0.55	II
885	3.93	5.42	1,290	1.49	1.71	1.75	II
886	3.47	4.77	1,165	1.32	1.51	1.54	II
887	1.82	2.51	725	0.69	0.79	0.81	II
889	0.47	0.64	360	0.18	0.20	0.21	II

* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

** Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

DELAWARE WORKERS COMPENSATION MANUAL

SECTION 2

EFFECTIVE DATE: JUNE 1, 2004

RATING VALUES

Page 8

MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS FOR DELAWARE WORKERS COMPENSATION INSURANCE

CODE NO	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ GRP
	ADVISORY LOSS COSTS	RISK MANUAL RATE	RISK MIN PREM.	EXPECTED LOSS FACTORS TABLE**			
				A-1	A-2	A-3	
890	0.51	0.71	375	0.19	0.22	0.23	II
891	1.08	1.49	525	0.41	0.47	0.48	II
895	0.58	0.80	390	0.22	0.25	0.26	II
896	3.25	4.48	1,110	1.23	1.41	1.44	II
897	3.43	4.73	1,155	1.30	1.49	1.53	II
898	3.53	4.87	1,185	1.34	1.53	1.57	II
899	2.75	3.79	975	1.05	1.20	1.22	II
903	0.63	0.88	405	0.24	0.28	0.28	III
907	7.08	9.77	2,140	2.69	3.08	3.15	II
910	10.60	14.62	3,050	4.03	4.61	4.72	II
911	6.13	8.45	1,885	2.33	2.67	2.73	II
914	3.12	4.29	1,070	1.18	1.35	1.39	II
915	4.23	5.84	1,375	1.61	1.84	1.88	II
916	2.10	2.89	800	0.80	0.91	0.93	II
917	4.36	6.02	1,410	1.66	1.90	1.94	II
918	3.30	4.55	1,120	1.25	1.43	1.47	II
919	3.25	4.49	1,110	1.24	1.41	1.45	I
920	0.61	0.85	400	0.23	0.27	0.27	II
922	3.77	5.20	1,250	1.43	1.64	1.68	II
923	4.09	5.63	1,335	1.55	1.78	1.82	II
924	4.14	5.71	1,350	1.58	1.80	1.84	II
925	2.04	2.82	785	0.78	0.89	0.91	II
926	3.50	4.82	1,175	1.33	1.52	1.56	II
927	1.47	2.03	630	0.56	0.64	0.66	II
928	2.76	3.81	980	1.05	1.20	1.23	II
929	6.10	8.41	1,875	2.32	2.65	2.71	II
932	1.36	1.88	600	0.52	0.59	0.61	II
933	4.52	6.23	1,450	1.72	1.96	2.01	II
934	3.00	4.13	1,040	1.14	1.30	1.33	II
935	1.98	2.74	770	0.76	0.86	0.88	II
936	0.86	1.19	465	0.33	0.37	0.38	III
937	19.28	26.59	3,050	7.33	8.38	8.58	II
939	6.46	8.91	1,970	2.46	2.81	2.88	III
940	6.36	8.77	1,945	2.42	2.77	2.83	II
941	3.22	4.44	1,100	1.22	1.40	1.43	II

* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

** Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 2****EFFECTIVE DATE: JUNE 1, 2004****RATING VALUES**

Page 9

**MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS
FOR DELAWARE WORKERS COMPENSATION INSURANCE**

CODE NO	BUREAU*	ASSIGNED	ASSIGNED	EXPERIENCE RATING PLAN			HAZ GRP
	ADVISORY LOSS COSTS	RISK MANUAL RATE	RISK MIN PREM.	EXPECTED LOSS FACTORS TABLE**			
				A-1	A-2	A-3	
942	3.29	4.54	1,120	1.25	1.43	1.46	II
943	8.07	11.12	2,405	3.07	3.51	3.59	II
944	3.63	5.00	1,210	1.38	1.58	1.61	II
945	3.84	5.29	1,265	1.46	1.67	1.71	II
946	4.70	6.49	1,500	1.79	2.05	2.09	II
947	7.78	10.73	2,325	2.96	3.38	3.46	II
948	1.62	2.23	670	0.61	0.70	0.72	II
949	1.25	1.72	570	0.47	0.54	0.55	II
951	0.90	1.24	475	0.34	0.39	0.40	III
952	1.11	1.53	535	0.42	0.48	0.49	III
953	0.47	0.64	360	0.18	0.20	0.21	II
954	4.25	5.87	1,380	1.62	1.85	1.89	IV
955	1.13	1.56	540	0.43	0.49	0.50	III
956	0.22	0.32	295	0.09	0.10	0.10	II
957	0.43	0.59	350	0.16	0.19	0.19	III
958	1.58	2.19	660	0.60	0.69	0.71	III
959	2.04	2.82	785	0.78	0.89	0.91	II
960	5.51	7.59	1,715	2.09	2.39	2.45	II
961	1.63	2.24	670	0.62	0.71	0.72	III
962	0.16	0.22	280	0.06	0.07	0.07	III
963	0.90	1.25	480	0.34	0.39	0.40	II
964	2.63	3.63	945	1.00	1.14	1.17	II
965	0.58	0.80	390	0.22	0.25	0.26	II
966	3.79	5.22	1,255	1.32	1.44	1.51	III
967	1.06	1.47	520	0.41	0.46	0.47	III
968	2.90	4.01	1,015	1.10	1.26	1.29	II
969	5.55	7.66	1,730	2.11	2.41	2.47	II
970	8.03	11.08	2,395	3.05	3.49	3.58	II
971	5.06	6.97	1,595	1.92	2.20	2.25	II
973	3.65	5.03	1,215	1.39	1.59	1.62	II
974	4.22	5.82	1,370	1.60	1.83	1.88	II
975	3.53	4.87	1,185	1.34	1.53	1.57	II
976	2.06	2.85	790	0.79	0.90	0.92	II
977	0.62	0.86	405	0.24	0.27	0.28	I
978	3.92	5.40	1,290	1.49	1.70	1.74	III

* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

** Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

DELAWARE WORKERS COMPENSATION MANUAL

SECTION 2

EFFECTIVE DATE: JUNE 1, 2004

RATING VALUES

Page 10

MANUAL RATES, LOSS COSTS AND EXPECTED LOSS FACTORS FOR DELAWARE WORKERS COMPENSATION INSURANCE

CODE NO	BUREAU* ADVISORY LOSS COSTS	ASSIGNED RISK MANUAL RATE	ASSIGNED RISK MIN PREM.	EXPERIENCE RATING PLAN EXPECTED LOSS FACTORS TABLE**			HAZ GRP
				A-1	A-2	A-3	
979	5.78	7.96	1,785	2.20	2.51	2.57	II
980	4.99	6.88	1,575	1.90	2.17	2.22	III
981	3.36	4.64	1,140	1.28	1.46	1.50	II
983	7.92	10.93	2,365	3.01	3.45	3.53	II
984	0.52	0.72	375	0.20	0.23	0.23	II
985	5.84	8.05	1,805	2.22	2.54	2.60	IV
986	1.93	2.66	755	0.73	0.84	0.86	II
988	0.22	0.31	295	0.08	0.10	0.10	II
991	8.03	11.08	2,395	3.05	3.49	3.58	II
992	6.49	8.94	1,980	2.47	2.82	2.89	III
995	10.39	14.32	3,025	3.95	4.52	4.62	III
997	0.96	1.33	495	0.37	0.42	0.43	II
999	6.56	9.06	2,000	2.50	2.86	2.92	II
4771	8.27	11.41	3,025	2.92	2.93	3.17	IV
0771	2.10	2.89					IV
4777	9.65	13.31	2,830	3.67	4.20	4.29	III
7405	1.88	2.60	910	0.72	0.82	0.84	IV
7445	0.63	0.87					IV
7413	1.93	2.66	865	0.73	0.84	0.86	IV
7453	0.41	0.56					IV
7421	2.34	3.23	865	0.89	1.02	1.04	IV
7424	5.51	7.59	1,715	2.09	2.39	2.45	IV
7428	2.25	3.11	840	0.86	0.98	1.00	II
9108	74.12	102.22					I
9740	0.02	0.03					
Per capita							
0908	76.23	105.12	340	28.98	33.15	33.92	I
0909	74.20	102.33	337	28.21	32.27	33.02	II
0912	193.27	266.52	502	73.47	84.03	85.99	II
0913	242.86	334.91	570	92.33	105.60	108.06	I
A rated							
9985	A	A	A	A	A	A	

* Loss, loss adjustment expense and administrative fund assessment provision for use in conjunction with individual carrier expense provisions in writing non-assigned risk business.

** Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

Associated classes- both codes must be applied. The second code is not subject to experience rating and applies to the full payroll of the associated class.

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 2****EFFECTIVE DATE: JUNE 1, 2004****RATING VALUES**

Page 11

MISCELLANEOUS VALUES

United States Longshore and Harbor Workers Compensation Premium Discount Percentages. The following premium discounts are applicable to Standard Premiums:

Total Workers Compensation Standard Premium			
First	\$	5,000	None
Next	\$	95,000	10.9%
Next	\$	400,000	12.6%
Over	\$	500,000	14.4%

**DELAWARE
UNITED STATES LONGSHORE AND HARBOR WORKERS RATES**

MANUAL RATES AND EXPECTED LOSS RATES

Code No.	Assigned Risk Rates	Loss Costs	Min. Prem.	Experience Rating Plan Expected Loss Rate Table*			Hazard Group
				A-1	A-2	A-3	
6824F	8.27	6.15	1,760	3.64	3.64	3.64	III
6826F	8.38	6.24	1,780	3.69	3.69	3.69	III
6843F	9.41	7.00	1,970	4.14	4.14	4.14	III
6872F	11.84	8.81	2,420	5.21	5.21	5.21	IV
7309F	32.83	24.43	2,950	14.45	14.45	14.45	IV
7313F	12.00	8.93	2,450	5.28	5.28	5.28	IV
7317F	25.48	18.96	2,950	11.21	11.21	11.21	IV
7327F	13.82	10.28	2,785	6.08	6.08	6.08	IV
7366F	6.39	4.75	1,410	2.81	2.81	2.81	IV
8709F	2.54	1.89	700	1.12	1.12	1.12	III
8726F	3.47	2.58	870	1.53	1.53	1.53	III

* Table A-1 applies to the most current policy year, Table A-2 to the first prior policy year, and Table A-3 to the second prior policy year.

United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Rule XII..... **44.6%** (1.446 X Carrier Rate)

USL&H Expense Constant..... **\$230**

Residual Market Expense Constant\$235

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 2****EFFECTIVE DATE: JUNE 1, 2004****RATING VALUES**

Page 12

Aircraft Passenger Seat Surcharge – Code 9108

A policy surcharge of **\$102.22** per passenger seat, subject to a maximum surcharge of **\$1000** per aircraft, shall be charged to **residual market policies** in addition to the premium otherwise determined under class Code 7421 Aircraft Operations – Transportation of Personnel for Business. Premium developed under Code **9108** is not subject to experience or retrospective rating.

DELAWARE DEDUCTIBLE TABLE

Delaware Law permits an employer to buy workers compensation insurance with a deductible. The deductible is for death and medical benefits and applies to each accident. The deductibles available and the corresponding premium reductions are as follows:

<u>Deductible Per Accident</u>	<u>Loss Elimination Ratio</u>	<u>Premium Credit</u>
\$500	0.045	0.035
1,000	0.070	0.050
1,500	0.085	0.065
2,000	0.100	0.075
2,500	0.110	0.085
3,000	0.120	0.095
3,500	0.130	0.105
4,000	0.140	0.110
4,500	0.150	0.115
5,000	0.155	0.120

(Refer to Section 1, Rule II, F for more details)

Delaware Residual Market Premium Discount

Total Workers Compensation Standard Premium		Discounts Applicable to Delaware Portion Assigned Risks
First	\$ 5,000	None
Next	\$ 95,000	10.9%
Next	\$400,000	12.6%
Over	\$500,000	14.4%

DELAWARE RETROSPECTIVE DEVELOPMENT FACTORS*

Retrospective development factors for first, second and third adjustments are calculated below. They are intended for use in retrospective plans with no loss limitation and applicable to the expected loss portion of premium.

First Adjustment	RDF	=	0.4589
Second Adjustment	RDF	=	0.3482
Third Adjustment	RDF	=	0.2694

For those companies using retrospective development factors with loss limitations, the following formula may be used.

$$\begin{aligned} \text{RDF(LIM)} &= (1.0 - \text{ELF}) \times \text{RDF} \\ \text{RDF(LIM)} &= \text{Retrospective Development Factors at limited basis} \\ \text{ELF} &= \text{Excess Loss (Pure Premium) Factors exclusive of allocated loss} \\ &\quad \text{adjustment expenses for given Hazard Group and Loss Limitation} \\ \text{RDF} &= \text{Retrospective Development Factors without Loss Limitation} \end{aligned}$$

For Example:

\$25,000 limit, Hazard Group II ELF =		0.5320
First Adjustment	RDF =	(1 - 0.5320) * 0.4589
	RDF =	0.2148

*The use of retrospective development factors is optional.

RETROSPECTIVE RATING PLANS
Rating Values

Residual Market Expected Loss Ratio	0.6121
Residual Market Tax - Multiplier	1.1450

STATE & HAZARD GROUP RELATIVITIES

HAZ Group I.....	1.269
HAZ Group II.....	1.160
HAZ Group III.....	0.769
HAZ Group IV	0.547

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 2****EFFECTIVE DATE: JUNE 1, 2004****RATING VALUES**

Page 14

Excess Loss Premium Factors

Loss Limit	Hazard Group			
	I	II	III	IV
\$10,000	0.474	0.480	0.515	0.538
\$15,000	0.438	0.444	0.488	0.516
\$20,000	0.408	0.416	0.464	0.498
\$25,000	0.383	0.393	0.445	0.485
\$30,000	0.361	0.372	0.428	0.472
\$35,000	0.341	0.351	0.413	0.459
\$40,000	0.326	0.336	0.400	0.448
\$50,000	0.294	0.308	0.376	0.426
\$75,000	0.240	0.256	0.332	0.390
\$100,000	0.204	0.220	0.295	0.358
\$125,000	0.175	0.193	0.269	0.334
\$150,000	0.156	0.171	0.247	0.312
\$175,000	0.138	0.155	0.228	0.292
\$200,000	0.126	0.141	0.212	0.275
\$225,000	0.114	0.128	0.196	0.259
\$250,000	0.105	0.119	0.184	0.243
\$275,000	0.097	0.111	0.172	0.230
\$300,000	0.091	0.105	0.163	0.217
\$325,000	0.086	0.099	0.154	0.208
\$350,000	0.081	0.093	0.147	0.199
\$375,000	0.077	0.089	0.140	0.190
\$400,000	0.073	0.084	0.134	0.182
\$425,000	0.070	0.080	0.128	0.174
\$450,000	0.067	0.077	0.122	0.167
\$475,000	0.064	0.074	0.117	0.161
\$500,000	0.062	0.071	0.112	0.155
\$600,000	0.055	0.062	0.098	0.137
\$700,000	0.048	0.055	0.088	0.121
\$800,000	0.043	0.050	0.079	0.110
\$900,000	0.040	0.045	0.072	0.100
\$1,000,000	0.0371	0.0422	0.0671	0.0926
\$2,000,000	0.0232	0.0259	0.0398	0.0537
\$3,000,000	0.0181	0.0201	0.0296	0.0393
\$4,000,000	0.0152	0.0170	0.0245	0.0317
\$5,000,000	0.0129	0.0149	0.0213	0.0270
\$6,000,000	0.0110	0.0128	0.0191	0.0240
\$7,000,000	0.0098	0.0111	0.0175	0.0216
\$8,000,000	0.0087	0.0101	0.0160	0.0201
\$9,000,000	0.0080	0.0090	0.0146	0.0186
\$10,000,000	0.0074	0.0084	0.0137	0.0175

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 2****EFFECTIVE DATE: JUNE 1, 2004****RATING VALUES**

Page 15

Excess Loss Premium Factors including ALAE				
	Hazard Group			
Loss Limit	I	II	III	IV
\$10,000	0.527	0.528	0.567	0.599
\$15,000	0.489	0.494	0.538	0.577
\$20,000	0.459	0.465	0.519	0.559
\$25,000	0.434	0.441	0.500	0.543
\$30,000	0.409	0.420	0.482	0.531
\$35,000	0.388	0.401	0.467	0.519
\$40,000	0.372	0.384	0.453	0.508
\$50,000	0.342	0.355	0.429	0.490
\$75,000	0.289	0.301	0.386	0.452
\$100,000	0.250	0.266	0.354	0.422
\$125,000	0.222	0.238	0.326	0.400
\$150,000	0.198	0.215	0.304	0.378
\$175,000	0.181	0.197	0.284	0.356
\$200,000	0.164	0.182	0.263	0.339
\$225,000	0.152	0.167	0.248	0.322
\$250,000	0.140	0.155	0.234	0.305
\$275,000	0.132	0.146	0.222	0.291
\$300,000	0.124	0.137	0.210	0.277
\$325,000	0.117	0.130	0.200	0.264
\$350,000	0.110	0.124	0.191	0.254
\$375,000	0.104	0.117	0.181	0.243
\$400,000	0.099	0.111	0.174	0.233
\$425,000	0.095	0.107	0.167	0.225
\$450,000	0.090	0.103	0.160	0.217
\$475,000	0.087	0.099	0.155	0.209
\$500,000	0.084	0.096	0.149	0.203
\$600,000	0.073	0.084	0.130	0.178
\$700,000	0.066	0.074	0.117	0.159
\$800,000	0.060	0.067	0.105	0.144
\$900,000	0.054	0.062	0.097	0.132
\$1,000,000	0.0501	0.0567	0.0889	0.1214
\$2,000,000	0.0307	0.0342	0.0521	0.0698
\$3,000,000	0.0232	0.0257	0.0386	0.0506
\$4,000,000	0.0194	0.0214	0.0313	0.0408
\$5,000,000	0.0170	0.0187	0.0268	0.0345
\$6,000,000	0.0154	0.0168	0.0238	0.0304
\$7,000,000	0.0138	0.0152	0.0216	0.0273
\$8,000,000	0.0123	0.0137	0.0198	0.0251
\$9,000,000	0.0111	0.0125	0.0183	0.0229
\$10,000,000	0.0101	0.0117	0.0172	0.0216
\$8,000,000	0.0123	0.0137	0.0198	0.0251
\$9,000,000	0.0111	0.0125	0.0183	0.0229
\$10,000,000	0.0101	0.0117	0.0172	0.0216

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 2****EFFECTIVE DATE: JUNE 1, 2004****RATING VALUES**

Page 16

Excess Loss Pure Premium Factors

Loss Limit	Hazard Group			
	I	II	III	IV
\$10,000	0.643	0.652	0.697	0.732
\$15,000	0.595	0.602	0.661	0.702
\$20,000	0.554	0.564	0.628	0.677
\$25,000	0.519	0.532	0.603	0.659
\$30,000	0.489	0.503	0.580	0.641
\$35,000	0.462	0.475	0.559	0.623
\$40,000	0.441	0.455	0.541	0.608
\$50,000	0.399	0.417	0.508	0.578
\$75,000	0.325	0.346	0.448	0.529
\$100,000	0.276	0.298	0.399	0.486
\$125,000	0.237	0.260	0.363	0.453
\$150,000	0.210	0.231	0.332	0.424
\$175,000	0.186	0.208	0.307	0.395
\$200,000	0.169	0.190	0.285	0.372
\$225,000	0.153	0.173	0.264	0.350
\$250,000	0.141	0.160	0.247	0.328
\$275,000	0.131	0.148	0.231	0.312
\$300,000	0.122	0.140	0.218	0.295
\$325,000	0.115	0.132	0.207	0.282
\$350,000	0.108	0.124	0.197	0.269
\$375,000	0.103	0.118	0.187	0.256
\$400,000	0.097	0.112	0.179	0.245
\$425,000	0.093	0.107	0.171	0.235
\$450,000	0.089	0.102	0.164	0.226
\$475,000	0.086	0.098	0.157	0.218
\$500,000	0.082	0.095	0.151	0.209
\$600,000	0.072	0.082	0.132	0.184
\$700,000	0.064	0.072	0.117	0.163
\$800,000	0.057	0.066	0.106	0.147
\$900,000	0.052	0.060	0.097	0.134
\$1,000,000	0.0486	0.0554	0.0891	0.1244
\$2,000,000	0.0297	0.0333	0.0519	0.0713
\$3,000,000	0.0228	0.0252	0.0381	0.0517
\$4,000,000	0.0189	0.0210	0.0312	0.0414
\$5,000,000	0.0167	0.0183	0.0268	0.0351
\$6,000,000	0.0150	0.0165	0.0238	0.0309
\$7,000,000	0.0134	0.0150	0.0217	0.0278
\$8,000,000	0.0117	0.0137	0.0199	0.0257
\$9,000,000	0.0108	0.0123	0.0182	0.0236
\$10,000,000	0.0101	0.0114	0.0174	0.0220

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 2****EFFECTIVE DATE: JUNE 1, 2004****RATING VALUES**

Page 17

Excess Loss Pure Premium Factors including ALAE

Loss Limit	Hazard Group			
	I	II	III	IV
\$10,000	0.714	0.717	0.770	0.812
\$15,000	0.663	0.670	0.731	0.783
\$20,000	0.621	0.631	0.705	0.758
\$25,000	0.587	0.599	0.679	0.737
\$30,000	0.553	0.570	0.655	0.721
\$35,000	0.525	0.543	0.634	0.705
\$40,000	0.503	0.521	0.615	0.689
\$50,000	0.462	0.482	0.581	0.665
\$75,000	0.390	0.408	0.524	0.613
\$100,000	0.337	0.360	0.480	0.572
\$125,000	0.299	0.322	0.441	0.542
\$150,000	0.266	0.291	0.411	0.512
\$175,000	0.243	0.267	0.384	0.483
\$200,000	0.220	0.246	0.356	0.459
\$225,000	0.203	0.225	0.336	0.436
\$250,000	0.188	0.210	0.317	0.413
\$275,000	0.176	0.197	0.301	0.394
\$300,000	0.165	0.185	0.284	0.376
\$325,000	0.156	0.176	0.270	0.357
\$350,000	0.147	0.167	0.258	0.343
\$375,000	0.140	0.158	0.246	0.329
\$400,000	0.134	0.150	0.236	0.316
\$425,000	0.127	0.144	0.226	0.304
\$450,000	0.121	0.138	0.216	0.293
\$475,000	0.117	0.133	0.209	0.281
\$500,000	0.113	0.129	0.201	0.273
\$600,000	0.098	0.113	0.175	0.240
\$700,000	0.087	0.099	0.157	0.214
\$800,000	0.079	0.089	0.142	0.194
\$900,000	0.072	0.082	0.130	0.178
\$1,000,000	0.0669	0.0754	0.1192	0.1635
\$2,000,000	0.0404	0.0447	0.0692	0.0932
\$3,000,000	0.0302	0.0332	0.0507	0.0671
\$4,000,000	0.0251	0.0273	0.0408	0.0537
\$5,000,000	0.0218	0.0236	0.0347	0.0451
\$6,000,000	0.0197	0.0211	0.0306	0.0396
\$7,000,000	0.0180	0.0189	0.0276	0.0353
\$8,000,000	0.0165	0.0174	0.0251	0.0323
\$9,000,000	0.0151	0.0163	0.0231	0.0293
\$10,000,000	0.0137	0.0156	0.0216	0.0276

TABLE OF EXPECTED LOSS RANGES
**EXPECTED LOSS GROUP RANGES
DELAWARE RESIDUAL MARKET**

Expected Loss Group	Expected Loss Range	Expected Loss Group	Expected Loss Range	Expected Loss Group	Expected Loss Range
95	430--- 671	65	36053--- 38938	35	449651--- 504854
94	672--- 994	64	38939--- 42056	34	504855--- 566837
93	995--- 1312	63	42057--- 45422	33	566838--- 646366
92	1313--- 1735	62	45423--- 49058	32	646367--- 742956
91	1736--- 2257	61	49059--- 52985	31	742957--- 853981
90	2258--- 2725	60	52986--- 57238	30	853982--- 981599
89	2726--- 3290	59	57239--- 61888	29	981600--- 1166840
88	3291--- 3819	58	61889--- 66821	28	1166841--- 1395287
87	3820--- 4433	57	66822--- 71996	27	1395288--- 1668462
86	4434--- 5142	56	71997--- 77572	26	1668463--- 2056868
85	5143--- 5815	55	77573--- 83581	25	2056869--- 2617424
84	5816--- 6574	54	83582--- 90374	24	2617425--- 3330748
83	6575--- 7424	53	90375--- 97745	23	3330749--- 4256111
82	7425--- 8260	52	97746--- 105720	22	4256112--- 5446097
81	8261--- 9191	51	105721--- 114342	21	5446098--- 6968796
80	9192--- 10224	50	114343--- 123387	20	6968797--- 8917234
79	10225--- 11375	49	123388--- 133126	19	8917235--- 11410444
78	11376--- 12553	48	133127--- 143703	18	11410445--- 15651781
77	12554--- 13820	47	143704--- 156342	17	15651782--- 23148859
76	13821--- 15216	46	156343--- 170091	16	23148860--- 34236979
75	15217--- 16721	45	170092--- 185049	15	34236980--- 50636219
74	16722--- 18307	44	185050--- 202219	14	50636220--- 74890565
73	18308--- 20042	43	202220--- 221271	13	74890566--- 110762548
72	20043--- 21944	42	221272--- 242119	12	110762549--- 173385693
71	21945--- 23954	41	242120--- 266906	11	173385694--- 274365607
70	23955--- 26129	40	266907--- 294958	10	274365608--- 434156275
69	26130--- 28499	39	294959--- 325958	9	434156276--- & over
68	28500--- 30900	38	325959--- 360215		
67	30901--- 33376	37	360216--- 400481		
66	33377--- 36052	36	400482--- 449650		

**TABLE 1 EXCESS LOSS PREMIUM FACTORS
FOR
UNITED STATES LONGSHORE AND HARBOR WORKERS' ACT**

(Applicable to New and Renewal Policies)

Accident Limitation		Hazard Group		
		<u>II</u>	<u>III</u>	<u>IV</u>
\$	25,000	0.440	0.508	0.528
	30,000	0.426	0.494	0.515
	35,000	0.414	0.482	0.508
	40,000	0.402	0.475	0.496
	50,000	0.380	0.452	0.479
	75,000	0.332	0.402	0.431
	100,000	0.291	0.359	0.391
	125,000	0.257	0.322	0.357
	150,000	0.231	0.291	0.327
	175,000	0.210	0.267	0.302
	200,000	0.193	0.246	0.281
	250,000	0.166	0.215	0.247
	300,000	0.146	0.191	0.222
	500,000	0.101	0.136	0.162
	1,000,000	0.061	0.083	0.102

**TABLE 2 EXCESS LOSS PURE PREMIUM FACTORS
FOR
UNITED STATES LONGSHORE AND HARBOR WORKERS' ACT**

(Applicable to New and Renewal Policies)

Accident Limitation		Hazard Group		
		<u>II</u>	<u>III</u>	<u>IV</u>
\$	25,000	0.511	0.591	0.613
	30,000	0.495	0.574	0.598
	35,000	0.481	0.560	0.590
	40,000	0.467	0.552	0.576
	50,000	0.442	0.525	0.556
	75,000	0.386	0.467	0.501
	100,000	0.338	0.417	0.454
	125,000	0.299	0.373	0.414
	150,000	0.269	0.338	0.380
	175,000	0.244	0.310	0.351
	200,000	0.224	0.286	0.327
	250,000	0.193	0.249	0.287
	300,000	0.170	0.222	0.258
	500,000	0.117	0.158	0.189
	1,000,000	0.071	0.097	0.118

Tax Multiplier for coverage developed on classifications providing U.S.L. benefits..... **1.2333**

CLASSIFICATIONS – NUMERICAL AND GROUP ARRANGEMENT**AGRICULTURAL AND LOGGING**

005 TREE PRUNING, Spraying, Repairing or Fumigating. No payroll division with Code 012 at the same location or job site.

Landscaping or lawn cutting or maintenance performed at separate locations or job sites where no tree care services are provided is to be separately rated as Code 012.

007 FARM MACHINERY OPERATION by Contractors: threshing, shredding, ensilage cutting, harvesting and hay baling, excluding logging and sawmill operations.

009 LOGGING or LUMBERING – All Methods

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

012 LANDSCAPE CONTRACTOR Or Lawn Cutting Or Maintenance Contractor.

Includes the construction of dry stone walls, rock gardens, patios, garden walks and the like when such operations are incidental to the landscape or lawn maintenance operations.

Assign Code 0013 to separately staffed nursery, Christmas tree raising or sod farm operations.

Personal servants engaged in the care of lawns, shrubs or grounds surrounding the residence of the insured shall be assigned to Code 0912 or Code 0909.

MINING AND QUARRYING

028 OIL OR GAS PRODUCTION, Operation of Wells – including gasoline mfg. from casing-head gas.

As provided for in this Manual separately classify: erecting or dismantling of derricks, drilling, redrilling or deepening, installation or recovery of casing, well shooting, cementing, tank building or tapping operations.

055 SAND, Gravel or Slag **EXCAVATION** – Including Crushing.

Includes establishments principally engaged in operating sand or gravel pits and in washing, screening, or otherwise preparing sand or gravel. Also included are establishments principally engaged in surface mining, milling or otherwise preparing fire clay, fuller's earth, kaolin, ball clay, clay ceramic, refractory minerals or performing the dredging of materials on non-navigable waters with incidental shore operations.

059 MINERAL MILLING – establishments operating without a mine or quarry and primarily engaged in the crushing, grinding, pulverizing or otherwise preparing clay, ceramic or refractory minerals, barite or miscellaneous metallic or non-metallic minerals.

FOOD INDUSTRIES

101 GRAIN MILLING.

104 FOOD SUNDRIES MFG., N.O.C., No cereal milling.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

105 BAKERY, Wholesale.

Includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the insured's products to customers.

106 PROCESSED MEAT PRODUCTS MFG. – No Slaughtering or Handling of Livestock.

For this classification, the term "processed" shall mean there are definite changes in the resulting meat product due to the application of either chemicals and/or heat (the use of smoke and/or cooking) to the meat materials.

Includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the insured's products to customers.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class

107 CANDY, Chocolate or Chewing Gum **MFG.**

108 BREWERY.

Includes the distribution of beer or malt liquors by the manufacturer, bottler or canner. Also includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the insured's products to customers.

109 DAIRY PRODUCTS MFG.

Ice cream manufacturing by a separate group of employees in a physically separate department shall be assigned to Code 110.

Includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the insured's products to customers.

110 ICE CREAM MFG.**111 SLAUGHTERHOUSE – Wholesale, all operations.**

Includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the insured's products to customers.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

112 BEVERAGE MFG., N.O.C., including bottling or canning.

Includes the distribution of beverages, not otherwise classified, by the manufacturer, bottler or canner. Also includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the insured's products to customers.

Payroll developed in the brewing, bottling or canning of beer, ale or malt liquors shall be assigned to Code 108.

113 PRESERVING OR CANNING OF FOOD.**114 RENDERING Works –** This classification includes establishments primarily engaged in rendering inedible grease and tallow from animal fat, bones and meat scrap; and those engaged in manufacturing animal oils and animal meal.**115 TOBACCO PRODUCTS MFG.,** including tobacco rehandling.**119 MEAT PRODUCTS MFG., N.O.C.**

This class is for establishments primarily to exclusively engaged in the making of hamburger and/or hamburger or veal patties and/or sandwich steaks.

Includes payroll developed by employees engaged as delivery salespersons, route salespersons, and/or route supervisors engaged in the delivery of the insured's products to customers.

TEXTILES AND CLOTHING MFG.**130 TEXTILE WASTE,** Shoddy and Unwoven Felt, **MFG.,** the garnetting of Fibers.**132 SPINNING OR WEAVING.****134 KNIT GOODS MFG.**

Applies to the knitting of yarn into cloth or fabric and the dyeing and/or finishing of the knitted fabric by the knitting mill. Subsequent manufacturing of clothing or non-apparel textile product shall be assigned to either Code 161 or to Code 163, respectively, when performed by a separate crew of employees in a physically separate work area.

135 HOSIERY MFG.**136 EMBROIDERY MFG.**

Includes quilted cloth manufacturing for garment and household furnishings. Payroll developed in mattress or box spring mfg. shall be classified by Code 165.

139 DYEING, Mercerizing, Bleaching, Printing, Coating or Finishing New Goods – excluding hosiery finishing, rubber or resin coating and oil cloth manufacturing which are separately rated as provided for in this manual.

141 LAUNDRY, N.O.C.

Receiving, collecting or distributing stations that are separately staffed and with no laundering at the same or contiguous location shall be assigned to Code 928.

Also includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors performing the pick-up of items to be laundered or cleaned and the delivery of the items after laundering or cleaning.

142 DRY CLEANING PLANT.

Receiving, collecting or distributing stations that are separately staffed and with no dry cleaning at the same or contiguous location shall be assigned to Code 928.

Includes risks primarily engaged in dry cleaning or dyeing apparel or household fabrics other than rugs (see Code 141). Establishments dyeing fabrics for the trade are classified by Code 139.

Also includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors performing the pick-up of items to be dry cleaned and the delivery of the items after dry cleaning.

161 APPAREL MFG.

Restricted to the manufacture of wearing apparel from woven or knit fabrics or related materials such as leather, rubber or resin coated fabrics.

The manufacture of yarn into knitted cloth or fabric shall be assigned to Code 134 when performed by a separate group of employees in a physically separate department. If there is no separation, all payroll shall be assigned to Code 134.

163 TEXTILE PRODUCTS MFG., N.O.C.

Contemplates sewn non-apparel textile products including products made from soft textile type plastics such as vinyls.

The manufacture of yarn into cloth or fabric shall be separately classified as provided in this Manual.

Separately rate the installation, removal or repair of furnishing goods to Code 670.

165 MATTRESS or BOX SPRING MFG.

The manufacture of wire springs shall be classified by Code 457 provided such operations are conducted by a separate crew of employees in a physically separate department.

166 CANVAS or BURLAP PRODUCTS MFG.

Includes manufacturing or repairing bags made from textile cloth or fabric.

Separately rate the installation, removal or repair of awnings, tents or other canvas products away from the shop to Code 681.

185 Employment Contractor – Temporary FOOD SUNDRIES MFG., N.O.C. Staff.

Applicable only to temporary staff provided to customers whose business classification is Code 104.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

187 Employment Contractor – Temporary CANDY, Chocolates or Chewing Gum MFG. Staff.

Applicable only to temporary staff provided to customers whose business classification is Code 107.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

191 Employment Contractor – Temporary APPAREL MFG. Staff.

Applicable only to temporary staff provided to customers whose business classification is Code 161.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

LEATHER, RUBBER AND COMPOSITION GOODS**201 TANNING and Leather Dressing.****204 SHOE MFG.****205 LEATHER GOODS MFG., N.O.C.**

Includes the manufacture of handbags, purses, wallets, dog collars, leashes, straps, belts, etc. from leather, simulated leather or vinyl sheet.

221 PLASTIC Articles MFG., Injection Molding.**222 PLASTIC Articles MFG., N.O.C.**

Includes all plastic molding techniques except for injection molding which is assigned to Code 221 and the molding of plastic composite products which is assigned to Code 227.

225 RUBBER GOODS or Tire MFG.**227 OILCLOTH, Linoleum and Cork Carpet MFG.****PAPER AND PAPER GOODS MFG. AND PRINTING****255 PAPER or Pulp MFG. – all kinds.****257 BOX MFG. – PAPER.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

259 PAPER PRODUCTS MFG., N.O.C.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

261 CORRUGATED PAPER AND/OR CORRUGATED PRODUCTS MFG.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

263 PAPER COATING/FINISHING.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

265 STATIONERY PRODUCTS MFG.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

275 Employment Contractor – Temporary PLASTICS Articles MFG. – INJECTION MOLDING Staff.

Applicable only to temporary staff provided to customers whose business classification is Code 221.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

276 Employment Contractor – Temporary PLASTICS Articles MFG. – N.O.C. Staff.

Applicable only to temporary staff provided to customers whose business classification is Code 222.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

281 PRINTING – including incidental engraving, and the assembly, stapling or binding of the printing business' products.

282 NEWSPAPER or Periodical Printing or **PUBLISHING**.

297 Employment Contractor – Temporary **PRINTING** Staff.

Applicable only to temporary staff provided to customers whose business classification is Code 281.

Please see the Employment Contractor – Temporary Staffing Ruling and interpretation in Section 5 for further information on classifying temporary staff.

WOODWORKING

301 SAWMILL.

Includes the grading, sorting, pulling, piling, air or kiln drying, loading and storage of sawmill products. Subsequent wood products manufacturing operations conducted by a separate crew of employees in a physically separate department shall be separately classified as provided in this Manual.

305 CARPENTRY SHOP, including Planing Mill.

Includes but is not necessarily limited to the manufacture of sash, doors, assembled millwork, pallets or wood trusses. For the manufacture of turned wood products, see Class 306.

Separately rate erection work as provided in this Manual.

Businesses also engaged in selling lumber and/or building materials on a wholesale or retail basis with a separate staff of employees may have a division of payroll with Code 855. Code 855 will apply to the yard and delivery staff. If further engaged in the sale of hardware in a physically separate department by a separate staff, payroll so developed shall be assigned to Code 935.

306 WOOD TURNED PRODUCTS MFG.

309 WOODENWARE MFG., N.O.C.

311 CABINET WORKS – with power-driven machinery.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

319 FURNITURE ASSEMBLY.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

323 FURNITURE MFG. – Wood.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

327 FURNITURE UPHOLSTERING, SHOP only.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

PRIMARY NONFERROUS METAL WORKING

402 SMELTING of nonferrous metals **OR** hot-dip **GALVANIZING**.

Also includes employers principally engaged in melting nonferrous scrap metal to produce ingots.

Not available for businesses principally engaged in the handling of any ferrous scrap metals. Such businesses must be assigned to Code 858.

Galvanizing by methods other than the hot-dipping procedure shall be assigned to the classification best describing the process.

403 ROLLING, DRAWING OR EXTRUDING OF NONFERROUS METALS.

Also includes making nonferrous pipe or tubes or forging nonferrous metals.

Subsequent product(s) manufacturing operations conducted by a separate crew(s) of employees, in a physically separate department(s), shall be separately classified as provided for in this Manual.

STEEL MAKING AND ROLLING MILLS**404 STEEL MFG.****406 ROLLING MILL** – Ferrous Metals – Not available for rolling mills operated by steel manufacturers.**407 TUBE or Pipe MFG.,** Iron or Steel – not cast iron pipe – excluding steel making but including skelp rolling.**STEEL FABRICATING****411 STEEL FABRICATING** – Bridge and Structural Shops, Shop Only, erection to be separately rated as Class 655.**413 IRON WORKS** – Shop – Ornamental, non-structural iron or steel fabricating.

Installation or erection is to be separately rated as Code 658.

415 FABRICATED PLATE WORK – metal, including but not necessarily limited to boiler or tank mfg. – shop only.

Plate shall be #3 U.S. Standard Gauge (1/4" thick) or thicker.

416 CAR MFG., Railroad – all kinds.**FOUNDRIES****421 STEEL FOUNDRY,** Open-Hearth and Electric.

The secondary machining of castings by a separate staff in a physically separate work area shall be assigned to Code 461.

425 IRON FOUNDRY, N.O.C.

The secondary machining of castings by a separate staff in a physically separate work area shall be assigned to Code 461.

427 MALLEABLE Iron FOUNDRY.

The secondary machining of castings by a separate staff in a physically separate work area shall be assigned to Code 461.

429 DIE CASTING MFG.

Also includes secondary machining of die castings by the die casting employer. There is no payroll division with Code 461.

447 NONFERROUS METALS FOUNDRY – Includes secondary machining of nonferrous castings by the foundry employer. There is no payroll division with Code 461.**METAL WORKING****431 FORGING.**

Includes die making, trimming or grinding and heat treating operations. The secondary machining of forgings by a separate staff in a physically separate work area shall be assigned to Code 461.

433 TOOL MFG. – Forged.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

435 SPRING MFG. – Hot Wound.

Also includes Chain Mfg.

441 TOOL MFG., N.O.C.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

445 HARDWARE MFG., N.O.C.

447 (See "Foundries")

449 ELECTROPLATING.

451 AUTOMOBILE, Truck or Trailer BODY MFG.

Also includes an employer principally engaged in fabricating an automobile, truck or trailer body and then attaching the fabricated body onto a customer supplied or purchased chassis.

This class is not available for payroll division with Code 463. Code 463 shall be assigned to an employer engaged in both the making of the automobile, truck, or trailer body and chassis and then assembling the complete motor vehicle.

454 SHEET METAL PRODUCTS FABRICATION, N.O.C., Shop only.

Sheet metal shall be thinner than #3 U.S. Standard Gauge (less than 1/4" thick).

Code 676 shall be assigned to both the shop and the erection or installation payroll developed by an insured engaged in both the shop fabrication of sheet metal products and the erection or installation thereof.

456 METAL FURNITURE or Furnishing Goods MFG., N.O.C.

Sheet metal shall be thinner than #3 U.S. Standard Gauge (less than 1/4" thick).

Also includes the manufacture of major household or commercial kitchen or laundry appliances.

Upholstering operations conducted by a separate crew of employees in a physically separate department shall be assigned to Code 327.

457 WIRE GOODS MFG.

Includes the manufacture of wire springs by cold winding technologies. The making of springs from bar stock by hot wound methodologies must be assigned to Code 435.

458 JEWELRY MFG.

459 EYELET, Needle, Pin, Pen or Tack MFG.

MACHINERY MFG.

461 MACHINE SHOP – no woodworking – no boiler making.

Also includes the manufacture of all types of internal combustion engines, all types of pumps, pneumatic drills or hammers or hydraulic devices (e.g., hydraulic jacks or lifts).

463 AUTOMOBILE MFG.

Code 463 shall be assigned to an employer engaged in both the making of the automobile, truck, or trailer body and chassis and then assembling the complete motor vehicle.

This class is not available for payroll division with Code 451. Code 451 shall be assigned to an employer principally engaged in fabricating an automobile, truck, or trailer body and then attaching the fabricated body onto a customer supplied or purchased chassis.

464 MACHINERY MFG., N.O.C

Includes but is not necessarily limited to the manufacture of confection, food processing, paper making, printing, textile or woodworking machinery.

The manufacture of industrial equipment, such as furnaces made primarily from plate, shall be assigned to Code 415.

465 CONVEYOR or Hoisting Systems MFG., or Reconditioning.

Elevator, escalator, conveyor or hoisting system erection, installation or repair is to be separately rated as Code 675.

467 BALL or Roller BEARING MFG.

For establishments engaged in the fabrication of either metal ball or roller bearings. Where an insured is engaged in the fabrication of either metal ball or roller bearings and these are consumed by the insured's production process, such operations shall be classified in accordance with the class appropriate to the business of the employer.

471 PRINTED CIRCUIT BOARD ASSEMBLY OR ELECTRICAL WIRE HARNESS MFG. – BY CONTRACTOR.

Applies to concerns principally engaged in performing any of the services discussed below for others on a contract basis.

Includes the manufacture/assembly of printed circuit boards, the placement of components onto printed circuit boards (mounting/stuffing) or the installation of resultant boards into a chassis with the addition of wire leads.

Also contemplated by this class is the assembly of electrical wire harnesses, automotive wire harnesses or connector cable assemblies. Electrical cord assembly is to be assigned to Code 473. The manufacture of wire or cable shall be separately classified as provided for in this Manual.

472 ELECTRONIC COMPONENT MFG., N.O.C.

Applies to the manufacture of electronic component parts used to receive, store, govern or direct the flow of current within an electrical circuit, such as resistors, capacitors, coils, transformers (less than 746 watts), filters or transducers.

Also applies to semiconductor material refining, the manufacture of integrated circuits, quartz crystal culturing or glass to metal seals.

Not applicable to the manufacture of non-electronic parts (e.g., pushbuttons, springs or gaskets). The inclusion of such non-electronic parts in an electronic device is not to be construed as an electronic component as defined by this classification.

473 ELECTRICAL APPARATUS MFG., N.O.C.

Applies but is not limited to the manufacture or shop repair of electrical housewares, hand-held power tools, electrical fixtures or small electrical appliances.

474 ELECTRIC POWER OR ELECTRIC TRANSMISSION EQUIPMENT MFG.

Contemplates the manufacture of equipment for the generation, storage or transmission of electrical energy or vacuum furnaces.

Includes the manufacture of power transformers (over one horsepower), switchgear or switchboard apparatus, generators or vacuum furnaces.

475 BATTERY MFG., Storage.**476 INDUSTRIAL CONTROLS OR SYSTEMS MANUFACTURE/ASSEMBLY.**

Applies to the manufacture/assembly of motor controllers, control panels and/or systems used in industrial plants for the distribution of power, control of heating or air conditioning or batch control.

Risks engaged in the manufacture of meters, counters, thermometers or other electronic analytical/measuring instrumentation not otherwise classified shall be assigned to Code 488.

Installation or repair provided at customer locations shall be separately classified as provided for in this Manual.

477 ELECTRIC MOTOR MFG. OR REPAIR.

Applies to firms principally engaged in the manufacture, shop repair or rewinding of electric motors, armatures or field coils.

483 OFFICE MACHINE MFG. – Installation or repair conducted by a separate crew to be separately classified by Code 952.**485 COMMUNICATIONS, SEARCH, DETECTION OR SIGNAL PROCESSING EQUIPMENT MFG.**

Includes but is not limited to the manufacture of:

- (1) Telephone or telegraph equipment or apparatus
- (2) Radio or TV broadcasting or communications equipment
- (3) Search, detection, navigation, guidance, aeronautical or nautical systems

486 INCANDESCENT LIGHT BULB or ELECTRONIC TUBE MFG.**487 SURGICAL OR OPTICAL INSTRUMENT MFG.**

Applies but is not limited to the manufacturing of surgical or dental instruments, optical instruments, optical lens grinding, fiber optics or other precision metal instruments such as drafting equipment, compasses, T-squares or triangles.

488 ELECTRONIC MEASURING OR ANALYTICAL INSTRUMENT MFG.

Includes the manufacture of electric test equipment, totalizing fluid meters or counters, electronic test or measuring instrumentation.

Also contemplated by this class is the manufacture of medical diagnostic equipment such as CAT scanners or MRIs.

489 DENTAL LABORATORY.**491 Employment Contractor – Temporary ROLLING, DRAWING or EXTRUDING NONFERROUS METALS Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 403.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

495 Employment Contractor – Temporary AUTOMOBILE, Truck or Trailer BODY MFG. Staff.

Applicable only to temporary staff provided to customers whose business classification is Code 451.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

497 Employment Contractor – Temporary ELECTRONIC COMPONENT MFG. Staff.

Applicable only to temporary staff provided to customers whose business classification is Code 472.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

499 Employment Contractor – Temporary BATTERY MFG. Staff.

Applicable only to temporary staff provided to customers whose business classification is Code 475.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

STONE AND CLAY PRODUCTS MFG.**501 CEMENT MFG. – including quarrying.****502 PLASTER STATUARY or Ornament MFG.****506 POWDER METAL PRODUCTS MFG.****507 GRAPHITE PRODUCTS MFG.****509 ASBESTOS GOODS MANUFACTURING – For establishments utilizing asbestos fibers in their manufacturing processes that result in an asbestos product.****511 CONCRETE PRODUCTS MFG.****512 BRICK MFG., N.O.C.**

Excluding quarrying or mining, also excluding clay or shale digging in open pits.

A supplementary dust disease loading shall be added by the Bureau to cover the potential hazard of those employers using material containing free silica.

Code 0175 at either the carrier or assigned risk rate is to apply to such exposure, but note that payroll developed by the exposure is also to be included in the Class 512 payroll at either the carrier or assigned risk rate. Premium developed under Code 0175 is not subject to experience or retrospective rating.

513 POTTERY, N.O.C. – no brick, non-decorative tile, sewer pipe or gas retorts mfg.

A supplementary dust disease loading shall be added by the Bureau to cover the potential hazard of those employers using material containing free silica.

Code 0176 at either the carrier or assigned risk rate is to apply to such exposure, but note that payroll developed by the exposure is also to be included in the Class 513 payroll at either the carrier or assigned risk rate. Premium developed under Code 0176 is not subject to experience or retrospective rating.

GLASS MFG.**535 GLASS OR GLASSWARE MFG.**

The manufacture of glass products from purchased glass shall be assigned to Code 536.

536 GLASS PRODUCTS MFG. – from purchased glass – no glass manufacturing.**544 Employment Contractor – Temporary Staff – MANUFACTURING or LIGHT INDUSTRIAL OPERATIONS, N.O.C.**

Applies to temporary employees provided to manufacturing businesses except for temporary manufacturing or light industrial staff subject to Codes 185, 187, 191, 275, 276, 297, 491, 495, 497, 499 or 587.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on the manufacturing businesses assignable to Code 544 and on classifying temporary staff.

CHEMICALS INDUSTRIES**551 CHEMICAL Processing or Products MFG., N.O.C.**

For establishments engaged in manufacturing miscellaneous chemical preparations not otherwise classified.

553 GASES – MFG. of carbonic oxide, anhydrous ammonia, oxygen or hydrogen.**555 DRUG or MEDICINE MFG.****563 PAINT or Colors MFG. – no red or white lead mfg.****571 SOAP MFG.****573 FERTILIZER MFG.****581 OIL REFINING, Petroleum.****587 Employment Contractor – Temporary PAINT or COLORS MFG. Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 563.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

EXCAVATION AND CONSTRUCTION**601 ROAD or Street CONSTRUCTION: Paving or Repaving.**

Applies to the laying of the road starting with the sub-base and includes all kinds of paving or repaving, surfacing or resurfacing or scraping, including airport runways or warming aprons. Also included are trimming and finishing of shoulders, installing curbing and erecting guard rails or fences.

Asphalt plants operated by a paving contractor shall be classified in accordance with the following procedure. Permanently located plants staffed by a separate crew shall be assigned to Code 855. Portable/temporarily located asphalt plants shall be assigned to Code 601.

As provided for in this Manual separately rate: clearing of right-of-way, earth or rock excavation, filling or grading, tunneling, bridge or culvert building, quarrying and stone crushing.

602 ROAD or Street CONSTRUCTION: Subsurface work.

Applies to all operations of bringing road bed to grade including clearing of right-of-way, earth or rock excavation, filling or grading. It does not include laying the sub-base.

As provided for in this Manual separately rate: tunneling, bridge or culvert building where clearance is more than 10 feet at any point or the entire distance between terminal abutments exceeds 20 feet, quarrying and stone crushing.

603 SEWER CONSTRUCTION – all work to completion, including masonry work in connection therewith – no tunneling.

605 RAILROAD CONSTRUCTION and Maintenance of Way by Contractors – all operations incident thereto, except tunneling and bridge building.

The entire payroll in construction of bridges or culverts exceeding a span of 12 ft. or in the construction of tunnels must be separately classified and rated.

607 DRILLING by Contractors.

608 FLAT CEMENT WORK – floors, driveways, yards, sidewalks or curbs. (Self-bearing floors, airport runways, warming aprons, street or road construction to be separately rated.)

609 EXCAVATION – for cellars or foundations for buildings, bridges, retaining walls and dams, including grading preparatory to building erection.

611 PILE DRIVING, including timber wharf building.

615 TUNNELING or Shaft Sinking, all work to completion.

617 GAS, STEAM or WATER MAIN CONSTRUCTION – all work to completion except tunneling under pressure.

625 CONDUIT CONSTRUCTION – for cables or wires, all work to completion.

Also includes cable laying by specialist contractors employing automatic equipment, which in one operation opens the trench, lays the cable and backfills.

BUILDING CONSTRUCTION

643 ASBESTOS CONTRACTOR – all work to completion. Employees engaged in asbestos removal, replacement, repair, enclosure or encapsulations.

645 WALLBOARD INSTALLATION – within buildings. Includes the entire operation of installing drywall/wallboard including taping, seaming, texturing, but not painting.

646 FURNITURE or FIXTURES INSTALLATION – portable – in offices or stores.

647 INSULATION WORK, N.O.C. – Includes the installation or application of acoustical or thermal insulating material in buildings or within walls. The class applies when insulating work is performed as a separate operation not part of or incidental to any other construction operations performed by the same contractor at the same job or location.

648 CARPENTRY – INSTALLATION of CABINET WORK, finished wooden flooring or interior trim. Also includes installation of parquet flooring. Not applicable to contractors who perform any other carpentry operations at the same job or location.

649 CEILING INSTALLATION – suspended acoustical grid type. Insulation work will be separately rated.

651 CARPENTRY – COMMERCIAL Structures.

652 CARPENTRY – RESIDENTIAL . Includes one- or two-family detached houses, townhouse or row houses or buildings designed primarily for multiple occupancy (e.g. apartments) three stories or less in height or garages constructed in connection with the houses or apartments.

This classification shall include the payroll developed by all employees that interchange trades at a specific location. For specific locations where there is no interchange between trades, all trades shall be separately classified.

653 MASONRY.

Masonry work in connection with sewers must take the Sewer classification and not the Masonry classification.

654 CONCRETE CONSTRUCTION.

Payroll to include persons engaged in making, setting up, taking down or operating forms, scaffolds, false work and concrete mixing or distributing apparatus.

655 IRON ERECTION.

656 ELECTRIC, Telephone or Telegraph **LINE CONSTRUCTION** by Contractor.

Includes the setting of poles, installation of pole hardware or transformers or the stringing of lines. Erection of steel towers for cross-country lines must be assigned to Class 655. Clearing of right-of-way on new lines, maintenance of right-of-way on existing lines or tree trimming must be assigned to Class 005.

657 RIGGING, N.O.C.**658 IRON ERECTION** or Installation – ornamental or non-structural only.**659 ROOFING** – No payroll division with Code 676 at the same location or job site.**660 ALARM OR SOUND SYSTEM** – Installation or Repair.**661 ELECTRICAL WIRING** – within **BUILDINGS**.

Includes electric fixtures or apparatus installation or the making of service connections. For electric, telephone or telegraph line construction, see Class 656.

662 APPLIANCE – Electrical – **SERVICE** or **REPAIR**.

Includes the service or repair of window-unit type air conditioners, domestic refrigerators and/or commercial or domestic appliances including but not necessarily limited to: stoves, dishwashers, washing machines or clothes dryers. Also includes incidental shop or parts department employees. Electrical wiring or plumbing to be separately rated.

Separately staffed store operations shall be assigned to the appropriate store class. Assign Code 664 to the installation, service or repair of central air conditioning units or commercial refrigeration (including walk-in) units. Assign Code 675 to the installation, service or repair of industrial equipment (e.g., conveyor ovens).

663 PLUMBING: gas, steam, hot water or other pipefitting, including house connections – shop payroll, if any, must be included.

Includes work within buildings. Pipefitting in connection with the installation of machinery or apparatus outside of buildings must be assigned to Class 675.

664 HEATING, VENTILATING or **AIR CONDITIONING CONTRACTOR**.

Applicable to contractors performing forced air heating, ventilating or air conditioning equipment installation required for air comfort control or engaged in the service or repair of such equipment. Further included is any incidental duct or shop work.

Payroll developed in the installation, service or repair of heating equipment which will utilize either hot water or steam shall be assigned to Code 663. High pressure water or steam heating systems shall be assigned to Code 677 for the installation, service or repair thereof.

665 PAINTING and Decorating, including shop.

The painting of steel structures or bridges shall be assigned to Code 655.

666 PLATE and Wire **GLASS INSTALLATION**.

Payroll developed by a separate shop crew engaged in the manufacture of glass products including bending, beveling, grinding or silvering of plate glass shall be separately classified by Code 536.

667 PAPER HANGING.**668 TILE, STONE, MOSAIC** or **TERRAZZO WORK** – Interior Construction Only including Marble Setting and Tile Wainscoting, but excluding Cement Finishing and Structural Glass Block Installation.

Structural glass block installation shall be assignable to Code 653.

669 PLASTERING, including lathing.**670 HOUSE FURNISHINGS INSTALLATION**, N.O.C.

Separately staffed store operations shall be assigned to the appropriate store class.

WRECKING OR DEMOLITION OR BUILDING MOVING OR RAISING PROJECT

All work to completion at a wrecking or demolition or a building moving or raising site shall be assigned to one of the following classifications:

1. Code 651 – Applicable to wooden buildings or structures including those designed for residential occupancy and interior stripping/gutting.
2. Code 654 – Applicable to concrete or concrete encased buildings or structures.
3. Code 655 – Applicable to iron or steel buildings or structures.
4. Code 653 – Applicable to masonry buildings or structures.
5. Code 611 – Applicable to piers or wharfs.

Where wrecking or demolition or building moving or raising involves a building or structure of more than one type of construction, the classification with the highest rating value applies.

All wrecking or demolition or building moving or raising work not specifically described above shall be assigned by analogy to one of the classifications designated above. No other classification is applicable.

Secondhand material businesses at a separate location with no interchange of employees shall be assigned to the appropriate scrap metal dealer classification based on whether the dealer is principally engaged in handling ferrous or nonferrous scrap metal. Assign ferrous scrap dealers to Code 858 and assign nonferrous scrap dealers to Code 859. Assign Code 860 to secondhand materials dealers who do not have a principal line of merchandise.

673 ADVERTISING SIGNS, Manufacture, Erection or Repair – Not Outdoor Advertising Companies.

674 SWIMMING POOL CONSTRUCTION, all work to completion. The construction of iron or steel pools shall be assigned to Code 655. Pool cleaning or Maintenance work by a separate crew or a specialist contractor is to be assigned to Code 971.

675 MACHINERY or EQUIPMENT ERECTION or REPAIR.

Applies to the erection or repair of factory machinery or to the installation, erection or repair of elevators, escalators, conveyors or hoisting systems.

676 SHEET METAL INSTALLATION, No payroll division with Code 659 at the same location or job site.

Code 676 shall be assigned to both the shop and the erection or installation payroll developed by an insured engaged in both the shop fabrication of sheet metal products and the erection or installation thereof.

677 BOILER INSTALLATION or Repair.

Includes all work to completion except brickwork, which must be assigned to Code 653.

679 ADVERTISING COMPANY, OUTDOOR.

Applicable to outdoor advertising companies and includes but is not necessarily limited to: shop operations, the erection, painting, repair, maintenance or removal of signs, sign painting or lettering in or upon buildings or structures or bill posting.

681 CANVAS GOODS, Awning or Tent **ERECTION**, Removal or Repair.

682 Employment Contractor – Temporary Staff – **CONSTRUCTION Or ERECTION OPERATIONS.**

Applies to temporary employees provided to a construction or erection contractor except for temporary excavation, commercial structure carpentry or electrical wiring (within buildings) staff which are subject to Codes 691, 693 or 695, respectively.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on the construction or erection business operations assignable to Code 682 and on classifying temporary staff.

691 Employment Contractor – Temporary **EXCAVATION** Staff.

Applicable only to temporary staff provided to customers whose business classification is Code 609.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

693 Employment Contractor – Temporary COMMERCIAL Structure **CARPENTRY Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 651.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

695 Employment Contractor – Temporary **ELECTRICAL WIRING (within buildings) Staff.**

Applicable only to temporary staff provided to customers whose business classification is Code 661.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

SPECIAL STATE ACT EXPOSURES**709 TALLYMEN AND CHECKING CLERKS – engaged in connection with stevedoring work.**

Coverage under State Act only.

716 MARINA.

Applicable to all waterfront operations, including but not necessarily limited to: the operation of boat docks, storage facilities, repair shops or marine railways, the sale or repair of boats or engines, the sale of parts or accessories, dockside snack bars and all dockside employees. The operation of separately-staffed inland boat showrooms or the operation of separately-staffed motels, restaurants, swimming pools, bowling lanes or other recreational facilities shall be separately classified as provided for in this Manual.

Separate staff engaged in boat building are assignable to Code 718.

Coverage under State Act only.

718 BOAT BUILDING OR REPAIR.

Coverage under State Act only.

Applicable to the construction or repair of wood, metal, fiberglass or plastic yachts, motor boats, sailboats or rowboats not exceeding 65' in length overall.

Also includes insureds exclusively engaged in the building, repairing or dismantling of small vessels as defined in Public Law 98-426 who have been granted exemption from the United States Longshore and Harbor Workers Act by the Secretary of Labor. A copy of the exemption certificate shall be made available to the Bureau as documentation.

721 RAILROAD OPERATION, N.O.C., including shop, ordinary maintenance and repair of roadbed.

The policies for risks with operations assignable to Class 721 must be endorsed excluding insurance of Federal Employers' Liability Act coverage. (Part Two)

744 AIRCRAFT MFG.**UTILITIES OPERATION****751 GAS UTILITY.**

Payroll developed by meter readers having no regular duty of any other nature in the service of the employer shall be assigned to Code 951.

As provided for in this Manual separately classify: geophysical exploration, drilling for gas deposits, the operation of gas wells and the construction or operation of cross-country pipelines.

752 OIL OR GAS PIPELINE OPERATION – Construction, Operations of Wells or Oil Refining shall be separately classified.**753 WATERWORKS.**

Payroll developed by meter readers having no regular duty of any other nature in the service of the employer shall be assigned to Code 951.

755 ELECTRIC UTILITIES Operation.

Payroll developed by meter readers having no regular duty of any other nature in the service of the employer shall be assigned to Code 951.

757 TELECOMMUNICATIONS COMPANY – including installation, maintenance, repair and operation of telephone lines and systems, remote transmission sites and central office switching equipment.

Applicable to FCC licensed telecommunications firms. The services provided include but are not necessarily limited to: wireline, long distance, cellular, radio paging or mobile radio services for customers on a fee basis.

759 CABLE TELEVISION OPERATIONS.

Applicable to contractors and/or operators engaged in cable television system installation or erection or system hook-up or service and/or repair or the operation of a cable television system.

Separately staffed broadcasting studios and/or separate crews engaged in the presentation and/or filming of news or sporting events shall be assigned to Code 936.

TRUCKING AND STORAGE**801 STABLE**, Livestock Commission Merchant Stockyards not associated with Slaughterhouses.**803 TAXICAB COMPANY.**

Lessees transporting passengers for hire in motor vehicles leased pursuant to written leases shall not receive compensation under the Delaware Workers' Compensation Law but shall be deemed to be employers.

Effective July 7, 1982, New, Renewal, and Outstanding.

804 SCHOOL BUS OPERATION.**805 MILK HAULING** – by contractor.

For contractors exclusively engaged in hauling unprocessed or processed milk by tank truck.

806 FURNITURE MOVING and/or **STORAGE.**

Includes the packaging or handling of household goods away from the employer's premises. The transporting or delivery and the setting into place at customers' locations of furniture and/or major household appliances under contract for a manufacturer or store shall be assigned to Code 811.

807 AMBULANCE SERVICE – Non-volunteer.**808 PARCEL DELIVERY** Company – No Handling of Bulk Merchandise or Freight – all employees except office.

Applies to risks engaged in the delivery of envelopes, parcels or packages limited to 150 pounds or less. Envelopes, parcels or packages refers to those items where the delivery tariff or charge is allocable to the individual envelope, parcel or package. Also includes messenger or courier services engaged in deliveries on foot, by bicycle or motor vehicle.

Assign Code 811 when the haulage or transport charge is based on truckload or partial truckload, the cumulative weight of the packages and/or parcels being transported or a flat contract price for the consignment.

The transport of mail under contract to the United States Postal Service is to be assigned to Code 812.

809 FUEL DISTRIBUTION – Retail or Wholesale.

For businesses principally engaged in the sale of processed coal, fuel oil, liquefied petroleum (LP), gas (bottled gas or in bulk), or any combination of these lines. Separate crews engaged in installing and/or servicing fuel oil or gas heating units may be separately classified as provided for in this Manual. This classification is not available to businesses operating coal or oil docks or to truckers hauling fuel for others.

811 TRUCKING, N.O.C.

Includes dispatchers and/or clerks on loading platforms, drivers, chauffeurs and their helpers and employees repairing vehicles.

Applicable to hauling contractors principally engaged in hauling or delivering for unrelated concerns.

Also includes the rental of cranes with operator by a specialist contractor.

812 MAIL HAULING or Delivery Service **COMPANY**.

Applies to risks engaged under contract to the United States Postal Service for the hauling or delivery of mail involving letters, parcels, packages, sacks, pallets or rolling containers. Includes U.S. Postal Service contract mail delivery performed on a bulk or individual item basis.

813 WAREHOUSING – Other than Furniture Moving and/or Storage.

For establishments principally engaged in either the cold storage or the warehousing or storage of general merchandise for unrelated concerns.

814 DEALER IN MOBILE, SELF-PROPELLED factory, farm or construction **EQUIPMENT** including parts department.

Payroll developed by employees engaged in the sale of mobile self-propelled factory, farm or construction equipment shall be assigned to Code 819.

815 AUTOMOBILE SERVICE CENTER or Garage – including counter personnel and estimators.

Tire recapping or retreading shall be assigned to Code 225 when performed by a separate crew of employees in a physically separate work area.

Please see the Automobile Service/Gasoline Station Ruling and Interpretation for information on classifying such business enterprise.

See the Code 934 Section 2 class description for how to classify an auto parts store that also provides automobile repair services.

816 AUTOMOBILE FILLING STATION – Retail.

Please see the Automobile Service/Gasoline Station Ruling and Interpretation for information on classifying such business enterprise.

817 BUS (except school bus) **OPERATION**.**818 AUTOMOBILE** or Automobile Truck **DEALER** – including service counter and parts department.

Also includes but is not necessarily limited to: automobile auctions, inland boat dealers, mobile home dealers, recreational vehicle dealers or specialist contractors performing mobile home set-up or warranty service.

819 AUTOMOBILE or Automobile Truck **SALESPERSON**.**821 BEVERAGE DISTRIBUTOR**, Wholesale.

Includes payroll developed by employees engaged as delivery salespersons, route salespersons and/or route supervisors engaged in the delivery of the insured's merchandise to customers.

825 AUTOMOBILE STORAGE GARAGE or **PARKING STATION** or **LOT** – No Automobile Repair.

For automobile storage garages/parking stations/parking lots whose business is the storing or parking of automobiles. Includes cashiers who receive payment from customers.

Parking attendants on the payroll of enterprises such as hotels, restaurants, stores or theaters – not drive-in theaters – which operate parking facilities for their customers shall be rated with the enterprise.

855 LUMBER and/or **BUILDING MATERIAL DEALER**.

Applicable to establishments engaged in selling lumber and/or building materials on a wholesale or retail basis. The lumber may include but is not necessarily limited to rough and dressed lumber, flooring, molding, doors, sashes, frames and other millwork. The building materials may include but are not necessarily limited to roofing, siding, shingles, wallboard, paint, brick, tile, cement, ready-mix concrete, sand or gravel. This class also includes payroll developed in the delivery of hardware, lumber and/or building materials by the lumber/building material dealer.

The operation of an outlet on the premises of a lumber and/or building material dealer in which hardware, paint, and other similar merchandise is sold shall be subject to separate classification provided the outlet is located in a physically separate department with no interchange of labor between the outlet and other operations. Payroll developed in the outlet operations is subject to Code 935.

Risks engaged in manufacturing millwork are assignable to Code 305. Dealers in secondhand building materials are assignable to Code 860.

857 METAL SERVICE CENTER (Ferrous or Nonferrous Metals).

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

858 FERROUS SCRAP METAL DEALER.

Applicable to businesses principally engaged in collecting and handling ferrous metals. Ferrous metals contain iron and include any type of steel or any steel alloy such as stainless steel.

The term "principally engaged" means more than 50 percent of the employer's gross receipts.

859 NONFERROUS SCRAP METAL DEALER.

Applicable to businesses principally engaged in collecting and handling nonferrous metals. Nonferrous metals contain no iron and include but are not limited to: aluminum, copper, brass, lead or zinc.

The term "principally engaged" means more than 50 percent of the employer's gross receipts.

Businesses principally engaged in the melting of nonferrous scrap to produce ingots shall be assigned to Code 402.

860 JUNK DEALER.

For businesses collecting and handling a combination of ferrous and/or nonferrous scrap metal and other secondhand commodities (e.g., paper, glass, rubber, rags or bottles) with no principal line of merchandise.

Also includes secondhand material yards of a wrecking or demolition contractor that are separately located and staffed.

WRECKING OR DEMOLITION PROJECTS shall be classified as delineated in Section 2.

861 AUTOMOBILE DISMANTLERS.

Businesses engaged in automobile dismantling for the recovery of usable parts must be assigned to this classification. It includes all stores, yards or shops operated at the same or contiguous locations. It does not include businesses who demolish automobiles solely for the purpose of obtaining scrap metal; such businesses must be assigned to the applicable scrap metal classification based on the principal type of scrap metals.

862 RECYCLING CENTER.

Applicable to businesses principally engaged in collecting or handling recyclable materials such as: cloth clippings, rags, paper, glass, plastic, rubber stock and/or aluminum beverage cans. Assign businesses collecting a combination of recyclable products and scrap metals with no principal line of merchandise to Code 860.

Dealers in cloth clippings, new goods only, shall be assigned to Code 924.

865 POULTRY and/or FISH DEALER/ PROCESSOR.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

867 Employment Contractor – Temporary WAREHOUSING Staff.

Applicable only to temporary staff provided to customers whose business classification is Code 813.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

877 Employment Contractor – Temporary DEPARTMENT STORE Staff.

Applicable only to temporary staff (except clerical office) provided to customers whose business classification is Code 914.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

879 Employment Contractor – Temporary PACKAGING – Contract – Non-crating Staff.

Applicable only to temporary staff provided to customers whose business classification is Code 923.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

880 APARTMENT HOUSE or Condominium Complex Operation.

Applicable to an employer operating an apartment house or a condominium complex or for cooperative buildings used for residential occupancy.

881 Employment Contractor – Temporary HARDWARE STORE – Wholesale Staff.

Applicable only to temporary staff provided to customers whose business classification is Code 926.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

882 HOUSE CLEANING by Contractor.

Applicable to businesses principally engaged in providing interior cleaning services to residential customers. The cleaning services may include but are not necessarily limited to: dusting, mopping floors, vacuuming rugs or carpets, cleaning or sanitizing bath-rooms or wiping or cleaning kitchen or bathroom fixtures.

The term “principally engaged” means more than 50 percent of the employer’s gross receipts.

Payroll developed in the cleaning of exterior walls at residential or commercial sites shall be assigned to Code 653.

883 Employment Contractor – Temporary RETAIL STORE, N.O.C. Staff.

Applicable only to temporary staff provided to customers whose business classification is Code 928.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

884 HEALTH OR EXERCISE CLUB – all employees including office.

Organized athletics are excluded from this classification and separately rated by Code 970 or Code 991.

885 PLUMBING SUPPLIES DEALER OR PIPE MERCHANT – Wholesale.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

886 ELECTRICAL SUPPLIES DEALER – Wholesale.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

887 MUSEUM – all employees including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

889 Employment Contractor – Temporary CLERICAL Staff.

Applicable to temporary clerical or technical service staff whose payroll shall be assigned to Code 889 regardless of the customer's business classification. Such employees include but are not necessarily limited to: draftsmen, designers, writers, illustrators, computer or data processing operators, programmers or clerical office.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

890 LIBRARY - PUBLIC – all employees including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

891 PRE-SCHOOL (CHILD CARE OR EARLY EDUCATION) SERVICES – all employees including office.

Includes but is not necessarily limited to nursery schools, Head Start, kindergarten or child daycare services.

Please see the Rulings and Interpretations, Section 5, for further information on the scope of this class.

895 Employment Contractor – Temporary COLLEGE or SCHOOL Staff.

Applicable only to temporary staff provided to customers whose business classification is Code 965.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

896 CLUB, N.O.C – All employees except office.

Please see the Rulings and Interpretations, Section 5, for further information on the scope of this class.

897 FAST-FOOD RESTAURANT – All employees except office.

Please see the Rulings and Interpretations, Section 5, for further information on the scope of this class.

898 CATERER – All employees except office.

Please see the Rulings and Interpretations, Section 5, for further information on the scope of this class.

899 BAR, Tavern, Cocktail Lounge, NIGHTCLUB or Discotheque – All employees except office.

Please see the Rulings and Interpretations, Section 5, for further information on the scope of this class.

903 LABOR UNION – all employees including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

STORES**907 FRUIT OR VEGETABLE DEALER – Wholesale.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

910 MEAT DEALER – Wholesale.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

911 GROCERY – Wholesale.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

914 DEPARTMENT STORE – all employees, including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

915 MEAT, FISH and/or POULTRY STORE – Retail, all employees except office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

916 CLOTHING OR DRY GOODS STORE – Wholesale or Retail.**917 GROCERY STORE – Retail, including meat, poultry, fish, bakery, pharmacy and produce departments.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

918 BAKERY SHOP – Retail, including on-site preparation, all employees except office.

Applies to risks producing bakery products or to risks who buy finished bakery products from unrelated producers. Sales are over-the-counter for personal or household consumption, either on premises or through satellite outlets.

919 FLORIST STORE – Retail or Wholesale.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

920 JEWELRY STORE – Wholesale or Retail.**922 FURNITURE STORE – Retail or Wholesale – no woodworking.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

923 PACKAGING – CONTRACT – NON-CRATING.

Applies to businesses principally engaged in packaging or repacking cosmetics, toiletries, pharmaceuticals, soaps, cleaning agents, hardware and/or similar merchandise owned by unrelated customers as a contract service. Payroll developed by a separate staff in a physically separate work area in the preparation and crating of any type of merchandise for shipment (in shop as a contract service) shall be assigned to Code 305. Crating or packaging of any type at customer locations or the repackaging of explosives shall be classified as provided in this Manual.

924 WHOLESALE STORE, N.O.C.**925 HARDWARE STORE – Retail.**

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

926 HARDWARE STORE – Wholesale.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

927 PHARMACY – Retail – all employees, including office.**928 RETAIL STORE, N.O.C.****929 Employment Contractor – Temporary Staff – MERCANTILE OPERATIONS.**

Applies to temporary employees provided to retail or wholesale store businesses except for businesses assignable to wholesale fruit, grocery or wholesale store, N.O.C.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on which store businesses are assignable to Code 929 and on classifying temporary staff.

932 COPYING OR DUPLICATING SERVICE – All Employees Including Office.

Applicable to the "quick printing" industry wherein risks provide reproduction by means of offset duplicators on paper sizes 17 x 22 inches or less or electrostatic copiers on paper of any size. Any risk principally engaged in producing reproductions by other means shall be assigned to the appropriate printing class as provided for in this Manual. Code 932 and a printing class shall not be assigned to a risk unless that risk fulfills the multiple enterprise criteria specified in Rule IV, Paragraph C. 3. a. 2.

933 VENDING OR COIN-OPERATED MACHINE – Installation, Service or Repair, all employees except office.**934 AUTOMOBILE PARTS AND ACCESSORY STORE – Retail and/or Wholesale.**

An auto parts store that also provides automobile repair services shall have payroll divided with Code 815 provided the following conditions are fulfilled: the auto parts sales and the automobile repair services are conducted in physically separate work areas by separate employee crews and the majority of the parts/accessories sold by the auto parts store must be sold to others and are neither installed nor used by the insured for repair services. If both operations are conducted and these conditions are not met, then payroll developed in both the auto parts sales and the auto repair services shall be assigned to Code 815.

The machining of brake drums and other auto parts conducted in a physically separate work area and staffed by a separate employee crew shall be assigned to Code 461.

935 LUMBER AND/OR BUILDING MATERIAL DEALER – Store Employees – For use in conjunction with Class 855 only.**936 BROADCASTING STATION – Radio or Television, all employees including office.****937 Employment Contractor – Temporary Staff – HEAVY SERVICE.**

Applies to temporary employees provided to businesses including but not limited to tree pruning, logging, surface or underground mining or mineral recovery, transportation (of persons or any type of commodity), lumber and/or building material or metal service centers, scrap metal yards, commodity recycling, rubbish and/or garbage collection or warehousing (all types except where the customer's business classification is Code 813 which is subject to Code 867).

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on which customer business classifications are assignable to Code 937 and on classifying temporary staff.

939 CARNIVAL, Circus or Amusement Device Operator – TRAVELING.

940 RESIDENTIAL CARE FACILITY For The Developmentally Disabled – all employees except office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

Separately staffed certified sheltered workshops shall be assigned to Code 964.

941 SOCIAL REHABILITATION FACILITY – For Adults or Children – all employees including office.

Please see the Social Rehabilitation Facility Ruling and Interpretation in Section 5 for information on the scope of this class.

HOME HEALTH CARE SERVICES

Applicable to any establishment providing health care services to individuals or families in their residence. The services provided include skilled services under a physician's written direction and these components include but are not limited to home infusion therapy nursing care, physical, speech and/or occupational therapy and/or nonprofessional services including but not limited to home health aid, attendant care, companions and live-ins and/or home help services such as homemakers or chore workers. Payroll so developed shall be classified in the manner indicated below.

942 HOME HEALTH CARE – Professional Staff.

Includes registered or licensed practical nurses, pharmacists, physical, speech and/or occupational therapists, medical social workers and outside salespersons.

943 HOME HEALTH CARE – Nonprofessional Staff.

Includes home health aides (and certified home health aides), attendant care aides and home support personnel such as homemakers, companions and chore workers. Also included are companions and live-ins.

Payroll developed in the sale or rental of durable hospital equipment or supplies such as hospital beds, wheelchairs, commodes and walkers to the individual home health care patient shall be assigned to Code 928 provided this operation is separately staffed.

944 CLUB – Country, Golf or Yachting – all employees except office.

Includes restaurant or tavern employees and all operations performed by club employees including but not limited to: those conducted by desk and room clerks, instructors, pro shop sales clerks, club attendants and golf starters.

Marina or yacht basin operations shall be separately classified.

CLERICAL AND PROFESSIONAL EMPLOYMENTS**945 HOTEL RESTAURANT** employees, all employees except office. For use in conjunction with **Code 973** only.

For tips and for musicians and entertainers, see Rule V, Section 1.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

946 Employment Contractor – Temporary MEDICAL Staffing.

Applicable to professional and/or nonprofessional medical staff provided to unrelated health care facilities or to physicians/dentists' practices on a temporary basis. Such employees include but are not necessarily limited to: registered nurses or licensed practical nurses, aides, orderlies, attendants or medical technicians.

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided in this Manual.

Payroll developed by temporary janitorial, laundry, kitchen or other non-medical staff (except clerical) provided to health care facilities shall be assigned to Code 947.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

947 Employment Contractor – Temporary Staff – MAINTENANCE OR SERVICE.

Applies to temporary employees provided to businesses such as flower growing, landscaping or lawn care, laundry or dry cleaning, utilities (except meter readers), cable television, hotels, restaurants, automobile service or repair (including auto dealers), security, theaters, amusements (either indoor or outdoor) or building maintenance.

Also applies to non-medical temporary staff provided to health care facilities (except clerical), and to airport/airline temporary ground personnel.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on which customer business classifications are assignable to Code 947 and on classifying temporary staff.

948 MAILING or ADDRESSING COMPANY – all employees including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

949 Employment Contractor – Temporary MARKETING Staff.

Applicable to temporary marketing help such as sales or demonstration personnel including conventions, shows or exhibits.

Also includes temporary help engaged as appraisers, inspectors, meter readers or personnel notifying utility customers of service cutoffs.

Please see the Employment Contractor – Temporary Staffing Ruling and Interpretation in Section 5 for further information on classifying temporary staff.

951 SALESPERSON – Outside.

Excluding salespersons or collectors who deliver goods, door-to-door salespersons or messengers employed by a messenger or courier service company.

Messengers employed by other establishments whose field of business is not that of a messenger or courier service company shall be assigned to Code 951.

952 OFFICE MACHINE SERVICE or Repair.

Includes shop. Manufacturing to be separately rated.

Specialist contractors performing delivery and/or set-up of office machines or equipment shall be assigned to Code 811.

953 Clerical OFFICE Employees.**954 SECURITY OR INVESTIGATIVE AGENCIES.**

Agencies which also install or repair burglar alarm systems with a separate crew of employees shall be authorized the use of Code 660 for such work.

955 ENGINEERING CONSULTING FIRM, mechanical, civil, electrical or mining engineering consulting firms, or architectural firms.

Businesses principally engaged in providing computer and/or software consulting services are assignable to Code 951 and to Code 953 as classes may apply.

Engineers or architects employed by concerns whose field of business is actual construction, manufacturing, mining or installation operations shall be assigned in accordance with the class or classes appropriate to the business of the employer, unless the operations subject to Code 955 are conducted as a separate and distinct enterprise.

Clerical or drafting employees of consulting architects or engineers are properly assigned to Code 953 provided they meet the conditions described in Section 1, Rule IV, B. 2. a. and b.

Separate staff performing test boring for soil samples shall be assigned to Code 607.

956 LAW FIRM – all employees including office.

This classification is for law firms. Attorneys employed by other establishments whose field of business includes but is not limited to manufacturing or construction shall be assigned to the classification consistent with the employer's business.

957 PHYSICIAN or DENTIST, all employees including clerical office except home health care service employees.

This classification is for the physician's or dentist's office. Includes licensed practitioners engaged in the practice of general or specialized dentistry, medicine, surgery or therapy (physical or mental). Does not apply where inpatient overnight care is provided. Those practicing veterinary medicine shall be assigned to Code 959.

Physicians or Dentists employed by a health care facility shall be assigned in accordance with the class appropriate to the medical business at the location. Physicians or Dentists employed by a temporary medical staffing contractor, and who are provided on a temporary basis to unrelated health care facilities, shall be assigned to Code 946.

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided in this Manual.

958 REHABILITATION HOSPITAL, all employees including office.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

959 VETERINARIAN, including employers raising and caring for non-farm domestic animals.**960 NURSING and CONVALESCENT HOME** – Long Term Care Facility with 50% or more beds Licensed as Intermediate Care or Higher – all employees except office and home health care services.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class..

961 HOSPITAL – all employees, including office but excluding employees performing home health care services.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class.

962 ACCOUNTING or AUDITING FIRM – all employees including clerical office.

This classification is for accounting or auditing firms. Accountants or auditors employed by other establishments whose field of business includes but is not necessarily limited to manufacturing or construction shall be assigned to the classification consistent with the employers' business. An independent insurance traveling auditor shall be assigned to Code 951. An insurance company traveling auditor shall be assigned to Code 984.

Businesses principally engaged in providing computer and/or software consulting services are assignable to Code 951 and to Code 953 as these classes may apply

963 CHURCHES – all employees including office, except cemetery employees.

Payroll division must be provided for schools and hospitals at separate locations.

Payroll division shall also be provided to Code 891 for a day nursery school, kindergarten or daycare center or to Code 965 for an elementary and/or secondary school for children operated on the church premises from Monday through Friday, when such is separately staffed.

Churches and missions in the charge of one minister or pastor shall be taken as a single risk.

The policy must be written in the name of all such churches, missions or parishes citing the location of each.

964 SHELTERED WORK SHOPS – all employees including office.

This classification is for establishments certified as sheltered work shops (exempted from the Federal Minimum Wage Law) by the United States Department of Labor, Employment Standards Administration, Wage and Hour Division.

965 COLLEGE OR SCHOOL, N.O.C – all employees including office.**966 TELEVISION, VIDEO, AUDIO or RADIO EQUIPMENT SERVICE OR REPAIR** – Shop or Outside.

Separately staffed store operations shall be assigned to the appropriate store class.

967 THEATERS – all employees, including office.**968 AMUSEMENT, INDOOR**

Health or exercise clubs shall be assigned to Code 884.

Organized athletics are excluded from this classification and separately rated by Code 970 or Code 991.

- 969 AMUSEMENT, OUTDOOR:** fairs, exhibitions, amusement parks or any outdoor amusement that is permanently sited. This classification includes ticket sellers or collectors and box office employees.

Payroll developed in the operation of a restaurant, when conducted in a physically separate department and by a separate crew of employees, shall be assigned to the applicable restaurant classification. Please see the Rulings and Interpretations, Section 5 of the Manual, for further information.

Code 928 shall be assigned to payroll developed by the sale of gifts/souvenirs when conducted in a physically separate department and by a separate crew of employees.

Employees engaged in the sale of food or drink or gifts/souvenirs from vending carts or by carrying the merchandise on their person shall remain assigned to Code 969.

Assign Code 981 to payroll developed in slot machine gambling operations when conducted in a physically separate department by a separate staff.

Race track pari-mutuel employees shall be separately rated by Code 953.

Organized athletics are excluded from this classification and separately rated by Code 970 or Code 991.

- 970 ATHLETIC TEAM: CONTACT SPORTS** – Professional or Semiprofessional.

Includes but is not necessarily limited to all players on the salary list of the insured whether regularly played or not, coaches, managers, referees or umpires. Separate scouting staff is assignable to Class 951.

Contact sports include but are not necessarily limited to: football, hockey, lacrosse or roller derby.

The entire remuneration of each player, coach or manager should be included in computing premium, subject to a maximum of \$60,000 per season. Season includes pre-season and post-season exposure. When a player, coach or manager works for two or more teams in the same sport during the season, the maximum shall be pro-rated.

The remuneration of an individual player is subject to a minimum of \$600.00 per week of the season as defined above, including board and lodging.

- 971 COMMERCIAL BUILDINGS** – operation by owner lessee or management firms, including care, custody and/or maintenance of premises. Also includes generalist and specialist commercial building cleaning (including window cleaning) and building maintenance contractors.

- 973 HOTEL** - all other employees, except office.

Separate staff exclusively engaged in hotel's food service or beverage operations shall be classified by Code 945.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class..

- 974 RETIREMENT OR LIFE CARE COMMUNITY** – with less than 50% of beds Licensed as Intermediate Care or Higher – all employees except office and home health care services.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class..

- 975 RESTAURANT, N.O.C.** – All employees except office.

Assign fast-food restaurants to Code 897. See the Rulings and Interpretations, Section 5, for information on the scopes of Codes 897 and 975.

Assign country or yacht clubs or golf courses to Code 944.

- 976 Y.M.C.A., Y.W.C.A., and Community Center**, including summer camps and day care centers – all employees including office, except home health care services employees.

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided in this Manual.

- 977 BARBER SHOP, BEAUTY PARLOR OR HAIR STYLING SALON.**

- 978 CAMPS, SUMMER OR WINTER, N.O.C.** – all employees including office at camp locations.

Separate staff at other than camp locations shall be classified in accordance with the class appropriate to the business at the location.

CITIES AND TOWNS

- 979 RESIDENTIAL FACILITY FOR THE ELDERLY – NON-MEDICAL** – all employees except office and home health care services.

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided in this Manual.

Please see the Rulings and Interpretations, Section 5 for further information on the scope of this class..

- 980 CITY, TOWN, Township or County** – all employees, excluding only the following which must be separately classified as provided in this Manual: Golf Courses, Health Clubs, Housing Authorities, Municipal Authorities, Salaried Police Officers or Firefighters, Museums, Public Libraries or Clerical Office. Inspectors shall be assigned to Code 951.

- 981 SLOT MACHINE GAMBLING.**

For all personnel in the slot machine gaming area including but not limited to: floor attendants, vault cashiers, merchandising clerks, guest service representatives, service technicians, parking valets or money counters.

- 983 HOUSING AUTHORITY** – including resident or on-site managers. New construction, alterations or demolition work shall be separately rated.

- 984 INSURANCE COMPANY** – All Employees including Office.

An establishment chartered under state law that undertakes to indemnify for losses pursuant to a written contract of insurance and to perform other insurance related operations.

Any contractor providing a service(s) to an insurance company including but not necessarily limited to independent insurance agents, consulting actuarial firms, advisory rating organizations or establishments engaged in premium auditing or performing the adjusting or administration of insurance claims shall be separately classified as provided for in this Manual.

- 985 POLICE OR FIREFIGHTERS**, Salaried Employees of Cities, Towns, Boroughs or Counties.

VOLUNTEER FIRE COMPANIES; Members treated as state employees see Chapter 23, Section 2312 of the Workers' Compensation Law for more detail.

- 986 SHELTER OR HALFWAY HOUSE – RESIDENTIAL – NON-MEDICAL** – All Employees including Office.

Please see the Shelter or Halfway House Ruling and Interpretation in Section 5 for information on the scope of this class.

- 988 BANK** – All Employees including Office.

Applicable to businesses whose operations must include the deposit and holding of money in the form of checking/savings accounts or certificates of deposit. In addition these risks may also provide credit extensions, commercial/consumer loans or mortgages.

Also applicable to establishments principally engaged in check cashing for a fee. Such risks may also provide money orders, wire transfers, lottery tickets, transit passes/tokens, or postage stamps to their customers, each for a separate fee.

Operations Not Covered:

1. The operation of trusts, repossessed or other business properties away from the bank premises.
2. Financial agencies engaged solely in providing home equity loans, debt consolidation, or mortgage services who do not receive money deposits and/or provide interest bearing accounts to their borrowers.

- 991 ATHLETIC TEAM: NON-CONTACT SPORTS** – Professional or Semiprofessional.

Includes but is not necessarily limited to all players on the salary list of the insured whether regularly played or not, coaches, managers, referees or umpires. Separate scouting staff is assignable to Class 951.

Non-contact sports include but are not necessarily limited to: baseball, basketball or soccer.

The entire remuneration of each player, coach or manager should be included in computing premium, subject to a maximum of \$60,000 per season. Season includes pre-season and post-season exposure. When a player, coach or manager works for two or more teams in the same sport during the season, the maximum shall be pro-rated.

The remuneration of an individual player is subject to a minimum of \$500.00 per season or year, including board and lodging.

992 SANITARY COMPANY.

For establishments engaged in the cleaning of septic tanks, cesspools or chemical portable toilets.

Rubbish or garbage removal performed by a separate staff shall be assigned to Code 995.

995 RUBBISH OR GARBAGE REMOVAL.

Also includes but is not necessarily limited to environmental cleanup services, sewer or water main cleaning by hydraulic method, street sweeping or tank cleaning – including bulk storage type.

Collection and sorting of recyclables (e.g., newspapers, beverage cans, glass or plastic bottles) by a separate staff (with sorting in a physically separate work area) shall be assigned to Code 862.

CEMETERIES AND UNDERTAKERS**997 UNDERTAKER.****999 CEMETERY.****FARMS**

0006 FIELD CROP or VEGETABLE FARM – the raising of all field crops or vegetables or the general farms which carry on a variety of operations.

Separately staffed food processing operations shall be assigned to Code 113.

Inservants shall be separately classified.

0008 MUSHROOM RAISING.

Applies to businesses engaged in raising mushrooms, including the incident production of hay or other materials for compost.

Separately staffed mushroom canning operations shall be assigned to Code 113.

0011 FLOWER RAISING.

Applicable only to businesses raising flowers in fields or under glass to be marketed on a commercial basis as cut flowers or living plants.

A store or outlet at the same or contiguous location may be separately classified by Code 919 provided the store or outlet is separately staffed and is located in a physically separate area or department.

0013 NURSERY.

Applicable to businesses principally engaged in raising trees (including Christmas trees), shrubs, plants or sod farms.

0016 ORCHARD – the raising of fruit or nut trees or of berries or grapes.

Separately staffed wine, apple juice or similar product production operations shall be assigned to Code 113.

Inservants shall be separately classified.

0034 ANIMAL RAISING – Egg Production, Fish Hatcheries, Hogs, Poultry, Calf Raising for Veal or Fur Bearing Animals.

Separately staffed poultry dressing operations shall be assigned to Code 865. Separately staffed hog or calf dressing operations shall be assigned to Code 111.

Inservants shall be separately classified.

0036 DAIRY FARM – Farms engaged in the production of milk.

Separately staffed milk processing or other dairy product (except separately staffed and located ice cream manufacturing) operations shall be assigned to Code 109.

Inservants shall be separately classified.

0083 LIVESTOCK (excluding dairy or horse) **FARM** – includes but is not necessarily limited to the raising of cattle, sheep or goats in fields/pastures.

Inservants shall be separately classified.

DOMESTIC WORKERS

0908 INSERVANTS – OCCASIONAL.

0909 OUTSERVANT – OCCASIONAL – including occasional private chauffeurs.

(Classes 0912 and 0909 are not available for use in connection with the operation of a farm.)

0912 OUTSERVANT – including private chauffeurs.

(Classes 0912 and 0909 are not available for use in connection with the operation of a farm.)

0913 INSERVANTS, excluding office employees.

EXPLOSIVES AND AMMUNITION MFG.

4771 EXPLOSIVES Or Ammunition **MFG.**, N.O.C.

Includes but is not necessarily limited to: bag loading – propellant charges, black powder mfg., cap, primer, fuse, booster or detonator assembly, cartridge charging or loading, fireworks mfg., high explosives mfg., projectile, bomb, mine or grenade loading, projectile or shell mfg., shell case loading or smokeless powder mfg. – single base.

Employees exclusively engaged in product delivery shall be classified by Code 811.

Code 0771 must be applied to Class 4771 payroll to determine the mandatory catastrophe reserve which is not subject to experience or retrospective rating.

Businesses engaged in the preparation and/or distribution of blasting agents and/or the distribution of high explosives shall be classified by Code 4777.

4777 EXPLOSIVES DISTRIBUTOR.

Includes the preparation and/or distribution of blasting agents and/or the distribution of high explosives. Blasting operations conducted by a separate crew shall be assigned to Code 609. No high explosives manufacturing.

MARITIME or FEDERAL EMPLOYMENTS

(1) Liability under the U.S. Longshore and Harbor Workers' Compensation Act.

- (a) *To provide insurance against liability under the U.S. Longshore and Harbor Workers' Compensation Act, the Standard Workmen's Compensation and Employers' Liability Policy shall be used with endorsement providing for coverage under such Act (See Section 3).*
- (b) *The rates for the following classifications have been calculated to provide coverage under the U.S. Longshore and Harbor Workers' Compensation Act:*

STEVEDORING:

Any or all of the following operations conducted by employees not members of the crews of vessels shall be classified as "Stevedoring":

- 1. Loading or unloading, stowing, shifting or trimming of cargo, supplies and materials on board vessel.*
- 2. Transfer of cargo, supplies and materials between vessels and pier, irrespective of the necessity of work on board vessels by employees of the insured.*
- 3. Transfer between stringpiece and point of deposit on dock or adjacent warehouses – including tiering, sorting and breaking down.*
- 4. Operation of all mechanical equipment, including dock tractors, in connection with the above.*

Any or all operations as defined above shall be assigned to Code 7309F if the operations described by Item 2 above, whether conducted by one or more concerns, require the use of hoisting equipment except as provided under Code 7327F. All other operations shall be assigned to Code 7317F. Drivers not conducting Stevedoring operations as defined above shall be assigned to Code 811.

6824F BOAT BUILDING OR REPAIR.

This classification is applicable to the construction or repair of wood, metal, fiberglass or plastic yachts, motor boats, sailboats or rowboats not exceeding 150' in length overall where the coverage is under the U.S. Act.

6826F MARINA.

Applicable to all waterfront operations, including but not necessarily limited to: the operation of boat docks, storage facilities, repair shops or marine railways, the sale or repair of boats or engines, the sale of parts or accessories, dockside snack bars and all dockside employees. The operation of separately-staffed inland boat showrooms or the operation of separately-staffed motels, restaurants, swimming pools, bowling lanes or other recreational facilities shall be separately classified as provided for in this Manual.

Separate staff engaged in boat building are assignable to Code 6824F.

6843F SHIP BUILDING, IRON OR STEEL.

Includes fabrication or assembling of ship plates or frames, all yard operations and shops directly connected with the construction of hull.

6872F SHIP REPAIR OR CONVERSION – ALL OPERATIONS.

Includes shop or yard operations as well as the operation of dry docks and marine railways. Applicable only to concerns engaged in general ship repair or conversion. Work performed on ships by other concerns shall be assigned to the Manual classes describing the work. See special rules for application of U.S.L. factor to State classification. (See Rule XII).

7309F STEVEDORING, N.O.C.

When policies are issued covering both Classes 7317F and 7309F, no division of payroll shall be permitted in connection with the loading or unloading of any one vessel.

7313F COAL DOCK OPERATION AND STEVEDORING.

Applies to coal docks using mechanical apparatus. Not applicable to contract stevedores or coal merchants operating yards.

7317F STEVEDORING – BY HAND OR HAND TRUCK EXCLUSIVELY.

Includes incidental use of power-driven escalators or conveyors or operation of tractors or trailers through side ports. No use of hoisting equipment. No payroll division in connection with a single vessel.

7327F STEVEDORING – CONTAINERIZED FREIGHT.

Applies to ships designed for freight carrying containers. No work in holds. Separately staffed over-the-road trucking operations shall be assigned to Code 811. No payroll division with a single vessel.

7366F FREIGHT HANDLERS – On piers or in terminals in areas adjoining piers.

Applies to handling cargo on piers or adjoining areas or terminals, incident to loading or unloading vessels. Such cargo handling includes but is not necessarily limited to: freight checks, stuffing and/or stripping containers, loading and/or unloading trucks and/or railroad cars.

Freight handling not on piers or in terminals in areas adjoining piers (Stevedoring) conducted by a separate staff shall be assigned in accordance with the class or classes appropriate to the business of the employer.

8709F STEVEDORING – TALLYMEN AND CHECKING CLERKS.

Engaged in connection with stevedoring work. Coverage under U.S. Act.

8726F STEAMSHIP LINE OR AGENCY – PORT EMPLOYEES.

This classification includes superintendents, captains, engineers, stewards or their assistants and pay clerks.

(2) Other Maritime or Federal Employments.

Maritime or Federal employments other than the U.S. Longshore and Harbor Workers' Compensation Act do not come under the provisions of the Delaware Insurance Laws. Accordingly, the Delaware Insurance Department indicates that they do not have jurisdiction over the coverage, rules and rates for these other Maritime and Federal employments. In compliance with Federal Anti-Trust laws the Delaware Compensation Rating Bureau, Inc. cannot promulgate rates for these coverages.

(3) Dredging Operations.

The rating values published in the Delaware Compensation Manual for Code 055 (for dredging of materials on non-navigable waterways) contemplate coverage under the State Act only. If coverage is desired under the U.S.L. Act, the Federal increase factor shown in Section 2 on Page 9 shall be applied.

A single policy may be issued including Delaware Act coverage, U.S.L. coverage and Admiralty coverage providing the classification of operations in the policy declarations is subdivided to clearly indicate the classes and rating values for the Dredging operations subject to:

- (a) The Delaware Act alone or including U.S.L. Act coverage and*
- (b) Admiralty jurisdiction.*

In lieu of a single policy, two separate policies may be issued as follows:

- (a) A standard Delaware policy using rates approved by the Delaware Insurance Commissioner, applicable to Delaware coverage only, or to Delaware and U.S.L. coverage. Such policy shall be endorsed to exclude Admiralty coverage.*
- (b) An Admiralty policy.*

AIRCRAFT OPERATION

The classifications described under this class group apply to fixed wing and other aircraft. The phrase "members of the flying crew" is defined to mean all flying personnel engaged in the operation of aircraft or the care of passengers or cargo in flight. It includes, but is not limited to employees designated as airplane commanders, pilots, check pilots, co-pilots, flight engineers, navigators, technical or other observers, flight technicians, radio or radar operators, hosts, hostesses, stewards, stewardesses and pursers.

Ticket sellers and information clerks away from airport locations shall be separately classified by Code 953. Ticket sellers, information clerks and personnel engaged in performing the checking-in of passengers and baggage at airport locations shall be assigned to Code 7428.

When noted, an aircraft operations classification allows use of an associated classification for a nonratable catastrophe reserve.

7405 AIRCRAFT OPERATION – scheduled and supplemental air carriers - all members of the flying crew.

This classification shall apply to scheduled or commercial air carriers, including cargo carriers, operating under Part 121 of the Federal Aviation Regulations.

Code 7445 must be applied to Class 7405 payroll to determine the mandatory catastrophe reserve which is not subject to experience or retrospective rating.

7413 AIRCRAFT OPERATION – commuter air carriers – all members of flying crew.

This classification shall apply to commuter air carriers who operate under Part 135 of the Federal Aviation Regulations, conduct at least five round trips per week between two or more points, and publish flight schedules that specify the times and places between which flights are performed.

Code 7453 must be applied to Class 7413 payroll to determine the mandatory catastrophe reserve which is not subject to experience or retrospective rating.

7421 AIRCRAFT OPERATION – transportation of personnel in the business of an employer not otherwise engaged in aircraft operations – all members of the flying crew.

This classification applies to the payroll of the pilot and all members of the flying crew. In the case of aircraft owned or operated by an employer in the conduct of his business, this classification shall apply to the payroll of executive officers or other employees acting as pilots or members of the flying crew. If the records of the employer clearly indicate the weeks in which flying is performed by such employees, (1) only the payroll for each week during any part of which the employee has engaged in flight duties shall be assigned to this classification unless the classification applicable to the employee's non-flying operations carries a higher rate in which event such classification shall apply and (2) the payroll for each week in which no flying has been done shall be assigned to those classifications which would otherwise apply. If the records of the employer do not clearly indicate the weeks in which flying is performed by such employees, the entire payroll for such employees shall be assigned to this classification unless the classification applicable to the employee's non-flying operations carries a higher rate in which event such classification shall apply.

Commercial aircraft operation to be separately rated.

A per passenger seat surcharge, subject to a maximum surcharge per aircraft, shall be charged in addition to the premium otherwise determined under this classification. These surcharges shall not be cumulative in the event of substitution of aircraft during the policy period; but these surcharges shall be cumulative in the event more than one aircraft is owned or operated during the same policy period. These surcharges shall not be subject to pro rata or short rate adjustment except in the event of cancellation of the policy. These surcharges and losses to employees, other than members of flying crew, arising out of the operation of an aircraft, are to be reported under **Code 9108**. The per passenger seat surcharge and the maximum surcharge per aircraft are shown under "Bureau rating values" on the rate pages. Attach Endorsement **WC 00 06 01**.

7424 AIRCRAFT OPERATION, N.O.C – including but not necessarily limited to air taxi, patrol, photography, mapping, skywriting advertising, survey work, sightseeing, student instruction, crop dusting or spraying or flight testing – all members of the flying crew.**7428 AIRPORT OPERATION** – ground employees.

Ticket sellers or information clerks away from airport locations shall be separately classified by **Code 953**. Ticket sellers, information clerks or personnel engaged in performing the checking-in of passengers or baggage at airport locations shall be assigned to **Code 7428**.

9108 AIRCRAFT Passenger Seat Surcharge.

For details see **Class 7421**, Aircraft Operations, Transportation of Personnel for Business. Premium developed under **Code 9108** is not subject to experience or retrospective rating.

9740 Terrorism Premium Charge.

Statistical **Code 9740** relates to premium charged for losses covered under the Terrorism Risk Insurance Act of 2002 (TRIA 2002). Premium developed under **Code 9740** is not subject to experience, merit or retrospective rating.

ENDORSEMENTS

General Information

(Regarding standard policy, information page and endorsements)

GENERAL ENDORSEMENT NOTES

1. Insurance carriers may use their own attachment clause and method of execution on each endorsement. The execution clause of endorsements issued subsequent to the policy must include at a minimum the following information: policy number, endorsement, effective date, name of the insurer and insured, and premium (if applicable). Multi-company groups must show the name or the five digit NCCI carrier code of the member of the group providing the insurance.
2. The endorsement forms shown on the subsequent pages are for use with policies effective 4/1/84 and thereafter, in conjunction with the adoption of the revised standard policy form and information page.

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The standard policy and endorsements have been filed on behalf of the members of the Bureau and approved by the Insurance Commissioner. Accordingly, individual filings with the Insurance Department or the Industrial Accident Board are not required if a member carrier uses the standard form. However, a specimen copy of each approved form prepared by the carrier shall be filed with the Bureau. Any company which makes other than authorized changes in or additions to such approved Bureau forms must file the forms directly with the Insurance Department, providing a copy of such filing to the Industrial Accident Board and the Bureau. See Section 5, Filing and Approval of Policy and Endorsements Procedure, for specific instructions.

The information page and its notes were also filed and approved as a standard form. The specific form copyrighted by the National Council on Compensation Insurance. It will be seen that some of the notes require modifications to this form for use in Delaware, while other notes give the carrier many options as to items to be included. Use of an information page which includes the Delaware requirements and the exercise of any of the other specified options will be considered an approved form, subject only to filing with the Bureau. Any omission(s) of required items from an information page will require filing of such information page with the Insurance Department, with a copy of such filing to be forwarded to the Bureau.

**TABLE OF CONTENTS TO SECTION 3
ENDORSEMENTS**

The circumstances under which each endorsement must or may be used are described in the supplementary notes following each endorsement.

Alternate Employer Endorsement	WC 00 03 01A
Aircraft Premium Endorsement	WC 00 04 01A
Amendatory Endorsement	WC 00 03 18
Amendatory Endorsement – Farming Operations – Delaware	WC 07 03 03
Anniversary Rating Date Endorsement	WC 00 04 02
Deductible Endorsement – Delaware	WC 07 04 01
Defense Base Act Coverage Endorsement	WC 00 01 01A
Delaware Construction Classifications Premium Adjustment Endorsement	WC 07 04 02
Delaware Nonrenewal Endorsement	WC 07 06 01
Designated Workplaces Exclusion Endorsement	WC 00 03 02
Domestic and Agricultural Workers Exclusion Endorsement	WC 00 03 15
Employers Liability Coverage Endorsement	WC 00 03 03B
Experience Rating Modification Factor Endorsement	WC 00 04 03
Federal Coal Mine Health & Safety Act Coverage Endorsement	WC 00 01 02
Federal Employers Liability Act Coverage Endorsement	WC 00 01 04
Insurance Company as Insured Endorsement	WC 00 03 04
Joint Venture as Insured Endorsement	WC 00 03 05
Longshore & Harbor Workers' Compensation Act Coverage Endorsement	WC 00 01 06A
Maritime Coverage Endorsement	WC 00 02 01A
Nonappropriated Fund Instrumentalities Act Coverage Endorsement	WC 00 01 08A
Outer Continental Shelf Lands Act Coverage Endorsement	WC 00 01 09A
Partners, Officers and Others Exclusion Endorsement	WC 00 03 08
Pending Rate Change Endorsement	WC 00 04 04
Policy Information Page Endorsement	WC 89 06 00A
Policy Period Endorsement	WC 00 04 05
Premium Determination Endorsement – Former Self-Insurers	WC 00 04 09
Premium Discount Endorsement	WC 00 04 06
Premium Due Date Endorsement	WC 00 04 19
Rate Change Endorsement	WC 00 04 07
Residual Market Limited Other States Insurance Endorsement	WC 00 03 26A
Retrospective Premium Endorsement – Aviation Exclusion	WC 00 05 08
Retrospective Premium Endorsement Changes	WC 00 05 09A
Retrospective Premium Endorsement/Multiple Line	
(See NCCI's "Forms Manual of Workers Compensation and Employers	WC 00 05 12
Liability Insurance" for actual endorsement forms. Non NCCI members contact	WC 00 05 13
Bureau.)	WC 00 05 14
Retrospective Premium Endorsement – Non-Rateable Catastrophe Element or Surcharge ..	WC 00 05 10
Retrospective Premium Endorsement – Rating Option V, One Year Plan	WC 00 05 03
Retrospective Premium Endorsement – Rating Option V, Three Year Plan	WC 00 05 04
Retrospective Premium Endorsement – Rating Option V, Long Term Construction Project	WC 00 05 05
Retrospective Premium Endorsement – Short Form	WC 00 05 11
Rural Electrification Administration Endorsement	WC 00 03 09
Sole Proprietors, Partners, Officers and Others Coverage Endorsement	WC 00 03 10
Terrorism Risk Insurance Act Endorsement	WC 00 04 20
Voluntary Compensation and Employers Liability Coverage Endorsement	WC 00 03 11A
Voluntary Compensation Maritime Coverage Endorsement	WC 00 02 03
Waiver of Our Right to Recover from Others Endorsement	WC 00 03 13
Delaware Merit Rating Plan Endorsement	WC 07 04 08

**TABLE OF CONTENTS TO SECTION 3
ENDORSEMENTS**

Standard Workers Compensation and Employers Liability Policy Form

Policy Format

- The policy consists of a General Section and six Parts.
- Part One** is statutory workers compensation coverage.
- Part Two** is employers liability coverage.
- Part Three** provides Other States insurance. This was previously provided by the Other States Endorsement.
- Part Four** shows the insured's duties in event of loss.
- Part Five** consists of all premium provisions, including premium calculation on cancellation.
- Part Six** shows the five Conditions of the policy.

Standard Policy: See National Council on Compensation Insurance Forms Manual **WC 00 00 00A**

Information Page: See National Council on Compensation Insurance Forms Manual **WC 00 00 01A**

Information Page Notes

The information page notes found in the National Council on Compensation Insurance Forms Manual apply in **Delaware**. Non-NCCI member can contact the Bureau for details.

Workers Compensation and Employers Liability Insurance Policy

WC 00 01 01A

DEFENSE BASE ACT COVERAGE ENDORSEMENT

This endorsement applies only to the work described in the Schedule or described on the Information Page as subject to the Defense Base Act. The policy applies to that work as though the location included in the description of the work were a state named in item 3.A. of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

C. Workers' Compensation Law

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Defense Base Act (42 USC Sections 1651-1654). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Defense Base Act.

Schedule

Description of Work:

Note 1: The Defense Base Act makes the Longshore and Harbor Workers' Compensation Act apply to contractors performing work at overseas military bases, whether in a territory or possession of the United States or in a foreign country, and to various public works contracts performed outside the continental United States.

Note 2: Use this endorsement to provide workers compensation insurance and employers liability insurance for work subject to the Defense Base Act extension of the Longshore and Harbor Workers' Compensation Act.

Note 3: The description of the work include the location where the work is to be performed.

Workers Compensation and Employers Liability Insurance Policy**WC 00 01 02****FEDERAL COAL MINE HEALTH AND SAFETY ACT COVERAGE ENDORSEMENT**

This endorsement applies only to work in a state shown in the Schedule and subject to the Federal Coal Mine Health and Safety Act of 1969 (30 USC Sections 931-942). Part One (Workers Compensation Insurance) applies to that work as though that state were shown in item 3.A. of the Information Page.

The definition of workers compensation law includes the Federal Coal Mine Health and Safety Act of 1969 (30 USC Sections 931-942) and any amendment to that law that is in effect during the policy period.

Part One (Workers Compensation Insurance), section A.2., How This Insurance Applies, is replaced by the following:

Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period or, when the last exposure occurred prior to July 1, 1973, a claim based on that disease must be first filed against you during the policy period shown in item 2 of the Information Page.

Schedule**State**

Note 1: Use this endorsement when the policy is to cover exposures subject to the Federal Coal Mine Health and Safety Act.

Note 2: Federal Black Lung workers compensation insurance is provided in a state (including monopolistic state fund states) by naming the state in the Schedule.

Note 3: If this endorsement is used with a policy that does not provide any state workers insurance, the insurer may enter the words "no coverage", or "none", or the equivalent, in item 3.A. of the Information Page.

Workers Compensation and Employers Liability Insurance Policy

WC 00 01 04

FEDERAL EMPLOYERS LIABILITY ACT COVERAGE ENDORSEMENT

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

Note 1: The Federal Employers Liability Act makes an interstate railroad liable for bodily injuries sustained by an employee. That liability of the railroad is insured by Part Two (Employers Liability Insurance) unless specifically excluded by Federal Employers Liability Act Exclusion Endorsement.

Note 2: Use this endorsement when providing Federal Employers Liability Act coverage under Program I or II of Rule XIII of the Basic Manual.

Note 3: Item 2 of the Schedule may be used to extend FELA coverage to a state not listed in item 3.A. of the Information Page.

Workers Compensation and Employers Liability Insurance Policy

WC 00 01 06A

**LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT
COVERAGE ENDORSEMENT**

This endorsement applies only to work subject to the Longshore and Harbor Workers' Compensation Act in a state shown in the Schedule. The policy applies to that work as though that state were listed in item 3.A. of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

C. Workers' Compensation Law

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Longshore and Harbor Workers' Compensation Act.

This endorsement does not apply to work subject to the Defense Base Act, the Outer Continental Shelf Lands Act, or the Nonappropriated Fund Instrumentalities Act.

Schedule

State

Longshore and Harbor Workers'
Compensation Act Coverage Percentage

The rates for classifications with code numbers not followed by the letter "F" are rates for work not ordinarily subject to the Longshore and Harbor Workers' Compensation Act. If this policy covers work under such classifications, and if the work is subject to the Longshore and Harbor Workers' Compensation Act, those non-F classification rates will be increased by the Longshore and Harbor Workers' Compensation Act Coverage Percentage shown in the Schedule.

Workers Compensation and Employers Liability Insurance Policy

WC 00 01 08A

**NONAPPROPRIATED FUND INSTRUMENTALITIES ACT COVERAGE
ENDORSEMENT**

This endorsement applies only to the work described in the Schedule or described on the Information Page as subject to the Nonappropriated Fund Instrumentalities Act. The policy applies to that work as though the location shown in the Schedule were a state named in item 3.A. of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

C. Workers Compensation Law

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Nonappropriated Fund Instrumentalities Act (5 USC Sections 8171-8173). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Nonappropriated Fund Instrumentalities Act.

Schedule

Description and Location of Work:

Workers Compensation and Employers Liability Insurance Policy**WC 00 02 01A****MARITIME COVERAGE ENDORSEMENT**

This endorsement changes how insurance provided by Part Two (Employers Liability Insurance) applies to bodily injury to a master or member of the crew of any vessel.

A. How This Insurance Applies is replaced by the following:

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to work described in item 1 of the Schedule of the Maritime Coverage Endorsement.
3. The bodily injury must occur in the territorial limits of, or in the operation of a vessel sailing directly between the ports of the continental United States of America, Alaska, Hawaii or Canada.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
6. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

C. Exclusions is changed by removing exclusion 10 and by adding exclusions 13 and 14.

This insurance does not cover:

13. bodily injury covered by a Protection and Indemnity Policy or similar policy issued to you or for your benefit. This exclusion applies even if the other policy does not apply because of another insurance clause, deductible or limitation of liability clause, or any similar clause.
14. your duty to provide transportation, wages, maintenance and cure. This exclusion does not apply if a premium entry is shown in item 2 of the Schedule.

D. We Will Defend is changed by adding the following statement:

We will treat a suit or other action in rem against a vessel owned or chartered by you as a suit against you.

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. Bodily injury by disease will be deemed to occur in the state of the vessel's home port.

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

WC 00 02 01A

(Continued)

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

Schedule

1. Description of work:
2. Transportation, Wages, Maintenance and Cure Premium \$
3. Limits of Liability
Bodily Injury by Accident \$ _____ each accident
Bodily Injury by Disease \$ _____ aggregate

Workers Compensation and Employers Liability Insurance Policy**WC 00 02 03****VOLUNTARY COMPENSATION MARITIME COVERAGE ENDORSEMENT**

This endorsement adds Voluntary Compensation Maritime Insurance to the policy.

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by an employee who is a master or member of the crew of a vessel described in the Schedule.
2. The bodily injury must occur in employment that is necessary or incidental to work described in item 2 of the Schedule.
3. The bodily injury must occur in the territorial limits of, or in the operation of a vessel sailing directly between the ports of, the continental United States of America, Alaska, Hawaii or Canada.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employees' last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you if you and your employees described in the Schedule were subject to the workers compensation law shown in the Schedule. We will pay those amounts to the persons who would be entitled to them under that law.

C. Exclusions

This insurance does not cover:

1. any obligation imposed by a workers compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

Workers Compensation and Employers Liability Insurance Policy**WC 00 03 11A****VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY
COVERAGE ENDORSEMENT**

This endorsement adds Voluntary Compensation Insurance to the policy.

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by an employee included in the group of employees described in the Schedule.
2. The bodily injury must arise out of and in the course of employment necessary or incidental to work in a state listed in the Schedule.
3. The bodily injury must occur in the United States of America, its territories or possessions or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen temporarily away from those places.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you if you and your employees described in the Schedule were subject to the workers compensation law shown in the Schedule. We will pay those amounts to the persons who would be entitled to them under the law.

C. Exclusions

This Insurance does not cover:

1. any obligation imposed by a workers compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

WC 00 03 11A
(Continued)**F. Employers Liability Insurance**

Part Two (Employers Liability Insurance) applies to bodily injury covered by this endorsement as though the State of employment shown in the Schedule were shown in item 3.A. of the Information Page.

Schedule

EmployeesState of EmploymentDesignated Workers
Compensation Law

Workers Compensation and Employers Liability Insurance Policy

WC 00 03 13

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

Schedule

Note 1: Use this endorsement to waive the company's right of subrogation against named third parties who may be responsible for an injury.

Note 2: The sentence in () is optional with the company. It limits the endorsement to apply only to specific jobs of the insured, and only to the extent that the insured is required to obtain this waiver.

Workers Compensation and Employers Liability Insurance Policy

WC 00 04 02

ANNIVERSARY RATING DATE ENDORSEMENT

The premium and rates for this policy, and the experience rating modification factor, if any, may change on your anniversary rating date shown in the Schedule.

Schedule

Anniversary Rating Date _____ (Month) _____ (Day)

Note 1: The anniversary rating date is explained in Rule 1 of the Basic Manual.

Note 2: Use this endorsement to show the insured's normal anniversary rating date if different from the policy effective date.

Note 3: The insurer may show the anniversary rating date in item 2 or item 4 of the Information Page.

Workers Compensation and Employers Liability Insurance Policy

WC 00 04 03

EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT

The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor, if any, shown on the Information Page is an estimate. We will issue an endorsement to show the proper factor, if different from the factor shown, when it is calculated.

Note 1: This endorsement may be used if the insured's experience rating modification factor is not available when the policy is issued.

Note 2: An appropriate typewritten entry may be made in the Information Page instead of using this endorsement.

Workers Compensation and Employers Liability Insurance Policy

WC 00 04 04

PENDING RATE CHANGE ENDORSEMENT

A rate change filing is being considered by the proper regulatory authority. The filing may result in rates different from the rates shown on the policy. If it does, we will issue an endorsement to show the new rates and their effective date.

If only one state is shown in Item 3.A. of the Information Page, this endorsement applies to that state. If more than one state is shown there, this endorsement applies only in the state shown in the Schedule.

Schedule

State

Note 1: Use this endorsement if the rates shown in the policy may change because of a rate filing pending when the policy is issued.

Note 2: An appropriate typewritten entry may be made on the Information Page instead of using this endorsement.

Workers Compensation and Employers Liability Insurance Policy

WC 00 04 05

POLICY PERIOD ENDORSEMENT

The policy period shown in item 2 of the Information Page consists of the consecutive periods shown in the Schedule. Our Manuals and all provisions of the policy apply separately to each period.

Schedule

From _____ to _____ 12:01 A.M.

From _____ to _____ 12:01 A.M.

From _____ to _____ 12:01 A.M.

Note 1: Use this endorsement if the policy period is longer than one year and sixteen days and does not consist of complete twelve month periods.

Note 2: Rule III-C of the Basic Manual requires this endorsement to show which period, the first or the last, is to be less than twelve months.

Workers Compensation and Employers Liability Insurance Policy

WC 00 04 06

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 item 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. <u>State</u> | <u>Estimated Eligible Premium</u> | | | |
| | First
\$5,000 | Next
\$95,000 | Next
\$400,000 | Balance |
2. Average percent 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:

Note 1: Use this endorsement to show the application of Manual Rule VII, Premium Discount, or to identify the insured's policy which shows the application of the Discount Rule.

Note 2: Do not make entries in items 1, 2 or 3 if a policy number is to be shown in item 4.

Note 3: The company has the option of replacing item 1 with the appropriate Table in use by the company.

Note 4: Item 2 may be used if all eligible premium is developed in one or more states using the same discount.

Note 5: Item 3 is available to list all policies that are combined under the Discount Rule.

Note 6: Use item 4 if premium discount is shown on another policy issued to the insured.

Workers Compensation and Employers Liability Insurance Policy

WC 00 04 07

Rate Change Endorsement

Rate changes that apply to the policy have been approved by the proper regulatory authority. The changes are shown in the Schedule.

Schedule

State	Date of Change	State Coverage % Change	Longshore and Harbor Workers Act Coverage %
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Note 1: Use this endorsement to show a change in rates for state coverage.

Note 2: Use the first and second columns to show the state and effective date of the change.

Note 3: Use the third column if the change is a flat percentage applicable to all classifications.

Note 4: Use the fourth Column to show the new percentage, if any, applicable to non-F classifications for work subject to the Longshore and Harbor Workers Compensation Act.

Note 5: The company may show a fifth column (Classification Code Number and Rate) in order to show the change on a Schedule of Rate basis.

Workers Compensation and Employers Liability Insurance Policy**WC 00 05 03****RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V – ONE YEAR PLAN**

This endorsement is added to Part Five (Premium) because you chose to have the cost of the insurance rated retrospectively by Rating Option V. This endorsement explains the rating plan and how the retrospective premium will be determined.

This endorsement applies in the states listed in the Schedule. It determines the retrospective premium for the insurance provided during the rating plan period by this policy and any policy listed in the Schedule. The rating plan period is the one year period beginning with the effective date of this endorsement.

The amount of retrospective premium depends on five standard elements and two elective elements.

A. Retrospective Premium Standard Elements

The five standard elements are explained here.

1. Standard premium is the premium we would charge during the rating plan period if you had not chosen retrospective premium rating, but with two exceptions. Standard premium does not include the expense constant charge or the premium discount credit.
2. Basic premium is less than standard premium. It is standard premium multiplied by a percentage called the basic premium factor. The basic premium factor varies depending on the total amount of standard premium. The Schedule shows a range of basic premium factors for differing amounts of estimated standard premium. The actual basic premium factor will be determined after the standard premium is determined. If earned standard premium is not within the range of the estimated standard premiums shown in the Schedule, the basic premium will be recalculated.
3. Incurred losses are all amounts we pay or estimate we will pay for losses, interest on judgments, expenses to recover against third parties, and employers liability loss adjustment expenses.
4. A converted loss is an incurred loss multiplied by a percentage called the loss conversion factor. The loss conversion factor is shown in the Schedule.
5. Taxes are a part of the premium we collect. Taxes are determined as a percentage of basic premium and converted losses. The percentage is called the tax multiplier. It varies by state and by Federal and non-Federal classifications. The tax multipliers are shown in the Schedule.

B. Retrospective Premium Elective Elements

Two other elements are included in retrospective premium if you elected to include them. They are the excess loss premium for the loss limitation, and the retrospective development premium. They are explained here.

1. The election of a loss limitation means that the amount of incurred loss to be included in the retrospective premium is limited to an amount called the loss limitation. The loss limitation applies separately to each person who sustains bodily injury by disease and separately to all bodily injury arising out of any one accident.

The charge for this loss limitation is called the excess loss premium. Excess loss premium is a percentage of standard premium multiplied by the loss conversion factor. The percentage is called the excess loss premium factor. Taxes are added to excess loss premium just as they are for other elements of retrospective premium.

Excess loss premium factors vary by state, by classification, and by the amount of the loss limitation. If you chose this elective element, the loss conversion factor, the loss limitation, the excess loss premium factors, and the states where they apply are shown in the Schedule.

2. The retrospective development element is used to help stabilize premium adjustments. The premium for this element is charged with the first three calculations of retrospective premium, and is called the retrospective development premium. It is a percentage of standard premium multiplied by the loss conversion factor. The percentage of standard premium is called the retrospective development factor. Taxes are added to retrospective development premium just as they are for other elements of retrospective premium.

Retrospective development factors vary by state, by electing a loss limitation, and by first, second, and third calculations of retrospective premium. If you chose this elective element, the retrospective development factors are shown in the Schedule.

C. Retrospective Premium Formula

Insurance policies listed in the Schedule will be combined with this policy to calculate the retrospective premium. If the policies provide insurance for more than one insured, the retrospective premium will be determined for all insureds combined, not separately for each insured.

1. Retrospective premium is the sum of basic premium, converted losses, and taxes, plus the excess loss premium and retrospective development premium elective elements if you chose them.
2. The retrospective premium will not be less than the minimum nor more than the maximum retrospective premium. The minimum and maximum retrospective premiums are determined by applying the minimum and maximum factors shown in the Schedule to the standard premium.
3. If this endorsement applies to more than one policy or state, the standard premium will be the sum of the standard premiums for each policy and state.

D. Premium Calculations and Payments

1. We will calculate the retrospective premium using all loss information we have as of a date six months after the rating plan period ends and annually thereafter. We will have the calculation verified by the appropriate rate service organization at your request.

We may make a special valuation of the retrospective premium as of any date that you are declared bankrupt or insolvent, make an assignment for the benefit of creditors, are involved in reorganization, receivership, or liquidation, or dispose of all your interest in work covered by the insurance. You will pay the amount due us if the retrospective premium is more than the total standard premium as of the special valuation date.

2. After a calculation of retrospective premium, you and we may agree that it is the final calculation. No other calculation will be made unless there is clerical error in the final calculation.
3. After each calculation of retrospective premium, you will pay promptly the amount due us, or we will refund the amount due you. Each insured is responsible for the payment of all standard premium and retrospective premium calculated under this endorsement.

E. Work In Other States

If any of the policies provide insurance in a state not listed in the Table of States, and if you begin work in that state during the rating plan period, this endorsement will apply to that insurance if this rating plan applies in that state on an interstate basis. The retrospective premium standard elements, and the elective elements you chose, will be determined by our manuals for that state, and added to the Schedule by endorsement.

F. Cancellation

1. If any insurance subject to this endorsement is canceled, the effective date of cancellation will become the end of the rating plan period for all insurance subject to this endorsement unless we agree with you, by endorsement, to continue the rating plan period.
2. If we cancel for nonpayment of premium, the maximum retrospective premium will be based on the standard premium for the rating plan period, increased pro rata to 365 days.
3. If you cancel, the standard premium for the rating plan period will be increased by our short rate table and procedure. This short rate premium will be the minimum retrospective premium and will be used to determine the basic premium.

The short rate premium will be used to determine the excess loss premium and retrospective development premium if you chose these elective elements.

The maximum retrospective premium will be based on the standard premium for the rating plan period, increased pro rata to 365 days.

4. Section F.3. will not apply if you cancel because:
 - a. all work covered by the insurance is completed;
 - b. all interest in the business covered by the insurance is sold; or,
 - c. you retire from all business covered by the insurance.

Schedule

1. Other policies subject to this Retrospective Premium Endorsement: _____

2. Loss limitation: \$ _____

3. Loss conversion factor: _____

Minimum Retrospective Premium Factor _____

Maximum Retrospective Premium Factor _____

4. The basic premium factors shown here are based on estimates of standard premium. If the actual standard premium is within the range of estimated standard premiums shown here, the basic premium factor will be obtained by linear interpolation to the nearest one-tenth of 1%. If the actual standard premium is not within the range of estimated standard premiums, the basic premium factor will be recalculated.

	<u>50%</u>	<u>100%</u>	<u>150%</u>
Estimated standard premium:	\$ _____	\$ _____	\$ _____

Basic premium factor:	_____	_____	_____
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5. The tax multipliers, excess loss premium factors, and retrospective development factors, and the states where they apply, are shown in the Table of States.

NOTES TO RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V - ONE YEAR PLAN

1. This endorsement is to be used for Rating Option V of the Retrospective Rating Plan. It is designed for a one year rating plan period.
2. Identify by policy number any other policy to be combined with this policy for retrospective rating. Other policies should be endorsed with Retrospective Premium Endorsement (Short Form) to show that they are subject to this endorsement.
3. Show the amount of the loss limitation, if applicable, in item 2 of the Schedule. If a loss limitation was not elected, enter "none," "does not apply," or other appropriate text. If the limitation applies in some but not all states, name the states where it applies.
4. Use item 3 of the Schedule to show the loss conversion factor, minimum retrospective premium factor, and the maximum retrospective premium factor.
5. Use item 4 to show basic premium factors for 50%, 100%, and 150% of estimated standard premium. Additional columns may be added to show the basic premium factor for other percentages of estimated standard premium.
6. The Table of States may be printed at the beginning or end of the Schedule or printed separately. If printed separately, an appropriate attachment clause should be included on the Schedule, such as "This Schedule includes the attached Table of States." The display of information on the Table of States may be rearranged by the company.

Workers Compensation and Employers Liability Insurance Policy**WC 00 05 04****RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V –
THREE YEAR PLAN**

This endorsement is added to Part Five (Premium) because you chose to have the cost of the insurance rated retrospectively by Rating Option V. This endorsement explains the rating plan and how the retrospective premium will be determined.

This endorsement applies in the states listed in the Schedule. It determines the retrospective premium for the insurance provided during the rating plan period by this policy, any policy listed in the Schedule, and the renewals of each. The rating plan period is the three year period beginning with the effective date of this endorsement.

The amount of retrospective premium depends on five standard elements and two elective elements.

A. Retrospective Premium Standard Elements

The five standard elements are explained here.

1. Standard premium is the premium we would charge during the rating plan period if you had not chosen retrospective premium rating, but with two exceptions. Standard premium does not include the expense constant charge or the premium discount credit.
2. Basic premium is less than standard premium. It is standard premium multiplied by a percentage called the basic premium factor. The basic premium factor varies depending on the total amount of standard premium. The Schedule shows a range of basic premium factors for differing amounts of estimated standard premium. The actual basic premium factor will be determined after the standard premium is determined. If earned standard premium is not within the range of the estimated standard premiums shown in the Schedule, the basic premium will be recalculated.
3. Incurred losses are all amounts we pay or estimate we will pay for losses, interest on judgments, expenses to recover against third parties, and employers liability loss adjustment expenses.
4. A converted loss is an incurred loss multiplied by a percentage called the loss conversion factor. The loss conversion factor is shown in the Schedule.
5. Taxes are a part of the premium we collect. Taxes are determined as a percentage of basic premium and converted losses. The percentage is called the tax multiplier. It varies by state and by Federal and non-Federal classifications. The tax multipliers or an average tax multiplier are shown in the Schedule. Tax multipliers may change during the rating plan period. Changes will be shown by endorsement.

B. Retrospective Premium Elective Elements

Two other elements are included in retrospective premium if you elected to include them. They are the excess loss premium for the loss limitation, and the retrospective development premium. They are explained here.

1. The election of a loss limitation means that the amount of incurred loss to be included in the retrospective premium is limited to an amount called the loss limitation. The loss limitation applies separately to each person who sustains bodily injury by disease and separately to all bodily injury arising out of any one accident.

The charge for this loss limitation is called the excess loss premium. Excess loss premium is a percentage of standard premium multiplied by the loss conversion factor. The percentage is called the excess loss premium factor. Taxes are added to excess loss premium just as they are for other elements of retrospective premium.

Excess loss premium factors vary by state, by classification, and by the amount of the loss limitation. If you chose this elective element, the loss conversion factor, the loss limitation, the excess loss premium factors, and the states where they apply are shown in the Schedule. Excess loss premium factors may change during the policy period. Changes will be shown by endorsement.

2. The retrospective development element is used to help stabilize premium adjustments. The premium for this element is charged with the first three calculations of retrospective premium, and is called the retrospective development premium. It is a percentage of standard premium multiplied by the loss conversion factor. The percentage of standard premium is called the retrospective development factor. Taxes are added to retrospective development premium just as they are for other elements of retrospective premium.

Retrospective development factors vary by state, by electing a loss limitation, and by first, second, and third calculations of retrospective premium. If you chose this elective element, the retrospective development factors are shown in the Schedule.

C. Retrospective Premium Formula

Insurance policies listed in the Schedule will be combined with this policy to calculate the retrospective premium. If the policies provide insurance for more than one insured, the retrospective premium will be determined for all insureds combined, not separately for each insured.

1. Retrospective premium is the sum of basic premium, converted losses, and taxes, plus the excess loss premium and retrospective development premium elective elements if you chose them.
2. The retrospective premium will not be less than the minimum nor more than the maximum retrospective premium. The minimum and maximum retrospective premiums are determined by applying the minimum and maximum factors shown in the Schedule to the standard premium.
3. If this endorsement applies to more than one policy or state, the standard premium will be the sum of the standard premiums for each policy and state.

D. Premium Calculations and Payments

1. We will calculate the retrospective premium using all loss information we have as of a date six months after the rating plan period ends and annually thereafter. We will have the calculation verified by the appropriate rate service organization at your request.

We may make a special valuation of the retrospective premium as of any date that you are declared bankrupt or insolvent, make an assignment for the benefit of creditors, are involved in reorganization, receivership, or liquidation, or dispose of all your interest in work covered by the insurance. You will pay the amount due us if the retrospective premium is more than the total standard premium as of the special valuation date.

We may make interim calculations of retrospective premium for the first year and the first two years of the rating plan period. We will use all loss information we have as of a date six months after the end of each of these periods.

2. After a calculation of retrospective premium, you and we may agree that it is the final calculation. No other calculation will be made unless there is clerical error in the final calculation.
3. After each calculation of retrospective premium, you will pay promptly the amount due us, or we will refund the amount due you. Each insured is responsible for the payment of all standard premium and retrospective premium calculated under this endorsement.

E. Work In Other States

If any of the policies provide insurance in a state not listed in the Table of States, and if you begin work in that state during the rating plan period, this endorsement will apply to that insurance if this rating plan applies in that state on an interstate basis. The retrospective premium standard elements, and the elective elements you chose, will be determined by our manuals for that state, and added to the Schedule by endorsement.

F. Cancellation and Nonrenewal

1. If any insurance subject to this endorsement is canceled or is not renewed, the effective date of cancellation or nonrenewal will become the end of the rating plan period for all insurance subject to this endorsement unless we agree with you, by endorsement, to continue the rating plan period.
2. If we cancel or do not renew for nonpayment of premium, the maximum retrospective premium will be based on the standard premium for the rating plan period, increased pro rata to three years (1095 days).
3. If you cancel or do not renew, the standard premium for the rating plan period will be increased by our short rate table and procedure. This short rate premium will be the minimum retrospective premium and will be used to determine the basic premium.

The short rate premium will be used to determine the excess loss premium and retrospective development premium if you chose these elective elements.

The maximum retrospective premium will be based on the standard premium for the rating plan period, increased pro rata to three years (1095 days).

4. Section F.3. will not apply if you cancel or do not renew because:
 - a. all work covered by the insurance is completed;
 - b. all interest in the business covered by the insurance is sold; or,
 - c. you retire from all business covered by the insurance.

Schedule

1. Other policies subject to this Retrospective Premium Endorsement: _____

2. Loss limitation: \$ _____

3. Loss conversion factor: _____

Minimum Retrospective Premium Factor _____

Maximum Retrospective Premium Factor _____

4. The basic premium factors shown here are based on estimates of standard premium. If the actual standard premium is within the range of estimated standard premiums shown here, the basic premium factor will be obtained by linear interpolation to the nearest one-tenth of 1%. If the actual standard premium is not within the range of estimated standard premiums, the basic premium factor will be recalculated.

	<u>50%</u>	<u>100%</u>	<u>150%</u>
Estimated standard premium:	\$ _____	\$ _____	\$ _____

Basic premium factor:	_____	_____	_____
-----------------------	-------	-------	-------

5. The tax multipliers, excess loss premium factors, and retrospective development factors, and the states where they apply, are shown in the Table of States.

**NOTES TO RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V -
THREE YEAR PLAN**

1. This endorsement is to be used for Rating Option V of the Retrospective Rating Plan. It is designed for a three year rating plan period.
2. Identify by policy number any other policy to be combined with this policy for retrospective rating. Other policies should be endorsed with Retrospective Premium Endorsement (Short form) to show that they are subject to this endorsement.
3. Show the amount of the loss limitation, if applicable, in item 2 of the Schedule. If a loss limitation was not elected, enter "none," "does not apply," or other appropriate text. If the limitation applies in some but not all states, name the states where it applies.
4. Use Item 3 of the Schedule to show the loss conversion factor, minimum retrospective premium factor, and the maximum retrospective premium factor.
5. Use Item 4 to show basic premium factors of 50%, 100%, and 150% of estimated standard premium. Additional columns may be added to show the basic premium factor for other percentages of estimated standard premium.
6. The Table of States may be printed at the beginning or end of the Schedule or printed separately. If printed separately, an appropriate attachment clause should be included on the Schedule, such as: "This Schedule includes the attached Table of States." The display of information on the Table of States may be rearranged by the company.

Workers Compensation and Employers Liability Insurance Policy**WC 00 05 05****RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V –
LONG TERM CONSTRUCTION PROJECT**

This endorsement is added to Part Five (Premium) because you chose to have the cost of the insurance rated retrospectively by Rating Option V. This endorsement explains the rating plan and how the retrospective premium will be determined.

This endorsement applies in the states listed in the Schedule. It determines the retrospective premium for the insurance provided during the rating plan period by this policy, any policy listed in the Schedule, and the renewals of each. The rating plan period is the duration of the construction project described on the information Page, beginning with the effective date of this endorsement.

The amount of retrospective premium depends on five standard elements and two elective elements.

A. Retrospective Premium Standard Elements

The five standard elements are explained here.

1. Standard premium is the premium we would charge during the rating plan period if you had not chosen retrospective premium rating, but with two exceptions. Standard premium does not include the expense constant charge or the premium discount credit.
2. Basic premium is less than standard premium. It is standard premium multiplied by a percentage called the basic premium factor. The basic premium factor varies depending on the total amount of standard premium. The Schedule shows a range of basic premium factors for differing amounts of estimated standard premium. The actual basic premium factor will be determined after the standard premium is determined. If earned standard premium is not within the range of the estimated standard premiums shown in the Schedule, the basic premium will be recalculated.
3. Incurred losses are all amounts we pay or estimate we will pay for losses, interest on judgments, expenses to recover against third parties, and employers liability loss adjustment expenses.
4. A converted loss is an incurred loss multiplied by a percentage called the loss conversion factor. The loss conversion factor is shown in the Schedule.
5. Taxes are a part of the premium we collect. Taxes are determined as a percentage of basic premium and converted losses. The percentage is called the tax multiplier. It varies by state and by Federal and non-Federal classifications. The tax multipliers or an average tax multiplier are shown in the Schedule. Tax multipliers may change during the rating plan period. Changes will be shown by endorsement.

B. Retrospective Premium Elective Elements

Two other elements are included in retrospective premium if you elected to include them. They are the excess loss premium for the loss limitation, and the retrospective development premium. They are explained here.

1. The election of a loss limitation means that the amount of incurred loss to be included in the retrospective premium is limited to an amount called the loss limitation. The loss limitation applies separately to each person who sustains bodily injury by disease and separately to all bodily injury arising out of any one accident.

The charge for this loss limitation is called the excess loss premium. Excess loss premium is a percentage of standard premium multiplied by the loss conversion factor. The percentage is called the excess loss premium factor. Taxes are added to excess loss premium just as they are for other elements of retrospective premium.

Excess loss premium factors vary by state, by classification, and by the amount of the loss limitation. If you chose this elective element, the loss conversion factor, the loss limitation, the excess loss premium factors, and the states where they apply are shown in the Schedule. Excess loss premium factors may change during the policy period. Changes will be shown by endorsement.

2. The retrospective development element is used to help stabilize premium adjustments. The premium for this element is charged with the first three calculations of retrospective premium, and is called the retrospective development premium. It is a percentage of standard premium multiplied by the loss conversion factor. The percentage of standard premium is called the retrospective development factor. Taxes are added to retrospective development premium just as they are for other elements of retrospective premium.

Retrospective development factors vary by state, by electing a loss limitation, and by first, second, and third calculations of retrospective premium. If you chose this elective element, the retrospective development factors are shown in the Schedule.

C. Retrospective Premium Formula

Insurance policies listed in the Schedule will be combined with this policy to calculate the retrospective premium. If the policies provide insurance for more than one insured, the retrospective premium will be determined for all insureds combined, not separately for each insured.

1. Retrospective premium is the sum of basic premium, converted losses, and taxes, plus the excess loss premium and retrospective development premium elective elements if you chose them.
2. The retrospective premium will not be less than the minimum nor more than the maximum retrospective premium. The minimum and maximum retrospective premiums are determined by applying the minimum and maximum factors shown in the Schedule to the standard premium.
3. If this endorsement applies to more than one policy or state, the standard premium will be the sum of the standard premiums for each policy and state.

D. Premium Calculations and Payments

1. We will calculate the retrospective premium using all loss information we have as of a date six months after the rating plan period ends and annually thereafter. We will have the calculation verified by the appropriate rate service organization at your request.

We may make a special valuation of the retrospective premium as of any date that you are declared bankrupt or insolvent, make an assignment for the benefit of creditors, are involved in reorganization, receivership, or liquidation, or dispose of all your interest in work covered by the insurance. You will pay the amount due us if the retrospective premium is more than the total standard premium as of the special valuation date.

We may make interim calculations of retrospective premium for the first year and the first two years of the rating plan period. We will use all loss information we have as of a date six months after the end of each of these periods.

2. After a calculation of retrospective premium, you and we may agree that it is the final calculation. No other calculation will be made unless there is clerical error in the final calculation.
3. After each calculation of retrospective premium, you will pay promptly the amount due us, or we will refund the amount due you. Each insured is responsible for the payment of all standard premium and retrospective premium calculated under this endorsement.

E. Work In Other States

If any of the policies provide insurance in a state not listed in the Table of States, and if you begin work in that state during the rating plan period, this endorsement will apply to that insurance if this rating plan applies in that state on an interstate basis. The retrospective premium standard elements, and the elective elements you chose, will be determined by our manuals for that state, and added to the Schedule by endorsement.

F. Cancellation and Nonrenewal

1. If any insurance subject to this endorsement is canceled or is not renewed, the effective date of cancellation or nonrenewal will become the end of the rating plan period for all insurance subject to this endorsement unless we agree with you, by endorsement, to continue the rating plan period.
2. If we cancel or do not renew because of nonpayment of premium, the maximum retrospective premium will be based on the standard premium for the rating plan period plus the estimated standard premium from the end of the rating plan period to the estimated project completion date.
3. If you cancel or do not renew, the standard premium for the rating plan period will be increased by our short rate table and procedure. This short rate premium will be the minimum retrospective premium and will be used to determine the basic premium.

WC 00 05 05

(Continued)

The short rate premium will be used to determine the excess loss premium and retrospective development premium if you chose these elective elements.

The maximum retrospective premium will be based on the standard premium for the rating plan period plus the estimated standard premium from the end of the rating plan period to the estimated project completion date.

Section F.3. will not apply if you cancel or do not renew because:

- a. all work covered by the insurance is completed;
- b. all interest in the business covered by the insurance is sold; or,
- c. you retire from all business covered by the insurance.

Schedule

1. Other policies subject to this Retrospective Premium Endorsement: _____

2. Loss limitation: \$ _____

3. Loss conversion factor: _____

Minimum Retrospective Premium Factor _____

Maximum Retrospective Premium Factor _____

4. The basic premium factors shown here are based on estimates of standard premium. If the actual standard premium is within the range of estimated standard premiums shown here, the basic premium factor will be obtained by linear interpolation to the nearest one-tenth of 1%. If the actual standard premium is not within the range of estimated standard premiums, the basic premium factor will be recalculated.

	<u>50%</u>	<u>100%</u>	<u>150%</u>
Estimated standard premium:	\$ _____	\$ _____	\$ _____
Basic premium factor:	_____	_____	_____

5. The tax multipliers, excess loss premium factors, and retrospective development factors, and the states where they apply, are shown in the Table of States.

NOTES TO RETROSPECTIVE PREMIUM ENDORSEMENT RATING OPTION V –
LONG TERM CONSTRUCTION PROJECT

1. This endorsement is to be used for Rating Option V of the Retrospective Rating Plan. It is designed for a rating plan period equal to the duration of the long term construction project described on the Information Page.
2. Identify by policy number any other policy to be combined with this policy for retrospective rating. Other policies should be endorsed with Retrospective Premium Endorsement (Short Form) to show that they are subject to this endorsement.
3. Show the amount of the loss limitation, if applicable, in item 2 of the Schedule. If a loss limitation was not elected, enter "none," "does not apply," or other appropriate text. If the limitation applies in some but not all states, name the states where it applies.
4. Use item 3 of the Schedule to show the loss conversion factor, minimum retrospective premium factor, and the maximum retrospective premium factor.
5. Use item 4 to show basic premium factors for 50%, 100%, and 150% of estimated standard premium. Additional columns may be added to show the basic premium factor for other percentages for estimated standard premium.
6. The Table of States may be printed at the beginning or end of the Schedule or printed separately. If printed separately, an appropriate attachment clause should be included on the Schedule, such as: "This Schedule includes the attached Table of States." The display of information on the Table of States may be rearranged by the company.

Workers Compensation and Employers Liability Insurance Policy

WC 00 05 08

RETROSPECTIVE PREMIUM ENDORSEMENT – AVIATION EXCLUSION

Premium and incurred losses arising out of an aviation classification listed in the Schedule are excluded from retrospective rating.

Schedule

Note 1: Use this endorsement if aviation exposures are not subject to retrospective rating.

Note 2: List the applicable classifications in the Schedule.

Workers Compensation and Employers Liability Insurance Policy
RETROSPECTIVE PREMIUM ENDORSEMENT CHANGES

WC 00 05 09A

The Retrospective Premium Endorsement attached to the policy is changed by the information shown in the Schedule.

Schedule

1. The excess loss premium factor is changed as follows:

<u>State</u>	<u>Excess Loss Premium Factor</u>	<u>Effective Date</u>
--------------	-----------------------------------	-----------------------

2. Retrospective Development Premium does not apply in these states:

3. The Retrospective Development Factors are changed as follows:

<u>State</u>	<u>Retrospective Development Factors</u>			<u>Effective Date</u>
	<u>1st</u>	<u>2nd</u>	<u>3rd</u>	

4. The tax multiplier is changed as follows:

<u>State</u>	<u>State (Other Than "F" Classes)</u>	<u>Federal ("F" Classes Only)</u>	<u>Effective Date</u>
--------------	---	---	-----------------------

- Note 1:** Use item 1 of the Schedule to show a change in the excess loss premium factor on an outstanding basis.
- Note 2:** Use item 2 of the Schedule to show that retrospective development factors do not apply in a particular state.
- Note 3:** Use item 3 of the Schedule to show retrospective development factors approved after the effective date of the policy.
- Note 4:** Use item 4 of the Schedule to show a change in the tax multiplier on an outstanding basis.

Workers Compensation and Employers Liability Insurance Policy

WC 00 05 10

**RETROSPECTIVE PREMIUM ENDORSEMENT NON-RATABLE CATASTROPHE
ELEMENT OR SURCHARGE**

This endorsement changes the Retrospective Premium Endorsement attached to the policy.

1. Standard premium excludes the portion of the premium that is determined by the application of a non-ratable catastrophe element in a rate or a non-ratable catastrophe surcharge required by our manuals. The classifications involving such premiums are listed in the Schedule.
2. Incurred losses do not include:
 - a. the cost in excess of the two most costly claims arising out of an accident involving two or more persons under a classification for which our manuals contain a non-ratable catastrophe element.
 - b. losses involving passenger employees, other than members of the flying crew, if the losses result from the crash of an aircraft described on the Aircraft Premium Endorsement.

Schedule

Note 1: Use this endorsement if the policy is retrospectively rated and covers operations or classifications that involve a non-ratable catastrophe element or surcharge. Examples include aircraft operations and explosives and ammunition manufacturing classifications. See the applicable experience rating plan manual.

Note 2: Use the Schedule to list the classifications that affect this endorsement.

Workers Compensation and Employers Liability Insurance Policy

WC 00 05 11

RETROSPECTIVE PREMIUM ENDORSEMENT SHORT FORM

The premium for this policy will be determined by the retrospective premium endorsement forming a part of policy number _____.

Note 1: If the insured has more than one policy subject to the same retrospective rating Option, use this endorsement to identify the policy that carries the retrospective premium endorsement.

Show that policy number in the space provided in this endorsement. Any other information necessary to identify that policy may be shown on this endorsement at the carrier's option.

Note 2: If one year policies are issued with a rating plan period longer than one year, this Short Form Endorsement should identify the first policy issued during the rating plan period, because that policy is the only one to be endorsed with the three year or long term retrospective premium endorsement.

Workers Compensation and Employers Liability Insurance Policy**WC 00 03 08****PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT**

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

SchedulePartnersOfficersOthers**Notes:**

1. Use this endorsement in a state where an individual has elected pursuant to the workers compensation law not to be covered by the law and to exclude employers liability coverage where the insured is statutorily exempt from workers compensation coverage.
2. Individuals may be designated in this endorsement only when it is proper to do so under the workers compensation law. Individuals may be designated by naming them or by describing them, as, for example:
 - a. all partners;
 - b. all executive officers except the president;
 - c. each person named in Item 4 of the information Page.

Workers Compensation and Employers Liability Insurance Policy**WC 00 03 10****SOLE PROPRIETORS, PARTNERS, OFFICERS
AND OTHERS COVERAGE ENDORSEMENT**

An election was made by on behalf of each person described in the Schedule to be subject to the workers compensation law of the state named in the Schedule. The premium basis for the policy includes the remuneration on such persons.

Schedule

Persons**State**

Sole Proprietor:

Partners:

Officers:

Others:

Notes:

1. Individuals may be designated in this endorsement only when it is proper to do so under the workers compensation law. Individuals may be designated by naming them or by describing them, as, for example:
 - a. all partners;
 - b. all executive officers except the president;
 - c. each person named in Item 4 of the Information Page.

Workers Compensation and Employers Liability Insurance Policy**WC 07 04 01****DEDUCTIBLE ENDORSEMENT — DELAWARE**

In consideration of the reduced premium charged for this policy, the insurance afforded by the policy for death benefits and for medical benefits payable under the Delaware Workers Compensation Law applied only to death and medical reimbursement benefits in excess of the deductible amount shown below. The deductible shall apply separately to each accident, regardless of the number of people who sustain injury by such accident.

The company shall pay the deductible amount to the persons entitled thereto. Upon notice of payments by the company, the insured will promptly reimburse the company for any amounts so paid. Failure of the insured to reimburse the company, within 30 days of statement mailing date, may result in coverage being canceled pro rata upon ten (10) days written notice and any resulting return premium may be applied to the deductible amount due.

The deductible amount is for each occurrence.

The premium is reduced % in consideration of this deductible.

Note 1: Use this Endorsement with the standard policy to provide a death and medical benefits deductible selected in accordance with 19. Del. C. §2372

Note 2: The company may use its own attachment clause and method of execution.

Workers Compensation and Employers Liability Insurance Policy

WC 00 03 05

JOINT VENTURE AS INSURED ENDORSEMENT

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

Note: 1 Use this endorsement to insure the members of a joint venture named in Item 1 of the Information Page.

Workers Compensation and Employers Liability Insurance Policy

WC 00 04 01A

AIRCRAFT PREMIUM ENDORSEMENT

Additional premium is charged for each aircraft shown in the Schedule. The additional premium is not subject to adjustment unless this policy is cancelled. You may substitute one aircraft for another without additional charge if the substitute aircraft has no more seats than the aircraft shown in the Schedule.

		Schedule		
<u>State</u>	<u>Aircraft</u>	Passenger <u>Seat Charge</u>	Maximum <u>Charge</u>	Estimated <u>Premium</u>

Notes:

1. Use this endorsement to show the additional premium required for passenger seat surcharge when classification code 7421 is assigned.
2. Report passenger seat surcharge under Code 9108.
3. Show the state(s) to which the payroll of classification Code 7421 is assigned.

Workers Compensation and Employers Liability Insurance Policy

WC 00 03 02

Designated Workplaces Exclusion Endorsement

The policy does not cover work conducted at or from _____

Notes:

1. Use this endorsement to exclude designated workplaces only when it is proper to do so under the workers compensation law. The use of this endorsement is also limited by Note 2.
2. Use the blank space in the endorsement to carefully describe the work or workplace to be excluded.
 - a. Example excluding an office address:
(Street, City, State)
 - b. Example excluding a construction site:
"or in connection with the construction of..." (describe the project, location, contract, etc.)
 - c. Example covering a location and excluding all others within a state:
"any place in the State of _____ except (Street, City)."
 - d. Example excluding work insured by another policy:
"any workplace covered by insurance policy number _____ issued by Blank Insurance Company."

Workers Compensation and Employers Liability Insurance Policy

WC 07 03 03

AMENDATORY ENDORSEMENT – FARMING OPERATION – DELAWARE

It is agreed that such insurance as is afforded by the policy by reason of the designation of Delaware in Items 3-A of the Information Page does not apply to injury, including death resulting therefrom, sustained by the wife or any minor child of the insured, if a farm employer, unless such wife or minor child is a bona fide employee of the insured and is named below.

It is further agreed that "remuneration," when used as a premium basis for such insurance, shall not include the remuneration of such wife or child not so named.

Name of Wife

Names of Minor Children

Note 1: To be attached to the standard provisions policy affording coverage under the Delaware Workmen's Compensation Law to an individual who is engaged in farming operations in Delaware.

Note 2: The company may use its own attachment clause and method of execution.

Workers Compensation and Employers Liability Insurance Policy

WC 89 06 00A

POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

- | | |
|---|---|
| <input type="checkbox"/> Insured's Name (WC 89 06 01) | <input type="checkbox"/> Item 3.A. States (WC 89 06 11) |
| <input type="checkbox"/> Policy Number (WC 89 06 02) | <input type="checkbox"/> Item 3.B. Limits (WC 89 06 12) |
| <input type="checkbox"/> Effective Date (WC 89 06 03) | <input type="checkbox"/> Item 3.C. States (WC 89 06 13) |
| <input type="checkbox"/> Expiration Date (WC 89 06 04) | <input type="checkbox"/> Item 3. D. Endorsement Numbers (WC 89 06 14) |
| <input type="checkbox"/> Insured's Mailing Address (WC 89 06 05) | <input type="checkbox"/> Item 4.* Class, Rate, Other (WC 89 04 15) |
| <input type="checkbox"/> Experience Modification (WC 89 04 06) | <input type="checkbox"/> Interim Adjustment of Premium (WC 89 04 16) |
| <input type="checkbox"/> Producer's Name (WC 89 06 07) | <input type="checkbox"/> Carrier Servicing Office (WC 89 06 17) |
| <input type="checkbox"/> Change in Workplace of Insured (WC 89 06 08) | <input type="checkbox"/> Interstate/Intrastate Risk I.D. Number (WC 89 06 18) |
| <input type="checkbox"/> Insured's Legal Status (WC 89 06 10) | <input type="checkbox"/> Carrier Number (WC 89 06 19) |

is changed to read:

*Item 4. Change To:

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Total Estimated Annual Premium \$				
Minimum Premium \$		Deposit Premium \$		

All other terms and conditions of this policy remain unchanged.

Notes:

- This endorsement may be used in its present form by placing an X in the applicable block(s), or only the one or more applicable items may be shown.
- If this endorsement is used as a company endorsement, the company form number should be used in place of WC 89 06 00 A endorsement number.
- The Bureau copy must show the exact title and "WC 89 –" number for each applicable transaction, e.g., Insured's Name WC 89 06 01.
- Modification factor changes (WC 89 04 06) or rate changes (WC 89 04 15) do not require premium entries in the Item 4. change section.
- Make appropriate entries to reflect applicable changes in item 4.
- This endorsement must not be used for item 4. changes where standard endorsements are available to accomplish the intended purpose, e.g., WC 00 04 07.
- This endorsement must contain an attachment clause which identifies the company, insured, policy number and effective date of the endorsement.
- Any premium item changes not specifically identified in the endorsement, e.g., premium for increased limits - Item 3.B., should be inserted and identified in the item 4. section.

Note: Retro Prem. Multiple Lines Endorsement no longer contained within this manual. See NCCI forms manual. Remaining pages renumbered.

Workers Compensation and Employers Liability Insurance Policy**WC 00 04 09****Premium Determination Endorsement – Former Self-Insurers 1**

- 1) This endorsement is added to Part 5 (Premium). It determines the premium you will pay for the insurance afforded by this policy with respect to operations in each of the states listed below.
- 2) The premium for this policy is the sum of:
 - a) the total premium determined by all provisions of this policy;
 - b) the insurance charge; and
 - c) the rating plan losses which are paid from the rating plan deposit.
- 3) "State standard premium" is the premium, before applying any discounts, for the insurance for each state listed below, as determined by all provisions of the policy other than this endorsement.
- 4) "Total standard premium" is the sum of the standard premiums.
- 5) "Insurance charge" is an amount equal to 10% of the total standard premium. It is payable in advance, cannot be refunded to you and is calculated on the basis of the higher of either the average of the last three years' audited payrolls or the last complete year's payroll. Payrolls will be determined consistent with Basic Manual Rules.
- 6) "Rating plan deposit" is an amount equal to 50% of the total standard premium. It is payable in advance and is calculated on the basis of the higher of either the average of the last three years' audited payrolls or the last complete year's payroll. Payrolls will be determined consistent with Basic Manual Rules.

The rating plan deposit will be posted by you in the form of an irrevocable letter of credit or deposited by you in a trusted account. The form of the letter or the account, and the financial institution with whom the account is held, must be acceptable to us.

We will use the rating plan deposit to pay rating plan losses. Any unused portion of the rating plan deposit will be returned to you no sooner than thirty months after this endorsement is terminated.

- 7) "Rating plan losses" are incurred losses in excess of the sum of the permissible losses for each state. The permissible losses for each state are determined by multiplying the expected loss ratio by the standard premium for each state. The expected loss ratio is the percentage shown for each state below.

We will calculate rating plan losses upon incurred losses valued as of dates to be determined by the company, but not less frequently than six months after the end of the policy and annually thereafter. The calculations will continue until: a) all claims have been closed; b) it is apparent that the rating plan losses will exceed the rating plan deposit; or c) you and we agree that all incurred losses are final.

- 8) Incurred losses are the sum of:
 - a) all amounts we pay for losses, including medical;
 - b) reserves we estimate for unpaid losses;
 - c) interest on a judgment as required by law;
 - d) Employers' Liability allocated loss adjustment expenses; and
 - e) expenses incurred in recovering against a third party.
- 9) If either you or we cancel this policy:
 - a) the insurance charge and rating plan deposit will be based upon the total standard premium the policy would have earned if the policy had not been cancelled;
 - b) the insurance charge will be fully earned and retained by us; and
 - c) the rating plan deposit will remain available to us as provided by this endorsement.

DELAWARE WORKERS COMPENSATION MANUAL

SECTION 3

EFFECTIVE DATE: JUNE 1, 2004

ENDORSEMENTS

Page 43

WC 00 04 09
(Continued)

STATE

LIST OF STATES

EXPECTED LOSS RATIO

Notes:

1. This endorsement must be used when insuring employers for exposure which were self-insured within twelve months prior to the application for initial coverage or which were subject to this endorsement on the employer's expiring policy. It applies to assigned risk business only.
2. This endorsement may be used:
 - a) if the employer is involved in coal mine operations;
 - b) if the employer is a self-rated risk, as determined by the applicable workers compensation insurance rating organization's filed experience rating plan;
 - c) on a policy subject to retrospective rating; or
 - d) for more than three consecutive years for the same employer.
3. An employer's newly commenced operations in a state listed above are subject to this endorsement.
4. The company shall audit an insured's operations upon receipt of notice from the Administrative Office and prior to binding coverage.
5. The company may use its own attachment clause and method of execution.

Workers Compensation and Employers Liability Insurance Policy

WC 00 03 01 A

ALTERNATE EMPLOYER ENDORSEMENT

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

Schedule

- | | |
|--|----------------|
| 1. <u>Alternate Employer</u> | <u>Address</u> |
| 2. <u>State of Special or Temporary Employment</u> | |
| 3. <u>Contract or Project</u> | |

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 subsequently to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned By _____

Workers Compensation and Employers Liability Insurance Policy

WC 00 03 15

DOMESTIC AND AGRICULTURAL WORKERS EXCLUSION ENDORSEMENT

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we are required to make because of bodily injury to such persons.

Schedule

Farm or Agricultural Workers:

Domestic or Household Workers:

Notes:

1. Use this endorsement in a state where the insured has elected pursuant to the workers compensation law not to be responsible for providing benefits for farm or agricultural workers and employees and to exclude employers liability coverage where the insured is statutorily exempt from workers compensation coverage.
2. Use this endorsement in a state where the insured has elected pursuant to the workers compensation law not to be responsible for providing benefits for domestic or household workers and to exclude employers liability coverage where the insured is statutorily exempt from workers compensation coverage.
3. Use this endorsement in Connecticut only when the insured is not responsible for providing benefits for domestic or household workers and does not elect pursuant to the workers compensation law to provide such benefits. (Sections 31-275(5) (D), (6) (A) of the Connecticut Workers Compensation Law.)
4. Individuals may be designated by naming them or by describing them, for example:
 - a) all farm or agricultural workers.
 - b) all domestic or household workers.

Workers Compensation and Employers Liability Insurance Policy**WC 00 03 03B****EMPLOYERS LIABILITY COVERAGE ENDORSEMENT**

This endorsement applies only to work in the states shown in the Schedule.

- A. Part One (Workers Compensation Insurance) does not apply to work in a state shown in the Schedule.
- B. Part Two (Employers Liability Insurance) applies to work in states shown in the Schedule as though they were shown in Item 3.A. of the Information Page.
- C. Part Two (Employers Liability Insurance, C. Exclusions is changed by adding these exclusions.

This insurance does not cover:

- 13. bodily injury to any member of the flying crew of any aircraft;
- 14. bodily injury to an employee when you are deprived of common law defenses or are subject to penalty because of your failure to secure your obligations under the workers compensation law of any state shown in the Schedule or otherwise fail to comply with that law.

Schedule

States

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 subsequently to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned By _____

Workers Compensation and Employers Liability Insurance Policy

WC 07 06 01

DELAWARE NONRENEWAL ENDORSEMENT

We may elect not to renew the policy. By certified mail we will mail to you, not less than 60 days advance written notice, when the nonrenewal will take effect. Mailing that notice to you at your mailing address, shown in Item 1 of the Information Page, will be sufficient to prove notice.

Notes:

1. This endorsement must be attached to a policy showing Delaware in Item 3A of the Information Page.
2. Nonrenewal of the workers compensation and employers liability insurance policy is regulated by House Bill 403.

Workers Compensation and Employers Liability Insurance Policy

WC 07 04 02

DELAWARE CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT

The premium for the policy may be adjusted by a Delaware Construction Classification Premium Adjustment Factor. The factor was not available when the policy was issued. If you qualify, we will issue an endorsement to show the Premium Adjustment Factor after it is calculated.

Notes:

1. This endorsement may be used when an insured's Premium Adjustment Factor is not available when the policy is issued.
2. An appropriate typewritten entry may be made on the policy instead of using this endorsement.

Workers Compensation and Employers Liability Insurance Policy**WC 00 01 09A****OUTER CONTINENTAL SHELF LANDS ACT COVERAGE ENDORSEMENT**

This endorsement applies only to the work described in Item 4 of the Information Page or in the Schedule as subject to the Outer Continental Shelf Lands Act. The policy will apply to that work as though the location shown in the Schedule were a state named in Item 3.A. of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

C. Workers Compensation Law

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Outer Continental Shelf Lands Act (43 USC Sections 1331-1356). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide non-occupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Outer Continental Shelf Lands Act.

Schedule

Description and Location of Work

Workers Compensation and Employers Liability Insurance Policy**WC 00 03 18****AMENDATORY ENDORSEMENT**

General Section C. **Workers Compensation Law** is replaced by the following:

C. Workers Compensation Law

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

The insurance afforded by Part Two (Employers Liability Insurance) is subject to the following additional provisions:

C. Exclusions

This insurance does not cover:

7. damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions.
8. bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950), the Nonappropriated Fund Instrumentalities Act (5 USC Sections 8171-8173), the Outer Continental Shelf Lands Act (43 USC Sections 1331-1356), the Defense Base Act (42 USC Sections 1651-1654), the Federal Coal Mine Health and Safety Act of 1969 (30 USC Sections 901-942), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws.
9. bodily injury to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51-60), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws.
10. bodily injury to a master or member of the crew of any vessel.
11. fines or penalties imposed for violation of federal or state law.
12. damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801-1872) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

I. Actions Against Us is subject to the following additional provision:

The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

Part Three (Other States Insurance) is changed as follows:

A. How This Insurance Applies

2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

Schedule

This endorsement applies in the states listed below:

Workers Compensation and Employers Liability Insurance Policy

WC 07 04 08

DELAWARE MERIT RATING PLAN ENDORSEMENT

This endorsement applies to the insurance provided by this policy because Delaware is shown in Item 3.A of the Information page.

The premium for this insurance may be subject to merit rating plan adjustment because your premium may be less than the amount necessary to be eligible for the Uniform Experience Rating Plan.

The following premium discount or surcharge will be applied to your manual premium based on your claims during the most recent three year period for which statistics are available.

1. A 5% credit (discount) will be applied if you had no compensable employee lost-time injuries - **Statistical Code 9885.**
2. No credit or debit will be applied if you had one (1) compensable employee lost-time injury - **Statistical Code 9884.**
3. A 5% debit (surcharge) will be applied if you had two (2) or more compensable employee lost-time injuries - **Statistical Code 9886.**

Notes:

1. This endorsement must be attached to a policy showing Delaware in Item 3.A of the Information Page.
2. Show any merit rating discount or surcharges in Item 4 of the Information Page.

Workers Compensation and Employers Liability Insurance Policy

WC 00 03 26A

RESIDUAL MARKET LIMITED OTHER STATES INSURANCE ENDORSEMENT

"Part Three - Other States Insurance" of the policy is replaced by the following:

PART THREE OTHER STATES INSURANCE

A. How This Insurance Applies

1. We will pay promptly when due the benefits required of you by the workers compensation law of any state not listed in Item 3.A. of the Information Page if all of the following conditions are met:
 - a. The employee claiming benefits was either hired under a contract of employment made in a state listed in Item 3.A. of the Information Page or was, at the time of injury principally employed in a state listed in Item 3.A. of the Information Page; and
 - b. The employee claiming benefits is not claiming benefits in a state where, at the time of injury, (i) you have other workers compensation insurance coverage, or (ii) you were, by virtue of the nature of your operations in that state, required by that state's law to have obtained separate workers compensation insurance coverage, or (iii) you are an authorized self-insurer or participant in a self-insured group plan; and
 - c. The duration of the work being performed by the employee claiming benefits in the state for which that employee is claiming benefits is temporary.
2. If we are not permitted to pay the benefits directly to persons entitled to them and all of the above conditions are met, we will reimburse you for the benefits required to be paid.
3. This insurance does not apply to fines or penalties arising out of your failure to comply with the requirements of the workers compensation law.

IMPORTANT NOTICE!

If you hire any employees outside those states listed in Item 3.A. on the Information Page or begin operations in any such state, you should do whatever may be required under that state's law, as this endorsement does not satisfy the requirements of that state's workers compensation law.

TERRORISM RISK INSURANCE ACT ENDORSEMENT**WC 00 04 20**

This endorsement addresses requirements of the Terrorism Risk Insurance Act of 2002.

Definitions

The definitions provided in this endorsement are based on the definitions in the Act and are intended to have the same meaning. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments.

"Act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured terrorism or war loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at United States missions or to certain air carriers or vessels.

"Insurer deductible" means:

- a. For the period beginning on November 26, 2002 and ending on December 31, 2002, an amount equal to 1% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding November 26, 2002.
- b. For the period beginning on January 1, 2003 and ending on December 31, 2003, an amount equal to 7% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2003.
- c. For the period beginning on January 1, 2004 and ending on December 31, 2004, an amount equal to 10% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2004.
- d. For the period beginning on January 1, 2005 and ending on December 31, 2005, an amount equal to 15% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2005.

Limitation of Liability

The Act may limit our liability to you under this policy. If annual aggregate insured terrorism or war losses of all insurers exceed \$100,000,000,000 during the applicable period provided in the Act, and if we have met our insurer deductible, the amount we will pay for insured terrorism or war losses under this policy will be limited by the Act, as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured terrorism or war losses would be partially reimbursed by the United States Government under a formula established by the Act. Under this formula, the United States Government would pay 90% of our insured terrorism or war losses exceeding our insurer deductible.
2. The additional premium charged for the coverage this policy provides for insured terrorism or war losses is shown in Item 4 of the Information Page or the Schedule below.

TERRORISM RISK INSURANCE ACT ENDORSEMENT

WC 00 04 20

(Continued)

Schedule

State

Rate per \$100 of Remuneration

Note:

1. This endorsement addresses requirements of the Terrorism Risk Insurance Act of 2002.
2. This endorsement is effective 12:01 a.m. on December 20, 2002 applicable to new and renewal voluntary policies only.
3. This endorsement is effective 12:01 a.m. on January 1, 2003 applicable to new and renewal assigned risk policies only.

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SECTION 4**RETROSPECTIVE RATING PLANS – DELAWARE****I. INTRODUCTION**

Retrospective Rating is an insurance pricing system which adjusts the premium for the insurance to which it applies on the basis of losses incurred during the period covered by that insurance. In Delaware a carrier must file with the Delaware Insurance Department such plan rules and rating values as necessary to implement retrospective rating plans for use in writing workers compensation insurance.

House Bill 241 of 1993 requires Bureau filings other than Residual Market and U.S.L. & H.W. filings to exclude all expense and profit considerations. Effective February 1, 1994 the Bureau has filed, and this Manual includes only selected rating values which are exclusive of expense and profit considerations for coverages other than U.S.L. & H.W. and which are inclusive of such provisions for U.S.L. & H.W. coverage. The Bureau rating values are printed in the State Special Rating Values pages herein.

For sake of consistency with standard language in retrospective rating plans in use in other jurisdictions, the Delaware State Special Rating Values are identified using terminology common to such other retrospective rating plans. The use of such terminology in this section of the Manual does not change the meaning of words or terms used elsewhere in the Manual nor are differences in precise wording used to describe specific items indicative of any substantive difference between sections. For example, the term "pure premium" used in this section and the term "loss cost" used elsewhere in this Manual are synonymous.

A carrier may file retrospective rating plans which use different and/or additional rating values from those shown in the State Special Rating Values pages herein. In such cases the individual carrier values supercede application of the Bureau values. Information regarding such individual carrier retrospective rating plans must be obtained from those carriers or their authorized representatives.

SECTION 4**RULES AND PROCEDURE GOVERNING
THE APPLICATION OF THE RETROSPECTIVE
RATING PLANS - DELAWARE****PART ONE
DESCRIPTION OF THE PLAN****I. INTRODUCTION**

The rules contained in this manual apply only to Workers Compensation and Employers Liability Insurance when written either alone or in combination with other commercial casualty insurance. Refer to the Retrospective Rating Plan issued by the Insurance Services Office for rules that govern the other commercial casualty insurance.

A. GENERAL EXPLANATIONS**1. Plan is Optional**

The application of this Plan is optional and may be used only upon election by the insured and acceptance by the insurance carrier.

2. Object of the Plan

This plan adjusts the premium for the insurance to which it applies on the basis of losses incurred during the period covered by that insurance. The intent is to charge a premium which reflects those losses. Within the principle of insurance, retrospective rating establishes the reasonable cost of insurance by using losses incurred during the term of that insurance and adding the insurance carrier's expenses and the taxes on premiums.

3. Loss Control Incentive in Use of the Plan

The Plan provides an incentive to the insured to control and reduce losses because the retrospective premium will be the result of losses during the rating period. To the extent that the insured controls losses, there is a reward through lower premiums. The Plan also dispels any concerns the insured may have that its premium depends mostly upon losses incurred by other risks because the greatest part of the retrospective premium is used to pay for the insured's own losses.

4. Cost-Plus Feature of the Plan

The cost-plus characteristics of this plan exist because the retrospective premium for a rating period is based on the incurred losses during that period, so that it is in the nature of a dollar for dollar cost method. Premium under the Plan is the direct result of such incurred losses because the Plan reflects the cost of losses plus the insurance carrier's expenses in providing the insurance.

5. Experience Rating Plan Manual

Retrospective rating is an independent option and it is not a substitute for experience rating. Retrospective rating is superimposed upon the premium resulting from experience rating.

6. Risks Not Subject to Experience Rating

For risks not subject to experience rating, retrospective rating premium is based on the premium determined by application of Manual or other authorized rates.

7. Risks Operating In More Than One State

This Plan may be applied on an intrastate or interstate basis.

8. Premium Discount

Any standard premium under this Plan is not subject to the premium discount provided in Rule VII of the Basic Manual for Workers Compensation and Employers Liability Insurance. The reason is that premium discount recognizes variations in issuing and servicing expenses whereas retrospective rating incorporates those elements by means of the factors used to compute premium under this Plan.

9. Schedule (Y) and Schedule (X) Expense Ratio Tables

The Plan includes tables of expense ratio to be used by each company in accordance with the expense table adopted by the company. They are in Part Four. Such tables are required only for Rating Option V described in Part Two-II-"Retrospective Rating Options". The purpose of the Schedule (Y) and Schedule (X) expense tables is to indicate the amount of premium for company expenses, profit or contingencies, but not taxes. The total amount for such expense is determined by multiplying the standard premium of the risk by the factor for that size premium in the Table of Expense Ratios.

NOTE: Schedule (Y) and Schedule (X) expense ratio tables are often referred to as representing the stock and non-stock systems of company expenses respectively.

10. Increased Limits for Employers Liability

If the policy provides increased limits for Part Two, such premium and incurred losses may be subject to the Plan.

II. DEFINITIONS**A. EMPLOYER**

Employer may be an individual, partnership, joint venture, corporation, association, a fiduciary such as a trustee, receiver or executor, or other legal entity.

B. INSURED

Insured means the employer designated in Item I of the Information Page of the policy or policies to which this Plan is applied by the carrier which issued such insurance. Insured may be two or more legal entities if the same person, or group of persons, owns the majority interest in such entities. The Experience Rating Plan Manual defines majority interest. It usually means:

1. Majority of voting stock, or
2. Majority of members or directors if there is no voting stock, or
3. Majority participation of general partners in profits of a partnership.

C. RISK

Risk means the insured to which this Plan is applied.

D. RATES

1. Manual rate means either:
 - a. the manual rate that has been established by the Bureau if no deviation or schedule rating exists.
 - b. the manual rate that has been established by the Bureau modified by an approved schedule rating adjustment.
 - c. Carrier Manual Rate if an insurance company has had a deviation from Bureau Manual Rate stamped "Filed" by the Insurance Commissioner.
2. Bureau Manual Rate means the rate shown after the classification code number on the rate pages in Section 2 of the Basic Manual for Workers Compensation and Employers Liability Insurance.

E. STANDARD PREMIUM

For the purpose of this Plan, standard premium means the premium for the risk determined on the basis of manual rates, any experience rating modification, loss constant where applicable, and minimum premiums. Determination of standard premium shall exclude:

1. Premium Discount.
2. The Expense Constant.
3. Premium resulting from non-ratable elements in the manual rates and non-ratable supplemental loads.

4. Premium developed by the passenger seat surcharge under Code **9108** Private Aircraft - passenger capacity.
5. Premium developed by the occupational disease rates for risks subject to the Federal Coal Mine Health and Safety Act.

F. INCURRED LOSSES

Incurred losses used in the rating formula for determining premium under this Plan are those reported under the rules of the Unit Statistical Plan Manual adopted by the rating organization. Generally, incurred losses are the actual losses paid and outstanding, interest on judgments, expenses incurred in obtaining third party recoveries, and allocated loss adjustment expenses for employers liability losses.

Incurred losses resulting from an accident or exposure provided for via a non-ratable element or a non-ratable supplemental load shall be excluded.

The rating formula shall not include losses involving passenger employees resulting from the crash of an aircraft under classification code **9108**.

For complete details on instructions which shall be followed regarding incurred losses, refer to the Unit Statistical Plan Manual.

G. RATING ORGANIZATION

Rating organization means the Delaware Compensation Rating Bureau.

H. ANNIVERSARY RATING DATE**1. Single Policy Risk**

The anniversary rating date for application of this Plan is the effective month and day of the policy in effect.

2. Multiple Policy Risk

If the risk subject to the Plan includes more than one policy with different effective dates, the anniversary rating date shall be determined by the rating organization.

NOTE: The Plan applies for the period of the policy or policies subject to the Plan. If the period for the application of the Plan is changed, refer to Part Three.

I. LONG TERM CONSTRUCTION PROJECT

A long term construction project means a construction or erection project expected to require more than 1 year for completion and let under one contract or more than one concurrent or consecutive contracts. Such a project may be insured under 1 year policies or policies issued for any period not longer than 3 years.

J. WRAP-UP CONSTRUCTION PROJECT

A wrap-up construction project is a construction, erection or demolition project for which policies have been issued by one or more insurance carriers under the same management to insure two or more legal entities engaged in such a project. The entities insured shall be limited to the general contractor (including any owner or principal acting as a general contractor) and subcontractors performing work under contracts let on an ex-insurance basis. If the contract between the owner or principal and such general contractor is on an ex-insurance basis, the owner or principal is an eligible entity for the combination.

The project must be confined to operations at a single location. In connection with building roadways, tunnels, waterways or surface or underground conduits, the entire job is considered a single location if the construction is performed by a single general contractor for a single owner or principal. The project must be of definite duration involving work to be performed continuously to completion.

III. ELIGIBILITY FOR THE PLAN

A risk is eligible for this Plan if it satisfies the following Standard Premium requirements:

A. ONE YEAR PLAN

A risk is eligible for a one year plan if the estimated Standard Premium is at least \$25,000.

B. THREE YEAR PLAN

1. A risk is eligible for a three-year plan if the estimated Standard Premium for 3 years is at least \$75,000.
- C. A Long-Term Construction Project is eligible for Rating Option V if the estimated Standard Premium is an average of \$75,000 or more per year. For such a project, the retrospective rating premium shall be based on the entire period required for completion of the project.
- D. Two or more policies on a Wrap-Up Construction Project may be combined for the purpose of retrospective rating. If the estimated total Standard Premium for the project to be done by such combined entities is \$500,000 or more, a Wrap-Up Construction Project may be treated as a Long Term Construction Project.

PART TWO OPERATION OF THE PLAN

I. HOW PREMIUM IS DETERMINED UNDER THE PLAN

Retrospective premium is computed on the basis of the formulas in IA and D of this Section of the Plan.

A. DEFINITIONS OF TERMS USED FOR THE FORMULA

1. Standard Premium.

Standard Premium is defined in Part One of this Plan. Refer to Part One-II-E.

2. Basic Premium.

The Basic Premium is a percentage of the Standard Premium. It is determined by multiplying the Standard Premium by a Basic Premium Factor. Basic Premium factors are based on the Table of Expense Ratios, the Table of Insurance Charges and the individual loss limitation if selected. Refer to Part Four-Premium Computation Tables.

The Basic Premium provides: insurance carrier expenses such as for acquiring and servicing the insured's account; loss control services, premium audit and general administration of the insurance; an adjustment for limiting the retrospective premium between the minimum retrospective premium and the maximum retrospective premium; and an allowance for the insurance carrier's possible profit or contingencies.

The Basic Premium does not cover premium taxes nor claim adjustment expenses. The latter elements are usually provided by the Tax Multiplier and the Loss Conversion Factor.

3. Converted Losses

Converted Losses are based on the Incurred Losses of the risk during the period of the policy or policies to which this Plan is applied. A Loss Conversion Factor is applied to such losses to produce the Converted Losses. Refer to No. 4 below. Incurred losses are defined in Part One-II-F.

4. Loss Conversion Factor

The Loss Conversion Factor usually covers claim adjustment expenses and the cost of the insurance carrier's claim services such as investigation of claims and filing claim reports.

5. Tax Multiplier

The Tax Multiplier covers licenses, fees, assessments and taxes which the insurance carrier must pay on the premium which it collects.

6. Minimum Retrospective Premium

The Minimum Retrospective Premium is a percentage of the Standard Premium. It is the least amount of premium to be paid by the risk subject to this Plan.

The Minimum Retrospective Premium Factor is established by agreement between the risk and the insurance carrier. Refer to II-B-2.

7. Maximum Retrospective Premium

The Maximum Retrospective Premium is a percentage of the Standard Premium. It is the greatest amount of premium to be paid by the risk subject to this Plan. It has the effect of placing a limit on the impact of incurred losses on the retrospective premium.

The Maximum Retrospective Premium Factor is established by agreement between the risk and the insurance carrier. Refer to II-B-2.

B. ADDITIONAL ELECTIVE ELEMENTS FOR THE RETROSPECTIVE PREMIUM FORMULA

The insured and the insurance carrier may agree that either or both of the following additional elective premium elements will be included in the Retrospective Premium Formula:

- 1. Excess Loss Premium**
- 2. Retrospective Development Premium**

NOTE: These elective elements are subject to the Tax Multiplier as shown in the Retrospective Premium Formula in D.

EXPLANATION OF ELECTIVE PREMIUM ELEMENTS

a. Excess Loss Premium

This elective premium element is permitted only if the total Standard Premium subject to the Plan is at least \$100,000. The use of this elective element is intended to avoid the possibility that high cost losses will have too great an impact on the retrospective premium. Election of a loss limitation places a limit on the amount of incurred loss arising out of any one accident, which will be included in the retrospective premium formula. Excess Loss Premium is the premium charge for such limitation on losses used in computing the retrospective premium. The loss limitations arising out of any one accident which may be used by agreement follow:

- i. \$25,000 per accident for a risk with total Standard Premium of at least \$100,000.**
- ii. Higher than \$25,000 for a risk with total Standard Premium over \$100,000 provided such higher accident loss limitation does not exceed 50% of the Standard Premium.**

For all risks, the insurance carrier pays all incurred losses regardless of any retrospective rating loss limitation.

Excess Loss Premium is computed as shown below:

Standard Premium x Excess Loss Premium Factor x Loss Conversion Factor.

The Excess Loss Factors and the Tables of Excess Loss Adjustment Amounts are shown in Part Four of this Manual. Use the Table of Classifications by Hazard Group in Part Four of this Manual to determine proper excess loss factor.

A loss limitation may be changed, or included, or excluded after this plan has been applied to a risk provided the new agreement is not retroactive.

b. Retrospective Development Premium

The purpose of this elective premium element is to stabilize premium adjustments for risks subject to this Plan. Refer to Part Three – Administration of Plan – Rule 111-3 for premium adjustment rules. Retrospective development premium anticipates future increases in loss costs. The Retrospective Development Premium is included only in the first three adjustments of the retrospective premium and is not included in any later premium computations.

Retrospective Development Premium is computed as shown below:

Standard Premium x Retrospective Development Factor x Loss Conversion Factor

The Retrospective Development Factors are shown in the State Special Rating Values – Delaware.

C. THE RETROSPECTIVE PREMIUM FORMULA WHEN ADDITIONAL ELECTIVE PREMIUM ELEMENTS ARE INCLUDED

The retrospective premium for a risk which has elected either or both of the additional elective premium elements is determined by the following formula:

Retrospective Premium =

1. Basic Premium
plus
2. Converted Losses
plus
3. Excess Loss Premium
plus
4. Retrospective Development Premium
5. Multiply the sum of 1 + 2 + 3 + 4 by the Tax Multiplier

NOTE: Include item 3 or 4 or both in the formula depending on whether such elective premium elements are in the retrospective agreement.

The result of this calculation is the retrospective premium when the risk has elected one or both of the elective premium elements. The retrospective premium shall not be less than the Minimum Retrospective Premium nor more than the Maximum Retrospective Premium.

II. RETROSPECTIVE RATING SELECTION OF FACTORS

A. EXPLANATION

The Basic Premium is determined by using the Table of Expense Ratios to determine the insurance carrier expenses and the Tables of Insurance Charges for the remainder of the Basic Premium. The Loss Conversion Factor and Minimum and Maximum Retrospective Premium are subject to agreement between the insured and the insurance carrier. The Tax Multiplier, Excess Loss Premium and Retrospective Development Premium are determined on the basis of the state or states included in this option.

- (a)** Retrospective Rating may be applied to any of the following types of insurance alone or to any combination of such insurance:

Workers Compensation and Employers Liability

Third Party Liability Insurance for Commercial Lines

Commercial Automobile Physical Damage

Other Types of Insurance specified in the Retrospective Rating Plan issued by the Insurance Services Office.

For illustrations and examples of combinations, refer to the Retrospective Rating Plan issued by the Insurance Services Office.

NOTE: When the plan includes Workers Compensation and other commercial casualty insurance, the total retrospective premium, including the minimum and maximum retrospective premium, is determined on the basis of all insurance in the plan.

- (b)** For an interstate risk, an average of the specified state tax multipliers weighted by the state standard premiums shall be used. For computing the Basic Premium Factor, the standard average tax multiplier may be applied. Refer to Appendix for explanations and examples.

B. THREE YEAR PLAN — OPTIONAL

1. Retrospective Rating may also be applied to a risk for a period of three years. Follow the procedure and examples cited in B-2 above, but determine the insurance carrier expenses on the basis of the annual Standard Premium and the remainder of the Basic Premium by use of the Standard Premium for the 3 year period of the Plan.

C. LONG TERM OR WRAP UP CONSTRUCTION PROJECTS

1. Retrospective Rating may be applied to such projects in the following manner:
 - a. The project may be insured under a series of 1 year policies. Use Rule II-B above.
 - b. The project may be insured under a series of 3 year policies. Use Rule II-C above.
 - c. The Plan shall apply to such projects so that the Retrospective Premium is computed on the basis of the Standard Premium for the entire duration of the project.

NOTE: For determining retrospective premium for plans applied on a three year basis, or Long Term or Wrap Up Construction Projects, any revision in Tax Multipliers and Excess Loss Premium Factors shall be applied to policies as of the first normal anniversary date of the risk, which is on or after the date of such revision, unless the revision is authorized for application to outstanding policies.

III. CANCELLATION OF POLICY

A.. EXPLANATION

While the Cancellation Condition of the Standard Policy permits cancellation by the insured or insurance carrier, the premium determination for a cancelled policy is controlled by Rule X-Cancellation in the Basic Manual for Workers Compensation and Employers Liability Insurance.

B. RETROSPECTIVE PREMIUM DETERMINATION UPON CANCELLATION

1. Cancellation By the Insurance Carrier, except for non-payment of premium.
2. Cancellation By the Insured When Retiring From Business provided:
 - a. All work covered by the policy has been completed, or
 - b. All interest in any business covered by the policy has been sold, or
 - c. The insured has retired from all business covered by the policy.
3. If the reason for the cancellation is No. 1 or 2 above, Retrospective Premium for the cancelled policy shall be computed as follows:
 - a. Standard Premium: Determine the premium for the cancelled policy on a pro-rata basis in accordance with Basic Manual Rule X-C. The resulting premium shall be the Standard Premium.
 - b. Retrospective Premium: The retrospective premium for the cancelled policy shall be determined by using the Retrospective Premium Formula in this Section of the Plan. Use the Standard Premium in a. above to establish the Basic Premium, and if applicable, Excess Loss Premium and Retrospective Development Premium for the formula.

EXCEPTION FOR NON-PAYMENT OF PREMIUM:

If the cancellation by the insurance carrier is because of non-payment of premium by the insured, the Maximum Retrospective Premium shall be based on a Standard Premium which shall be the premium for the cancelled policy (under Basic Manual Rule X-C) extended pro-rata to an annual basis.

4. Cancellation By the Insured, Except When Retiring From Business For the Reasons Stated in B-2 Above.

Determine the Retrospective Premium as follows:

- a. The premium for the cancelled policy is to be calculated on a short rate basis under Basic Manual Rule X-E.
- b. Use the Retrospective Premium Formula in this Section of the Plan to establish the Retrospective Premium as shown below:
 - i. Basic Premium and if applicable, Excess Loss Premium and Retrospective Development Premium shall be computed by using the short rate premium in 4a above as the Standard Premium.
 - ii. Minimum Retrospective Premium shall be the short rate premium in 4a above.

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 4****EFFECTIVE: JUNE 1, 2004****RETROSPECTIVE RATING PLANS****Page 9**

- iii. Maximum Retrospective Premium shall be based on a Standard Premium which shall be calculated by using the actual payroll for the period the policy was in effect, extending that payroll pro-rata to an annual basis and then multiplying such extended payroll by the authorized rates and experience rating modification.

EXAMPLE: CALCULATION OF MAXIMUM RETROSPECTIVE PREMIUM UNDER RULE 4b:

Assume:

Policy in effect	185 days
Manual Rate (per \$100 payroll)	\$ 5.00
Actual payroll for 185 days	\$ 555,000
Experience Rating modification	1.00
Maximum Retrospective Premium	1.60

(a) Payroll extended to an annual basis:

$$\$555,000 \times \frac{365 \text{ days}}{185 \text{ days}} = \text{.....} \$ 1,095,000$$

(b) Annual Standard Premium = \$1,095,000 x 5.00
(per \$100) x 1.00 = \$54,750

(c) Maximum Retrospective Premium: \$54,750 x 1.60 = \$87,600

5. Cancellation of Three Year Plan

If a policy for a Three Year Retrospective Rating is cancelled, the Retrospective Premium shall be computed as follows:

- Determine premium for the cancelled policy in accordance with Manual rules X-C or X-E depending on the reason for the cancellation. If the Plan was applied to a 3 year policy, each 12 month unit within such a policy is treated as a separate policy. Refer to Basic Manual rule III-C-3.
- A short rate factor does not apply to any premium for completed 12 month policy units. Apply the short rate factor under Basic Manual rule X-E only to the premium for the 12 month unit cancelled by the insured when not retiring from the business.
- If the reason for the cancellation of the Three year Plan is No. 1 or 2 in Rule B of this Section, the Total Standard Premium is the sum of the pro-rata premium under Rule B and the Standard Premium for each completed 12 month unit. Use this total Standard Premium to establish the Basic Premium, and if applicable, Excess Loss Premium and Retrospective Development Premium.
- If the cancellation by the carrier is caused by non-payment of premium by the insured, the Maximum Retrospective Premium shall be based on a Total Standard Premium which shall be the sum of the premium, extended pro rata to an annual basis, for the cancelled 12 month unit of the policy (under Manual Rule X-C) and the standard premium for each completed 12 month unit, such sum then extended pro rata to a 3 year basis.
- If the reason for the cancellation of the Three Year Plan is No. 4 in Rule B of this Section, the Total Standard Premium shall be the sum of the short rate premium for the in completed 12 month unit (under Manual Rule X-E) and the standard premium for each completed 12 month unit. This total Standard Premium is the Minimum Retrospective Premium and also shall be used to determine the Basic Premium, and if applicable, Excess Loss Premium and Retrospective Development Premium. The Maximum Retrospective Premium shall be based on a Total Standard Premium which is the sum of the premium, extended pro-rata to an annual basis, for the cancelled 12 month unit of the policy (under Manual Rule X-C) and the Standard Premium for each completed 12 month unit, such sum then extended pro-rata to a 3 year basis.

EXAMPLE I: RETROSPECTIVE PREMIUM CALCULATION ON THREE YEAR POLICY CANCELLED BY THE INSURED AFTER 185 DAYS

Actual Payroll for 185 days	\$ 555,000
Manual Rate (per \$100 of payroll)	\$ 5.00
Experience Modification	1.00
Maximum Retrospective Premium Factor	1.60

(a) Payroll extended to annual basis =

$$\$555,000 \times \frac{365 \text{ days}}{185 \text{ days}} = \dots\dots\dots \$ 1,095,000$$

(b) Annual Premium = \$1,095,000 x 5.00 (per \$100) x 1.00 =\$ 54,750

(c) Short rate percentage for 185 days — Refer to Basic Manual Rule X-F 61%

(d) Short Rate Premium for cancelled policy = \$54,750 x .61 =\$ 33,398

(e) Standard Premium — Short Rate Basis =\$ 33,398

(f) Minimum Retrospective Premium TT.....\$ 33,398

Standard Premium is the Minimum Retrospective Premium and also is used to determine the Basic Premium, and if applicable, Excess Loss Premium and Retrospective Development Premium.

- (g) Maximum Retrospective Premium Explanation: The Maximum Retrospective Premium is based on the Standard Premium without short rate factor, extended pro-rata to a 3 year basis.

Calculation

(i) Standard Premium for 185 days (not short rate) = \$555,000 x 5.00 (per \$100) x 1.00 =\$ 27,750

(ii) Standard Premium without short rate factor extended to a 3 year basis =

$$\$27,750 \times \frac{1095 \text{ days}}{185 \text{ days}} = \dots\dots\dots \$ 164,250$$

(iii) Maximum Retrospective Premium = \$164,250 x 1.60 =\$ 262,800

EXAMPLE II: RETROSPECTIVE PREMIUM CALCULATION ON THREE YEAR POLICY CANCELLED BY THE INSURED AFTER 1 YEAR AND 185 DAYS

Standard Premium for first 12 month unit.....\$ 50,000

Actual Payroll for 185 days of second 12 month unit\$ 555,000

Manual Rate (per \$100 of payroll)\$ 5.00

Experience Modification — Use Experience Rating modification applicable to each 12 month unit 1.00

Maximum Retrospective Premium Factor 1.60

(a) Actual Payroll for 185 days Extended to annual basis =

$$\$555,000 \times \frac{365 \text{ days}}{185 \text{ days}} = \dots\dots\dots \$1,095,000$$

(b) Annual Premium for second 12 month unit = \$1,095,000 x 5.00 (per \$100) x 1.00 =\$ 54,750

(c) Short rate percentage for 185 days — Refer to Basic Manual Rule X-F 61%

(d) Short Rate Premium for incomplete 12 month unit = \$54,750 x .61 =\$ 33,398

(e) Total Standard Premium = \$50,000 + 33,398\$ 83,398

(f) Minimum Retrospective Premium\$ 83,398

Total Standard Premium is the Minimum Retrospective Premium and also is used to determine the Basic Premium, and if applicable, Excess Loss Premium and Retrospective Development Premium.

-
- (g) Maximum Retrospective Premium Explanation: The Maximum Retrospective Premium is based on the Total Standard Premium without short rate factor, extended pro-rata to a 3 year basis. Calculation
- (i) Standard Premium for completed 12 month unit \$ 50,000
 - (ii) Standard Premium for 185 days = $\$555,000 \times 5.00 \text{ (per \$100)} \times 1.00 =$ \$ 27,750
 - (iii) Standard Premium for 185 days extended pro-rata to annual basis =
 $\$27,750,000 \times \frac{365 \text{ days}}{185 \text{ days}} =$ \$ 54,750
 - (iv) Total Standard Premium $\$50,000 + 54,750 =$ \$ 104,750
 - (v) Total Standard Premium extended pro-rata to a 3 year basis =
 $\$104,750 \times \frac{3}{2} =$ \$ 157,125
 - (vi) Maximum Retrospective Premium = $\$157,125 \times 1.60 =$ \$ 251,400

C. VALUATION OF LOSSES

If the policy is cancelled by the insured or insurance carrier, the first determination of retrospective premium shall be based upon incurred losses valued six months after the termination date.

**PART THREE
ADMINISTRATION OF THE PLAN**

I. ELECTION OF INSURED TO BE SUBJECT TO RETROSPECTIVE RATING

A. HOW THE INSURED ELECTS TO BE SUBJECT TO THE PLAN

1. The insured elects to be subject to this Plan by notifying the insurance carrier that it has agreed to application of the Plan. This notification shall be executed in writing.
2. Any form of election is acceptable provided it includes the information shown in C below.

B. HOW CARRIER ACCEPTS ELECTION OF THE INSURED

1. The carrier agrees to the election of the insured to be subject to the Plan by accepting the insured's written notification.
2. After the carrier accepts the insured's election to be subject to this Plan, notification of coverage shall be sent to the Bureau not later than 60 days after the effective date of the Plan indicated on that form.

NOTE: The Bureau must be notified by the carrier if they and the insured agree to shorten or lengthen the period of the Plan's application, up to a maximum of 60 days.

C. INFORMATION IN ELECTION OF THE INSURED

The following information is required in the election signed by the insured:

1. Name of Insured.
2. Effective date of plan.
3. Minimum retrospective premium factor.
4. Maximum retrospective premium factor.
5. Loss conversion factor.
6. Loss limitation option and loss elimination ratio (LER), if applicable.
7. Retrospective Development Premium Option, if applicable.
8. One or Three Year application of the Plan.
9. Long Term Construction Project-Details, if applicable.
10. Wrap Up Construction Project-Details, if applicable.
11. Any special conditions affecting the Plan, such as the inclusion of other commercial casualty insurance.
12. Signature by the insured, for example, proprietor, partner or duly authorized officer of corporation.

The following and any other additional information may also be included:

1. Address of insured.
2. A statement that the insured understands the terms and obligations of this Plan, including the method of premium computation, payments and penalties for cancellations.

D. STATES IN WHICH SELECTED PLAN APPLIES

1. If the risk operates in only one state, designate this state on the notification of coverage.
2. If the risk operates in more than one state, list the states to which the selected rating option will apply.
3. One or more additional states may be included in the plan applicable to a risk after plan effective date.

II. REPORTS OF PREMIUMS AND LOSSES UNDER THE PLAN

1. Premiums

The standard premiums used as the basis of the Retrospective Premium are those reported in accordance with the Unit Statistical Plan Manual.

2. Incurred Losses

The incurred losses used for determining the Retrospective Premium are those reported under the Unit Statistical Plan Manual.

NOTE: For complete details on instructions which shall be followed for Nos. 1 and 2 above, refer to the Unit Statistical Plan Manual.

3. Verification of Data

All data reported to, and accepted by the Bureau under the Unit Statistical Plan Manual shall be accepted as verified data for computation of the Retrospective Premium.

III. FILING REQUIREMENTS

1. Notification of Coverage

Send one copy of Notification of Coverage to this Bureau for all plans, both intrastate and interstate, which apply in this jurisdiction.

2. Factors for Retrospective Rating Option V

- a. Two copies of an "Application for Approval of Proposed Retrospective Rating Values" shall be filed for approval with the Bureau.
- b. A revised calculation of the Basic Premium Factor if any change results in an increase or decrease beyond the lowest or highest original estimated standard premium sizes selected. A new "Application for Approval of Proposed Retrospective Rating Values" shall be filed if the Basic Premium Factor changes.

IV. COMPUTATION OF RETROSPECTIVE PREMIUM

GENERAL EXPLANATION

Under this Plan, retrospective premiums always are computed initially by the carrier, using premium and loss data which have been reported under the Unit Statistical Plan Manual. On a specific request basis, the retrospective premium calculated by the carrier may then be reported to the rating organization for verification. This is achieved by the rating organization use of the duplicate copies of the Unit Statistical Plan reports which must be submitted with the retrospective premium calculation.

1. First Computation of Retrospective Premium

Under the Unit Statistical Plan Manual, the reports of losses and premiums are submitted to the rating organization. For complete details, refer to that Manual. As soon as practicable after data have been prepared in accordance with the Unit Statistical Plan, the first retrospective premium computation shall be made by the insurance carrier.

On a specific request basis, this computation may be sent to the rating organization for verification before transmittal to the insured. The carrier shall notify the insured and return premium if the retrospective premium is less than premium previously paid. The insured shall pay any premium greater than premium previously paid.

If the insured and carrier agree, the first computation of retrospective premium shall be the final adjustment of premium under this Plan. In the absence of such an agreement, additional retrospective premium computations shall be made by the carrier in accordance with rule 2 below.

For plans applied on a three year basis, or Long Term or Wrap Up Construction Projects, interim tentative adjustments of premium may be made.

NOTE: In certain cases, the carrier may make an early computation of retrospective premium. Such cases include bankruptcy, liquidation, reorganization, receivership, assignment for benefit of creditors, or other similar situations.

2. Retrospective Premium Adjustment After First Computation

- a. If the first or any other retrospective premium computation is not final, a subsequent computation and adjustment of premium subject to this Plan shall be made by the carrier 12 months after the previous computation. The procedure for such later computations shall be the same as in rule 1 above except that such premium calculations shall be based upon the latest Unit Statistical Reports required. If the insured and carrier agree, the latest computation shall be the final retrospective premium. Unless such an agreement has been made, the carrier shall continue to make such additional retrospective premium computations at intervals of 12 months.
- b. If a subsequent computation of retrospective premium results in no change from the previous computation, the insurance carrier shall notify the insured that there is no change in the premium payment and that subsequent computations of retrospective premium will be made in accordance with Rule 3a below.

3. Final Computation of Retrospective Premium

- a. Subsequent computations of retrospective premium shall be issued by the carrier in accordance with Rule 2 above until both the carrier and insured agree that the latest computation shall be the final retrospective premium under this Plan.
- b. When the carrier and insured have agreed to the final retrospective premium calculation, a revision of that premium adjustment is not permitted except for clerical error.

TABLE OF INSURANCE CHARGES/TABLE M

Not published herein. (Refer to National Council on Compensation Insurance Retrospective Rating Plan Manual.)

APPENDIX**EXPLANATIONS AND ILLUSTRATIONS OF
RETROSPECTIVE RATING OPTION V AND HOW
TO USE THE TABLE OF INSURANCE CHARGES****GENERAL EXPLANATION**

The negotiating process between the insured and the insurance carrier is the basis on which retrospective rating provides flexibility so that the Plan may be designed to meet the needs and characteristics of a risk. As a result of this negotiation, minimum and maximum retrospective premium factors are established, as well as the loss conversion factor. Such selections are necessary for the determination of the other factors essential to the operation of retrospective rating. After these elements have been settled, the basic premium factor may be calculated and applied to the Standard Premium to produce the Basic Premium. The Basic Premium is the sum of certain insurance carrier expenses and a premium charge which reflects the selected premium limitations, the carrier's loss potential and possible profit or contingency.

The key to establishing the Basic Premium Factor for retrospective rating is the Table of Insurance Charges in Part Four of this Plan. It indicates, by expected loss groups, the factors to establish the premium charge which is vital to the determination of the basic premium factor.

The use of the Table of Insurance Charges is accounted for in the following explanations and illustrations of how to determine the factors and other elements which are needed for the operation of The Plan.

NOTE: The procedures described in this Appendix are designed exclusively for workers compensation insurance. Rules for the application of retrospective rating to a combination of workers' compensation insurance and other lines of casualty insurance are in the Retrospective Rating Plan issued by the Insurance Services Office.

A. MINIMUM RETROSPECTIVE PREMIUM FACTOR**MAXIMUM RETROSPECTIVE PREMIUM FACTOR**

These are established by negotiations between the insured and insurance carrier.

B. LOSS CONVERSION FACTOR

This is also established by negotiations.

C. STANDARD PREMIUM

The estimated Standard Premium is determined according to the definition of Standard Premium in Rule II-E of Part One of this Plan.

D. ADDITIONAL PREMIUM SIZES

1. Calculate factors for 50%, 100% and 150% of the estimated Standard Premium, and for any lower or higher premium sizes selected by agreement. The reason for determining such supplementary factors is the probability that the earned Standard Premium will be more or less than the estimated Standard Premium. If the earned Standard Premium is between the selected premium sizes, the Basic Premium Factor for the retrospective premium is based on straight line interpolation between the Basic Premium Factors calculated on the estimated Standard Premiums.
2. If the earned standard premium is beyond the lowest or highest selected premium sizes, the Basic Premium Factors shall be recalculated.

E. EXPECTED LOSSES

Determine expected losses by multiplying the estimated Standard Premium for this state by the expected loss factor shown in the State Special Rating Values - Delaware. Total expected losses are the sum of the expected losses for the states where the Plan applies.

F. EXPENSE ALLOWANCE – EXCLUDING TAXES

The Expense Allowance varies on the basis of the annual Standard Premium. Use the Table of Expense Ratios in Part Four – Premium Computation Tables as follows:

1. One Year Plan

Multiply the Standard Premium by the corresponding expense ratio for that premium size.

2. Three Year Plan

Determine the estimated annual Standard Premium for each of the Three Years and multiply each annual Standard Premium by the expense ratio corresponding to that premium size. The sum of the three products is the total expenses.

3. Premium Sizes Other Than 100% of Standard Premium:

The expense allowance is based on the percentage of annual Standard Premium represented by the premium size other than 100% of Standard Premium.

G. TAX MULTIPLIER

Tax multipliers are shown in the State Special Rating Values – **Delaware**. For an interstate risk, an average of the specified state tax multipliers weighted by the state standard premiums shall be used.

H. THE TABLE OF INSURANCE CHARGES

The Table of Insurance Charges is a fundamental table in the computation of factors for Retrospective Rating. This table shows by expected loss group:

1. A percentage of Standard Premium representing the premium charge for providing insurance against the probability that the losses of the risk may produce a premium greater than the selected maximum retrospective premium.
2. A percentage of the Standard Premium representing a premium saving to recognize the probability that the losses of the risk may produce a premium less than the selected minimum retrospective premium.

Determination of the proper charge and saving for application of The Plan depends on a testing process which is explained in the example which follows in this Appendix.

I. TOTAL EXPECTED LOSS RATIO

Divide the total expected losses by the total Standard Premium to determine total expected loss ratio. Refer to C above.

J. EXPECTED LIMITED LOSS RATIO

Determine expected limited loss ratio by subtracting the excess loss factor from the expected loss ratio.

K. BASIC PREMIUM FACTOR

The Basic Premium Factor is the sum of the following two elements:

1. The expense in basic factor. This is the Expense Ratio (Refer to F above) reduced by the provision for expense in the Loss Conversion Factor. This reduction is illustrated by No. 7 in the example below.
2. The net insurance charge. Determine the difference between the insurance charge for the limitation of the Plan premium to the maximum retrospective premium and the premium saving for limiting the Plan premium to the minimum retrospective premium. Then multiply this difference by the product of the expected loss ratio and the Loss Conversion Factor. This last calculation uses the probability of loss indicated in the Table of Insurance Charges to produce a factor applicable to standard premium as an element of the Basic Premium Factor.

Any other calculation may be used to determine the Basic Premium Factor provided the selected factor is not over .005 different from the factor produced by the sum of 1 and 2 above.

For risks on a One Year Plan, the insurance charges and savings used in obtaining the Basic Premium Factor are based on the annual estimated Standard Premium. For risks on a Three Year Plan, the charges and savings are based on the estimated Standard Premium for three years. To determine factors for premium sizes other than 100% of Standard Premium as provided in D above, use the percentage of annual Standard Premium represented by the premium size other than 100% of Standard Premium.

L. EXCESS LOSS FACTOR

Excess Loss Premium is an additional elective element in the retrospective premium formula and is determined in accordance with Part Two-I-C of this Plan.

M. LOSS ELIMINATION RATIO (LER)

Divide the Excess Loss Factor by Expected Loss Ratio to determine the Loss Elimination Ratio.

N. STATE AND HAZARD GROUP DIFFERENTIAL

State and Hazard Group Differentials are found on the state retrospective rating pages. This differential is applied to the expected losses prior to selection of the Expected Loss Group. It reflects the effect of variation in loss severity on the insurance charge.

O. LOSS GROUP ADJUSTMENT FACTOR

This factor is applied to the expected losses prior to selection of the Expected Loss Group. It is an adjustment reflecting selected loss limitations. This factor is determined by the following calculation: $1 + .8LER/1-LER$.

AN EXAMPLE OF BASIC PREMIUM FACTOR DETERMINATION

The following example illustrates a generally accepted method of determining the Basic Premium Factor. Note the statement, in K above, regarding different methods that may be used to determine the Basic Premium Factor.

ASSUME THE PLAN AGREEMENT PROVIDES

- A. Minimum Retrospective Premium Factor – 60%
- B. Maximum Retrospective Premium Factor – 130%
- C. Loss Conversion Factor – 1.120
- D. Tax Multiplier – 1.075
- E. Excess Loss Factor for \$50,000 limit – .305
- F. State Hazard Group Differential – .993
- G. Expenses from Expense Ratio Table – .205

1. Estimated Standard Premium	\$500,000
2. Expected Losses.....	\$306,000
3. Expected Loss Ratio	612
4. Expected Limited Loss Ratio ((3)-(E))	307
5. Expense and Profit or Contingency (Excluding Taxes)((1) x G))	\$102,500
6. Expected Loss & Expense Ratio((2) + (5)) (1)	817
7. LOSS & Expense in Converted Losses ((3) x C))above685
8. Expense & Contingency in Basic Premium Factor (6) - (7)132
9. Minimum Retrospective Premium Factor (Excluding Taxes) ((A) ÷ (D))558

10.	Maximum Retrospective Premium Factor (Excluding Taxes) $((B) \div (D))$	1.209
11.	Table of Insurance Charges Value Difference $\frac{((6) - (9))}{(C) \times (4)}$	7.53
12.	Table of Insurance Charges Entry Difference $\frac{((10) - (9))}{(C) \times (4)}$	1.89
13.	Ratio of Losses for Min. Retro Premium to Expected Limited Losses.....	.18
14.	Ratio of Losses for Max. Retro Premium to Expected Limited Losses.....	2.07
15.	Table of Insurance Charges – Premium Charge for (14)069
16.	Table of Insurance Charges – Premium Saving for (13)001
17.	Net Premium Charge $((15) - (16)) \times (4) \times (C)$023
18.	Basic Premium Factor $(8) + (17)$155

NOTE: The above calculations are based on the 1988 Table of Insurance Charges in Part Four of the Plan.

The procedure for establishing the values and factors in the above example follows:

1. Estimated Standard Premium:

This is the annual or three year standard premium. Refer to Rule II-E of Part One of this Plan.

2. Expected Losses:

The expected losses equal the estimated standard premium multiplied by the expected loss ratio which is found in the State Special Rating Values – Delaware. Refer to Part Four for Table of Expected Loss Ranges. For an interstate risk, the expected losses equal the sum of the products of the estimated standard premium for each state and the corresponding expected loss ratio for each state. For the purposes of this example, it has been assumed that the risk is intrastate with an expected loss ratio of .612, which produces expected losses of 306,000 $(500,000 \times .612)$.

3. Total Expected Loss Ratio:

This is the expected loss ratio for the risk obtained by dividing the total expected losses for all states covered by the Plan by the total standard premium.

4. Expected Limited Loss Ratio (ELLR):

This ratio is determined by subtracting the excess loss factor from the expected loss ratio.

5. Expense and Profit or Contingency – Excluding Taxes

The expense and profit or contingency (excluding taxes) is determined, for One Year Plans by multiplying the standard premium by the expense ratio found in either the Stock or Non-Stock "Tables of Compensation Expense Ratios – Excluding Taxes, including profit or contingencies." Refer to Part Four – Premium Computation Tables. For Three Year Plans, values are determined similarly for each of the years based on each annual estimated Standard Premium, and the sum of these values is the provision for expense and profit or contingency. The value for expenses shown in this example is equal to $\$102,500 \times \$500,000 \times .205$. Note that the Tables of Expense Ratios, and other factors used in the calculations, are subject to revision in accordance with modifications adopted by this Bureau. Therefore, care should be taken to use current ratios and factors when preparing a plan calculation.

6. Expected Loss and Expense Ratio

This ratio is obtained by dividing the expected losses plus the expenses and profit or contingency (excluding taxes) by the Standard Premium.

7. Loss and Expense in Converted Losses

This factor, which expresses the ratio of expected losses and expense to estimated Standard Premium, is the product of the expected loss factor and the loss conversion factor.

8. Expense and Profit or Contingency in Basic Premium

The difference between the factor in Item 6, representing the total net premium provision for the risk under the Plan, and the factor in Item 7, representing expected losses and loss adjustment expense associated with insuring the risk, is the expense and contingency amount which must be included in the basic premium.

9. Minimum Retrospective Premium Factor – Excluding Taxes**10. Maximum Retrospective Premium Factor – Excluding Taxes****11. Table of Insurance Charges – Value Difference****12. Table of Insurance Charges – Entry Difference**

These four items are determined in a way designed to facilitate the testing process by which the Basic Premium Factor is established. The factors entered for these items are obtained as indicated in the above example.

Item (10), Table of Insurance Charges Value Difference, equals the difference between the Table charge for the entry ratio from which the savings is taken and the Table charge for the entry ratio from which the charge is taken. Item (11), Table of Insurance Charges Entry Difference, equals the difference between the entry ratios that determine the savings and charge for the risk.

To use the Table of Insurance Charges, find the loss group in the Expected Loss Ranges in the Table containing the expected loss value.

The adjusted expected loss value is Item (2) multiplied by State and Hazard Group Differential times the Loss Group Adjustment Factor.

The Loss Group Adjustment factor (F) applies when an individual loss limit is selected. The factor is:

$$F = \frac{1 + (.8)(LER)}{1 - LER}$$

where the LER = ELF ÷ Item (3)
= .498

$$F = \frac{1 + (.8)(.498)}{1 - (.498)} = 2.786$$

S/H Differential = .993

The loss group is 26 (group that contains 846,548 (= 306,000 x 2.786 x .993)).

Then choose two "Entry Ratios" from the Expected Loss Group in the table with a difference equal to Item 12. Make this choice so that the difference in the charges for the Expected Loss Group and for the selected entries most closely approximates Item 11.

To illustrate this testing procedure; several entry ratios and their corresponding charges in group 26 have been reproduced from the Table:

Entry Ratio	Charges (Group 28)
.17	.831
.18	.821
.19	.811

*** Savings**

Entry Ratio	Charges (Group 26)
2.06	.069
2.07	.069
2.08	.068

Choose and list pairs of entry ratios with a difference equal to item (12), in this case 1.89, and note the respective difference in these charges:

$$\begin{aligned}
 (2.06 - .17) &= 1.89 \\
 (2.07 - .18) &= 1.89 \\
 (2.08 - .19) &= 1.89 \\
 (.831 - .069) &= .762 \\
 (.821 - .069) &= .752 \\
 (.811 - .068) &= .752
 \end{aligned}$$

The pair of entry ratios whose charge difference most closely approximates item (11) is recorded under items (12) and (13).

13. Ratio of Losses Producing Maximum Retrospective Premium to Expected Losses:

14. Ratio of Losses Producing Minimum Retrospective Premium to Expected Losses:

These Items are the pair of Table entry ratio values determined by the process outlined previously.

15. Premium Charge for (14)

This is the premium charge for losses in excess of those provided by the maximum retrospective premium. It is obtained by reading from the table as shown under item (12).

16. Premium Saving for (13)

This is the premium saving for losses less than those which would produce the minimum retrospective premium. The values for premium savings are listed directly beneath the charge values in the Table of Insurance Charges. In this example, the saving of .001 for entry ratio .18 (Item 13) in group 26 is found directly beneath the charge value of .821.

17. Net Premium Charge

The net premium charge is determined by calculating the difference between the charge for possible losses which might produce more than the maximum retrospective premium and the saving for losses which might produce less than the minimum retrospective premium, and then multiplying that difference by the product of the expected loss ratio and the loss conversion factor.

18. Basic Premium Factor

The Basic Premium Factor is the sum of the net premium charge and the expenses and profit or contingencies in the Basic Premium expressed as a percentage of the Standard Premium. The Standard Premium multiplied by the Basic Premium Factor produces the Basic Premium used in computing the Retrospective Premium.

TABLE OF CONTENTS
SECTION 5 – RULINGS AND INTERPRETATIONS
CLASSIFICATION UNDERWRITING GUIDE

Rulings and Interpretations

Agriculture
Annual Rating Endorsements
Automobile Service/Filling Stations
Bakery Products Distribution
Bar, Nightclub – 899
Basis of Premium
Box Mfg. – Paper – 257
Cabinet Works – With Power-Driven Machinery – 311
Caterer – 898
Ceramic Shops
Clearing of Land
Club, N.O.C. – 896
Construction or Erection – Executive Supervisors – Code 951
Corrugated Paper and/or Corrugated Products Mfg. – 261
Department Store – 914
Electrical Supplies Dealer – Wholesale – 886
Employment Contractor – Temporary Staffing
Endorsements Filing Procedure
Executive Officers – Multiple Corporate Enterprises
Executive Officers Remunerations – Treatment of
Fast-Food Restaurant – 897
Florist Store - 919
Food Sundries Mfg. - 104
Frozen or Frosted Food Products Mfg.
Fruit or Vegetable Dealer – Wholesale – 907
Furniture Assembly – 319
Furniture Mfg. – Wood – 323
Furniture Store – Retail or Wholesale – No Woodworking – 922
Furniture Upholstering, Shop Only– 327
Grocery Store – 917
Grocery – Wholesale – 911
Hardware Store – Retail – 925
Hardware Store – Wholesale – 926
Health Care Facilities and Non-Medical Residential Facilities
Homeowners' Association
Hotel or Motel Operations
Labor Union - 903
Library – Public - 890
Limousine Operation
Logging or Lumbering – 009
Mailing or Addressing Company – All Employees Including Office
Meat Dealer – Wholesale – 910
Meat, Fish and/or Poultry Store – 915
Metal Service Center
Museum
Name of Insured
Paper Coating/Finishing – 263

DELAWARE WORKERS COMPENSATION MANUAL

SECTION 5

RULINGS AND INTERPRETATIONS

EFFECTIVE DATE: JUNE 1, 2004

Paper Products Mfg., N.O.C. – 259
Photographic Composition
Plumbing Supplies Dealer or Pipe Merchant – Wholesale – 885
Policy Corrections
Policy Writing Procedure
Poultry and/or Fish Dealer/Processor – 865
Prefabricated Metal Building Erection – Prefabricated Sheet Metal and Silo Erection – Metal
Pre-School (Child Care or Early Education) Services – 891
Processed Meat Products Mfg. – 106
Product Assembly Definition
Restaurant, N.O.C. – 975
Retail Store with Manufacturing Concern
Self-Serve Gasoline Stations and Convenience Grocers
Shelter or Halfway House – 986
Shop Repair Operations
Slaughterhouse – Wholesale – 111
Snow Plowing etc.
Stationery Products Mfg. – 265
Tool Mfg. – Forged – 433
Tool Mfg. – N.O.C. – 441
Tree Pruning, Spraying, Repairing or Fumigating – Code 005
Truck Stops
Weatherization Programs – Code 647
Wholesale/Retail Mail Order House or Internet Sales – Definitions

Auditing

Automobile Dealerships
Commission Salespersons
Counter Personnel – Automobile Repair Facilities
Drivers
Employee Expense Reimbursements
Prevailing Wage Payments
Property Management Firms
Salary Reduction Plans
Strike Periods
Traveling Time Payments
Wages Paid for Idle Time

Classification Underwriting Guide

Alphabetic
Numeric

Examples and Tables

RULINGS AND INTERPRETATIONS

This digest of rulings and interpretations is published for the convenience and guidance of the members of the Bureau and does not bear the official approval of the Insurance Commissioner. The rulings and interpretations are based upon decisions made on individual risks, or they represent established practices. Each item has been approved for publication herein by the Classification & Rating Committee.

Rulings and interpretations should generally be followed for underwriting purposes in the case of risks which appear to come within their stated provisions. If risks involve conditions or operations which appear to be exceptions, such exceptions should be referred to the carrier and the Bureau.

AGRICULTURE

Agriculture, the art or science of cultivating the ground, includes not only farming but also horticulture – the cultivation of a garden or orchard, the art of growing fruits, vegetables or ornamental plants – and the breeding, raising and care of livestock for sale or for dairying purposes. Agriculture includes the marketing and transportation of these products by the farmer.

Code 917 may also be assigned when a retail store is operated by a separate crew of employees with no interchange of labor with the employer's other operations, and when separate payroll records are kept.

ANNUAL RATING ENDORSEMENTS

An "Annual Rating Endorsement" shall be submitted annually for each continuing form policy or policy written for a period in excess of one year but not more than three years to be effective on the anniversary date set by such policy. It shall be submitted to the Bureau not later than thirty days subsequent to its inception.

Each annual rating endorsement shall be clearly identified by printing in large boldface type at the top of the endorsement the words "ANNUAL RATING ENDORSEMENT."

Annual rating endorsements shall also:

1. Show the name of the carrier providing the insurance. If the names of affiliated carriers are printed on endorsement forms, the particular carrier providing coverage shall be clearly indicated.
2. Show the policy number, including all printed and typed prefixes to facilitate the identification of the policy to which the Annual Rating Endorsement is related.
3. If the annual rating endorsement being filed replaces an annual rating endorsement covering the same period, indicate that it is a rewrite.
4. Show the date of its inception and expiration.
5. Show the code number(s) and rate(s) applicable. If the rate(s) or experience modification is not effective as of inception date of the endorsement, also show the effective date of such rate(s) or modification.
6. Show the premium adjustment period, deposit premium and estimated annual premium for the period covered by the Annual Rating Endorsement.

Annual Rating Endorsements shall be used only for the purpose of showing the proper rates, experience modifications, premium adjustment period, deposit premium and estimated annual premium for each one-year period. They cannot be used to make any other changes in the policy such as, but not restricted to, modifying the name of the insured, adding or eliminating classifications, adding or eliminating locations.

CABINET WORKS – WITH POWER-DRIVEN MACHINERY – 311

Applies to payroll developed in the manufacture of cabinets, cabinet parts or other similar wood products in which power-driven machinery is used. Many of the products contemplated by this classification are made to buyers' or customers' specifications and require installation. Separately rate installation work by either Code 646 or Code 648 as provided in the Underwriting Guide.

Typical products covered by this classification include but are not necessarily limited to:

Architectural Woodwork	Partitions
Bathroom Vanities	Picture Frames
Bookcases	Restaurant Booths
Bulletin Boards	Room Dividers
Counter Tops	Showcases
Display Cases	Store Counters
Kitchen Cabinets	Toys – Wood
Library Cabinets	Walk-In Refrigerators
Parquet Flooring	

Also includes payroll developed in the finishing of the products cited above. The term finishing means shellacking, staining, painting, lacquering or varnishing or covering with formica, porcelain or similar materials. Upholstering operations conducted by a separate crew of employees in a physically separate department shall be assigned to Code 327.

DEPARTMENT STORE – 914

For those establishments having twenty or more full-time employees or their equivalent and the merchandise handled must include: wearing apparel, linens, house furnishings (other than furniture) and two or more of the following: cosmetics, furniture, giftware, hardware, jewelry, luggage, stationery/greeting cards, sporting goods and toys. The total annual sales of wearing apparel, linens, and house furnishings must exceed 50% of the total annual sales.

This classification will also include the installation of house furnishings.

The criteria above will be applied to each location of a risk.

EMPLOYMENT CONTRACTOR – TEMPORARY STAFFING

Temporary staffing is a business that hires its own employees and assigns them to an unrelated business to support or supplement that unrelated business' permanent workforce in a special work situation including but not necessarily limited to employee absences (e.g., vacation or illness), temporary skill shortages, seasonal workloads or special assignments or projects. The temporary staffing business usually contracts to fill a job but not to supply a particular person to fill that job. The special work situation generally involves a work assignment that may be of varying time length from a single day to any period less than a year.

Employers engaged in supplying temporary staffing to unrelated concerns shall in all instances be classified in accordance with the separate temporary staffing classes shown in Section 2 of this Manual per the cross-reference chart below subject only to specified EXCEPTIONS for temporary staff engaged in various occupations or tasks listed after the chart. The cross-reference chart shows which business classifications are assignable to each appropriate temporary staffing class. The customers' assigned business classification shall be a guide in selecting the temporary staffing class(es) utilized in classifying the different portions of a temporary staffing contractor's payroll.

TEMPORARY STAFFING CLASSIFICATION

Assignable Customer Business Classification(s)

185

For example, the table entry [104] indicates that temporary staff performing duties which would be subject to Bureau classification **104** if performed by direct employees of the client are to be assigned to the temporary staffing **Code 185**. In total there are 20 temporary staffing classifications for which there is a single assignable customer business classification, seven temporary staffing classifications with multiple assignable customer business classifications and one temporary staffing classification, **Code 889**, which applies to all temporary clerical or technical service staff regardless of the customers' business classification(s).

**TEMPORARY STAFFING
CROSS-REFERENCE CHART**

185	187	191	275	276	297
[104]	[107]	[161]	[221]	[222]	[281]
491	495	497	499	587	691
[403]	[451]	[472]	[475]	[563]	[609]
693	695	867	877	879	881
[651]	[661]	[813]	[914]	[923]	[926]
883	889*	895			
[928]	[953]	[965]			
	956				
	962				

* **Code 889** also applies to temporary clerical or technical service staff provided to customers subject to any other business classification(s).

544

101	115	166	305	407	433	458	487	535	4771
105	119	201	306	411	435	459	489	536	4777
106	130	204	309	413		461	501	551	
108	132	205	311	415	441	463	502	553	
109	134	225	319	416	445	464	506	555	
110	135	227	323	421	447	465	507	571	
111	136	255	327	425	449	467	509	573	
112	139	257	402	427	454	473	511	581	
113	163	282	404	429	456	483	512	718	
114	165	301	406	431	457	486	513	744	

682

601	617	653	664	675
602	625	654	665	676
603	643	655	666	677
605	645	656	667	679
606	646	657	668	681
607	647	658	669	
608	648	659	670	
611	649	660	673	
615	652	663	674	

929

885	920
886	922
910	925
915	927
916	932
917	933
918	934
919	935

937

005	803	811	859	924
009	804	812	860	980
028	805	817	861	992
055	806	821	862	995
059	807	855	865	
721	808	857	907	
801	809	858	911	

946		947				949
940	0011	757	891	954	978	709
957	012	759	896	963	981	819
958	0013	814	897	964	983	903
959	141	815	898	966	984	951
960	142	816	899	967	986	955
961	662	818	936	968	988	
974	716	825	939	969	997	
	751	880	941	971	999	
	752	882	944	973	7428	
	753	884	945	975		
	755	887	948	976		
		890	952	977		

EXCEPTIONS

- 1) **AVIATION** – any temporary personnel provided as flight crew in any capacity shall be assigned to the appropriate aircraft operation classification.
- 2) **LONGSHORING** – personnel provided to load or unload a vessel shall be assigned to the appropriate stevedoring classification.
- 3) **SHIP BUILDING** – temporary staff provided to perform work concerned with either ship building and/or ship repair shall be assigned to the appropriate Federal classification.
- 4) **FARM LABOR** – any temporary staff shall be assigned to the appropriate agricultural classification or if provided to perform mechanical harvesting, picking and related activities utilizing machinery shall be assigned to Code 007.
- 5) **LEASED EMPLOYEES** – the leasing of personnel shall not be construed as temporary staffing.
- 6) **CLERICAL** – all temporary clerical staff shall be assigned to Code 889 regardless of the customer's business classification.
- 7) **HOME HEALTH CARE** – any personnel performing home health care services shall be assigned to the appropriate home health care class as provided in Section 2 of this Manual.
- 8) The following classifications are not available as a guide in classifying temporary staffing contractors: 985, 0908, 0909, 0912 and 0913.
- 9) **EMPLOYMENT CONTRACTOR'S PERMANENT STAFF** – shall be assigned to Codes 951 and 953 as they may apply. Other permanent staff employees with duties falling beyond the scope of the standard exception classes shall be assigned to Code 971.

EXECUTIVE OFFICERS – MULTIPLE CORPORATE ENTERPRISES

An executive officer may either receive a salary from only one or from several corporations insured under one policy. In other instances several policies may be issued to cover several corporations and an executive officer may receive a salary from each of these corporations. The following procedure shall apply in these instances:

Where it is permissible to include more than one corporation on a single policy and such corporations are insured by a single carrier whether under one or more policies, the several corporations shall be considered as a unit with respect to the application of the Executive Officers Rule. In all other cases the rule shall apply on a policy basis.

EXECUTIVE OFFICERS REMUNERATION – TREATMENT OF:

The remuneration of executive officers shall be treated in accordance with the following procedures:

1. The remuneration of an executive officer shall not be included with the payroll of the risk for premium computation purposes, provided:
 - (a) That such officer is elected for the value of his or her name or because of stock holdings, has no duties and does not come on the premises, except perhaps to attend directors' meetings.
 - (b) That such officer because of age or for other reasons, ceases to perform any duties and does not come on the premises, except perhaps to attend directors' meetings.
2. The remuneration of an executive officer shall be included with the payroll of the risk for premium computation purposes, subject to the minimum and maximum provisions of the Basic Manual, provided:
 - (a) That such executive because of age or for other reasons, ceases to perform any duties, but nevertheless, frequently visits the premises of the risk.
 - (b) That such officer frequently visits the premises of the risk for business conferences, directors' meetings or similar duties, although also an officer or employee of another risk in the operations of which he takes an active interest.
3. Under the following conditions, the amount of remuneration of executive officers which shall be included with the payroll of the risk for premium computation purposes, subject to the minimum and maximum amounts of the Basic Manual, shall be as indicated below:
 - (a) Where the officer draws no salary in fact, but a regular salary is credited to him or her on the books, the amount so credited shall be included in the payroll of the risk as his or her remuneration.
 - (b) Where the officer draws no salary in fact, but a regular salary is credited to him or her on the books and subsequently charged back to such officer, the amount so credited shall be included in the payroll of the risk as his or her remuneration regardless of such charge off.
 - (c) Where the officer draws no regular salary but draws such various sums as his or her needs or the conditions of the business dictate, the actual amount drawn shall be included in the payroll of the risk as his or her remuneration.
 - (d) Where the officer receives no salary in fact, either drawn or credited, or where the records presented to the auditor fail to disclose the salary, the amount to be included in the payroll of the risk shall be the applicable manual minimum per week.

ENDORSEMENTS FILING PROCEDURE

The provisions of each endorsement applicable in Delaware as developed by the appropriate committees of the Bureau, will be filed by the Bureau with the Department, for all members who have furnished the President of the Bureau with a Power of Attorney to so file on their behalf.

Individual filing with the Department will not be required for any carrier who has executed the Power of Attorney, with respect to the provisions of endorsements which have been filed by the Bureau and accepted by the Insurance Department.

Following the acceptance by the Department of the provisions of endorsements filed by the Bureau, a circular letter will be issued by the Bureau notifying the members of the Bureau.

A specimen copy of each endorsement form, prepared by the carrier, shall be filed with the Bureau, accompanied by a letter certifying to the following:

- (a) That the form of the endorsement is exactly in accord with the form as filed with the Insurance Department.
- (b) That the minimum requirements of the Insurance Department with respect to execution, name of carrier, etc., have been complied with.

When specimen copies of each endorsement form have been placed on file in the Bureau, no further action will be necessary to authorize use of such endorsements by those carriers on whose behalf the filing was made.

It is anticipated that all carriers will avail themselves of this simplified procedure. In the event a carrier chooses not to furnish the President with a Power of Attorney that carrier must continue to file its endorsements with the Insurance Department.

FOOD SUNDRIES MFG. – 104

This classification applies to risks engaged in the preparation or manufacture of food products whose operations are not more specifically described by any other Manual classification. If a risk otherwise subject to this classification includes minor operations which are described by another Manual classification, such operations should be included in this classification unless their inclusion is prohibited by the Manual or unless they constitute a distinctly separate enterprise.

All types of containers such as bottles, jars, cans, bags or cartons may be used for the finished product.

In general, the operations fall into a few broad groups.

Dry Processing:

- (a) Grinding, mixing or otherwise blending dry ingredients to produce numerous kinds of prepared flours, gelatins, desserts and beverage preparations such as hot chocolate or malted milk powder.
- (b) Cleaning, roasting, grinding coffee, blending, mixing teas, grinding, milling, sifting spices, cleaning, shelling, roasting and otherwise preparing nuts by salting, sugaring, shredding, etc., as well as making nut pastes by grinding, milling or pressing.

Wet Processing:

- (a) Manufacturing sauces, dressings, desserts and similar products by grinding and mixing the ingredients.
- (b) Preparing olives, capers, cherries or pickles by washing, sorting, pitting or stuffing, filling in jars with a brine solution or coloring.
- (c) Compounding flavoring extracts or syrups by cold mixing essential oils, syrups, fruit juices or other liquids or ingredients with alcohol, water or other solvents or diluents.

Cooked Foods, Salads, etc.:

This group covers a large variety of food products that require a considerable amount of preparatory kitchen work before they are finally placed into containers. Some of these food products are soups of all kinds, meat, fish or poultry in combination with vegetables, noodles, cereals, etc., chow mein, spaghetti with various sauces, mince meat. Included in this group are also freshly prepared foods, cooked or uncooked, that are sold in open or unsealed containers such as salads, soups, baked macaroni or beans, egg custard, cole slaw and spiced vegetables.

Vegetables, meats, fish or other ingredients are washed and cleaned, then reduced to required size or consistency by cutting, slicing, chopping, grinding, etc. Appropriate spices or seasoning are added and the mixture is cooked. In many instances there are additional cutting, chopping, mixing, re-cooking or straining operations before the product is filled into bottles, jars, cans, etc. The products that are sold in open or unsealed containers are generally freshly prepared and disposed of daily.

This classification is not applicable to the following operations:

- 1. The manufacture of essential oils or extracts such as are used for perfume by the process of distillation, filtration or percolation.
- 2. The preparation of extracts to be used for perfumery purposes by a cold mixing processing or the blending of ingredients for the same purposes.
- 3. Syrup manufacturing by mixing and cooking fruits or fruit juices with sugar, etc.
- 4. Manufacturing preserved fruits such as candied fruit peels or rinds, pie fillings, soda fountain syrups, by cleaning, cutting, etc. and cooking with the required ingredients.
- 5. Preserving or otherwise preparing meat products by smoking, corning, curing, salting, encasing, etc.
- 6. The preparation and sale of delicatessen by retail delicatessen stores.

7. The preparation of food by caterers.
8. Pickling cucumbers or other food products.
9. The repacking of food products from large containers into smaller ones, involving no processing operations. This would include dry, liquid, semi-liquid and solid products.

FURNITURE ASSEMBLY – 319

Applicable to payroll developed by employers engaged in the assembly of wood, metal or plastic furniture or cabinet-type products from parts manufactured by other unrelated risks. Included within the scope of this classification are all types of home or office furniture such as tables, chairs, dressers, chests of drawers, bed frames or desks or cabinet-type products. The assembly work is normally accomplished by means of nails, screws, brackets, glue, dowel pins and clamps. The classification also includes the finishing of the assembled products by painting, staining, varnishing, lacquering, shellacking or covering surfaces with formica-type materials.

The repair or reconditioning of wood, metal or plastic furniture or cabinet-type products which does not require the manufacture or fabrication of parts (or whereby the fabrication is not performed by the risk but parts are purchased from other unrelated risks) shall also be assigned to this classification. The type of operations found here would involve only tightening loose parts, regluing parts or replacing broken parts, stripping off the old finish and applying a new finish.

Upholstering of new, repaired or reconditioned furniture conducted by a separate employee crew in a physically separate area shall be assigned to Code 327.

FURNITURE MFG. WOOD – 323

Applicable to employers principally engaged in the manufacturing of individual completed wood furniture pieces or sets including but not necessarily limited to: bedroom, living room or dining room pieces or sets, office furniture, billiard tables, console-type audio or television cabinets, pianos or piano cases, juvenile or nursery furniture, lawn or garden furniture, frames for upholstered furniture, occasional tables, chairs, desks or wardrobes.

This classification contemplates both the fabrication of the various parts on woodworking machines and the subsequent assembly of the components into completed furniture. Also included is the finishing by staining, painting, varnishing, lacquering or polishing. In addition, hardware such as hinges, pulls, locks or casters may be attached.

Also applies to the repair of furniture when it is necessary to machine new parts as replacements for damaged or broken parts.

Upholstering operations conducted by a separate crew of employees in a physically separate department shall be assigned to Code 327.

The manufacture of furniture parts which are not assembled into completed furniture by the same employer is assignable to Code 305 for non-turned furniture parts or to Code 306 for all turned furniture stock.

FURNITURE UPHOLSTERING, SHOP ONLY– 327

An upholstering shop's operations shall include but are not necessarily limited to: fabric cutting and sewing, spring-up, trimming and the final assembly of the upholstered materials onto the manufactured frame.

Operations Not Covered:

1. Furniture frame manufacturing or assembly shall be classified as provided for in this Manual.
2. Upholstering operations conducted at customers' locations is assignable to Code 670.

GROCERY STORE – 917

Applies to establishments engaged as supermarkets or convenience grocers.

A supermarket is principally engaged in the retail sale of groceries, fresh fruits, vegetables, dairy products, bakery products, frozen foods and in addition thereto will have a meat department that sells fresh or cured meat, fish and/or poultry. A typical supermarket will also sell other merchandise including but not limited to: soft drinks, soap and other household cleaning items, paper products or cigarettes. A supermarket that is a "supercenter" may also sell non-grocery merchandise including but not limited to: cosmetics, toiletries, stationery products, paperback books, greeting cards, women's hosiery, prescription or non-prescription drugs or kitchen supplies (e.g., pots, pans or pot holders).

A convenience grocer is principally engaged in the retail sale of groceries, fresh fruits, vegetables, dairy products, frozen foods, coffee, tea, spices or delicatessen foods such as cold cuts, salads, pickles, smoked fish or other "appetizers." Delicatessen stores

may also prepare salads and/or cook meat such as roast beef, Virginia ham, barbecue chicken or spare ribs. A convenience grocer may also sell other merchandise including but not limited to: soft drinks, coffee by the cup, sandwiches prepared by an unrelated concern, household cleaning items, paper products, cigarettes or non-prescription drugs. A "mini-mart" operated in combination with a self-service gasoline station is a type of convenience grocer.

Where a store sells several types of merchandise, each of which may be subject to a different classification, such store shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50% of the gross receipts.

When a retail grocery store's merchandise includes fresh or cured meats, poultry or fish, Code 917 should be assigned only when the employer can satisfactorily establish that the cost of the fresh or cured meats, poultry or fish did not exceed 65% of the total cost of all merchandise purchased by the employer during the policy period. If the cost of fresh or cured meats, poultry or fish exceeds 65% of the cost of all merchandise purchased during the policy period an employer so engaged shall be assigned to Code 915.

HARDWARE STORE – RETAIL – 925

Applies to retail stores principally engaged in selling hardware. The term hardware as used in this classification includes but is not necessarily limited to: nails, screws, bolts, washers, gaskets, brackets, locks, hinges, electrical outlet boxes, switches, fuses, plugs, sockets, hand or portable electric tools, plumbing fixtures, paint, small household electrical appliances, radios, stereo equipment, televisions, video and/or audio equipment, kitchenware, garden tools and equipment such as lawn mowers and snow blowers.

In addition, hardware stores may also make keys, sharpen saws or repair storm windows and screens and sell a wide variety of non-hardware items such as wallpaper and allied supplies, china, glassware, sporting goods or automobile accessories or parts.

Such stores may also rent floor scraping or polishing machines, rug and upholstery cleaning machines and similar equipment.

Other types of retail stores or operations assigned to this classification are:

1. Bicycle Stores – including rental and incidental repair work.
2. Locksmiths – including installation, repair or replacement of locks in existing buildings.
3. Lawn mower sales and service (including riding-type).

Where a store sells several types of merchandise, each of which may be subject to a different classification, such store shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50% of the gross receipts.

Operations Not Covered:

Except as provided for above, separately staffed installation, service or repair operations shall be separately classified including but not necessarily limited to the examples listed below:

1. The service or repair of televisions, video and/or audio equipment shall be assigned to Code 966.
2. The service or repair of major household appliances shall be assigned to Code 662.

HARDWARE STORE – WHOLESALE – 926

Applies to dealers principally engaged in the wholesale selling of hardware. The term hardware as used in this classification includes but is not necessarily limited to: nails, screws, bolts, washers, gaskets, brackets, locks, hinges, hand or portable electric tools, machine tools, small household electrical appliances, stereo equipment, radios, televisions, video and/or audio equipment, kitchenware, mill supplies or garden tools or garden equipment such as lawn mowers or snow blowers. A wholesale hardware dealer may also sell plumbing or electrical supplies.

Also includes "ship chandlers" who are dealers in ship supplies and equipment, such as engine room equipment, lifeboat supplies, navigational instruments, deck gear or other ship stores.

Other types of risks included in this classification are wholesale dealers in the following articles:

1. Radio or Television Parts
2. Appliance Parts (for example, washers, dryers, window-unit air conditioners or refrigerators)
3. Aircraft Parts and Accessories
4. Welding Supplies, such as bottled gases, torches, welding rods or face masks
5. Cutlery
6. Sewing Machine Heads or Parts

Where a store sells several types of merchandise, each of which may be subject to a different classification, such store shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50 percent of the gross receipts.

Operations Not Covered:

1. Wholesale dealers principally engaged in selling wire rope or cable assign to Code 857.
2. Retail or wholesale establishments principally engaged in selling building materials such as roofing (including shingles), siding, wallboard, brick and/or lumber assign to Code 855.
3. Wholesale dealers principally engaged in selling plumbing supplies or pipe shall be assigned to Code 885.
4. Wholesale dealers principally engaged in selling electrical supplies (e.g., electric wire, fuses, circuit breakers) shall be assigned to Code 886.

HEALTH CARE FACILITIES AND NON-MEDICAL RESIDENTIAL FACILITIES

This provides a description of the operations assignable to the following codes:

- 958 "REHABILITATION HOSPITAL"
- 960 "NURSING AND CONVALESCENT HOME"
- 961 "HOSPITALS"
- 974 "RETIREMENT OR LIFE CARE COMMUNITY"
- 979 "RESIDENTIAL FACILITY FOR THE ELDERLY – NON-MEDICAL"
- 940 "RESIDENTIAL CARE FACILITY FOR THE DEVELOPMENTALLY DISABLED"
- 941 "SOCIAL REHABILITATION FACILITY"

Code 958, "REHABILITATION HOSPITAL"

Health care facilities that are licensed as rehabilitation hospitals or psychiatric hospitals by the State of Delaware and who do not meet the criteria for assignment to the hospital classification and are not licensed as a nursing home shall be assigned to this classification. This classification applies to a category of rehabilitative facilities that falls between a full-service hospital and a nursing home.

Types of Facilities to be included in this classification are:

- Rehabilitation hospitals
- Psychiatric hospitals
- Alcohol and/or drug residential facilities licensed as Medical or Social Setting Detoxification.

Code 960, "NURSING AND CONVALESCENT HOME – with 50 percent or more beds Licensed as Intermediate Care or Higher"

Applies to concerns operating health care facilities that are licensed by the State of Delaware as nursing homes and have 50 percent or more of their beds licensed as Intermediate Care or Higher. These firms offer varying degrees of care to patients who may be incapacitated in differing degrees including bedridden patients. Intermediate Care is less than skilled care but more than Rest (Residential). The services are given in accordance with physician's orders, updated at least every sixty (60) days.

Skilled Nursing Care means high intensity comprehensive planned care including rehabilitative or restorative therapy, complex medical or drug therapy, diet supervision, trained observation and/or nursing care available on a twenty-four hour basis.

These insureds may or may not be multiple tier facilities meaning there is a mix of licensed beds and unlicensed quarters such as apartments or cottages. A class assignment to either Code 960 or to Code 974 is dependent upon the counting procedure delineated below. Rest (Residential), intermediate care or skilled nursing beds shall be counted per bed. Apartments or cottages shall be counted per number of units with each unit being the equivalent of a bed. Those with 50 percent or more beds licensed as intermediate care or higher are assignable to Code 960. Those with less than 50 percent so licensed are assignable to Code 974.

There shall be no payroll division between Code 960 and Codes 974 and 979 at a single location/campus.

Types of Facilities to be included in this classification are:

- Convalescent home, with 50 percent or more beds licensed as intermediate care or higher
- Life Care Community, with 50 percent or more beds licensed as intermediate care or higher
- Nursing home, with 50 percent or more beds licensed as intermediate care or higher
- Retirement Community, with 50 percent or more beds licensed as intermediate care or higher

Operations Not Covered:

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided for in this Manual.

Code 961, "HOSPITALS"

Only those medical institutions providing general hospital facilities shall be assigned to Code 961 – "Hospitals." The following minimum criteria shall be used as a guide for determining those risks assigned to this classification:

1. An organized staff of doctors subject to a duly authorized set of by-laws adopted by the hospital.
2. Registered nurse supervision and such other nursing services to provide patient care 24 hours a day.
3. (a) Surgical facilities and/or
(b) Operating or delivery room
4. Relatively complete diagnostic and treatment facilities for medical patients on the premises, and
5. Diagnostic X-ray and clinical laboratory services regularly and immediately available.

In general, hospitals licensed by the State of Delaware, under the following types, meet these criteria and shall be assigned to Code 961 – "Hospitals":

Type of Facility

General hospitals which admit maternity patients
General hospitals which do not admit maternity patients

Code 961 includes clerical office personnel engaged in the business administration of the hospital or related functions regardless of whether the office personnel are located at or contiguous to the hospital or at a location separate from the hospital.

Operations Not Covered:

Employees performing home health care services shall be separately classified as provided in this Manual.

Code 974, "RETIREMENT OR LIFE CARE COMMUNITY with less than 50 percent of beds Licensed as Intermediate Care or Higher"

LIFE CARE/RETIREMENT COMMUNITIES offer lifetime guarantees for housing and long term skilled nursing care. These facilities provide independent living units, personal care units and intermediate skilled care units at one site. The client pays a one-time entrance fee and subsequent monthly maintenance fees. Clients enter through independent living units and as needed progress onto higher levels of care.

A Life Care or Retirement Community is a multiple tier facility meaning it has a mix of licensed beds and unlicensed quarters such as apartments or cottages. These insureds are classified to either Code 960 or to Code 974 dependent upon the counting procedure delineated below. Rest (Residential), intermediate care or skilled nursing beds shall be counted per bed. Apartments or cottages shall be counted per number of units with each unit being the equivalent of a bed. Those with 50 percent or more beds licensed as intermediate care or higher are assignable to Code 960. Those with less than 50 percent so licensed are assignable to Code 974.

There shall be no payroll division between Code 974 and Codes 960 and 979 at a single location/campus.

Types of Facilities to be included in the classification are:

Continuing Care Community, with less than 50 percent of beds licensed as intermediate care or higher
Life Care Community, with less than 50 percent of beds licensed as intermediate care or higher
Retirement Community, with less than 50 percent of beds licensed as intermediate care or higher

Operations Not Covered:

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided for in this Manual.

Code 979, "RESIDENTIAL FACILITY FOR THE ELDERLY – NON-MEDICAL"

Applicable to insureds providing custodial/personal care for residents who are ambulatory and where facilities are non-medically oriented. The State of Delaware defines custodial care/personal care facilities as those providing resident beds and personal care services for persons who are normally able to manage activities of daily living.

Includes facilities licensed as Rest (Residential) Homes. These homes provide shelter, housekeeping services, board, and personal surveillance or direction in activities of daily living.

There shall be no payroll division between Code 979 and Codes 960 and 974 at a single location/campus.

Operations Not Covered:

Payroll developed by separate staff(s) performing home health care services shall be separately classified as provided for in this Manual.

Code 940, "RESIDENTIAL CARE FACILITY FOR THE DEVELOPMENTALLY DISABLED"

Includes operations licensed as Intermediate Care Facilities for the Mentally Retarded (ICF/MR) regardless of client count or location. Also included are schools and daycare activities operated by the facility.

ICF/MRs are licensed by the state to provide on a regular basis, health related care and services to mentally retarded, who do not require the degree of care or treatment which a hospital or skilled nursing facility is designed to provide. These facilities regardless of client number provide unique and specialized residential, medical and habilitation services to its clients.

The larger ICF/MRs (9 or more clients) usually provide educational, workshop/vocational and physical therapy programs at one campus with many residents living in cottages having no more than 8 residents each. Supervision may be provided by staff in three 8-hour shifts. Smaller ICF/MRs (8 or fewer clients) also assigned to this classification provide community-based programs which are designed to facilitate the client's movement to a less restrictive environment than the larger facilities. These community-based ICF/MRs employ a relatively high staff to client ratio and 24-hour supervision with at least one staff member monitoring overnight activity. Smaller ICF/MRs may serve clients from higher functioning to profoundly retarded.

Facilities providing residential care for other developmental disabilities (i.e., autism and cerebral palsy) are to be included within this class.

Facilities having separately staffed group homes for 5 or fewer residents licensed as Neighborhood Homes located off campus shall be assigned to Code 941.

Code 941, "SOCIAL REHABILITATION FACILITY"

Applicable to non-medical residential care facilities providing a transitional non-institutional environment in a group setting which emphasizes through guidance and counseling the social rehabilitation and the eventual reintegration of the resident into the community. Such facilities include: Group Homes for the Mentally Ill and Neighborhood Homes.

Residential facilities for children provide a non-institutional environment focusing on socialization and reintegration into the community. Residents in these facilities are usually pre-teen to 18 years of age. At these facilities individualized programs are designed to rehabilitate the child. Emphasis is placed upon reuniting children with their families, placing children in foster care or moving them into a group home where independent living skills are stressed.

Neighborhood Homes operating group homes with 5 or fewer mentally disabled residents are community-based residential programs providing supportive services for clients. These facilities have a minimum of one staff member on duty at all times when a client is present. Clients in the group homes access community-based programs for the mentally retarded. These clients do not require the health care provided at an ICF/MR. Many of these clients will become self-sufficient enough to move into minimal supervision apartments.

Additional programs, e.g., daycare, respite care and prevocational training programs, provided by group home operators shall be included within the scope of this class. Training programs that pay the trainees for services rendered (including sheltered workshops) shall be separately classified.

Operations Not Covered:

Drug and alcohol halfway houses, shelters for the homeless, victims of domestic abuse, unwed mothers or pre-parole halfway houses shall be assigned to Code 986.

HOTEL OR MOTEL OPERATIONS

The two classifications applicable to hotel operations are 973 and 945.

Code 973 shall include all operations performed by hotel or motel employees including but not necessarily limited to: front desk employees, persons engaged in the operation of newsstands, candy or cigar shops or similar activities, personnel operating or maintaining indoor or outdoor swimming pools, the golf course, video game room, the health or fitness club, tennis courts or other hotel or motel guest amenities, maids, housemen, inside or outside maintenance, store workers, barbers, laundry workers, or employees performing concierge services (i.e., arrangements for tours, theater tickets or the rental of automobiles).

The scope of Code 945 contemplates but is not necessarily limited to: employees whose work is solely in connection with the food service or beverage operations (i.e., waiters or waitresses and their assistants, cooks, kitchen help, bartenders, cashiers, restaurant managers, musicians or entertainers). On the auditing procedures for tips and musicians or entertainers, see Section 1, Rule V.

Codes 973 and 945 apply only to workers directly employed by the hotel or motel and do not include employees of concessionaires or independent contractors operating on the premises. The operations of each such concessionaire or independent contractor will be classified solely on the merits of their operations.

Payroll developed by interchanging hotel and hotel restaurant employees shall be assigned to Code 973 or to Code 945 whichever has the higher value.

Employees of either the hotel or the hotel restaurant exclusively engaged in clerical office duties shall be assigned to Code 953.

LIMOUSINE OPERATION

Limousine operation means the rental of a vehicle with driver or chauffeur for use on defined trips in connection with weddings, funerals, business, social functions, shopping or similar purposes. Such business is assigned to Code 817.

Limousine operation does not include the operation of a vehicle that is available for immediate hire (on a call and demand basis) with fares to be determined by zone or meter. Such business is classified by Code 803.

Payroll developed in the provision of ambulance services on an employee or non-volunteer basis shall be assigned to Code 807.

MEAT, FISH AND/OR POULTRY STORE – 915

For establishments primarily (at least 65% of the total cost of all merchandise) engaged in the retail sale of fresh and cured meats, fish and/or poultry. Such insured may also sell general grocery merchandise including but not limited to: bakery and/or dairy products or canned goods. The slaughtering of animals and the dressing of carcasses into marketable cuts as well as the making of sausage, scrapple, frankfurters, ham or bacon shall be construed as incidental and not subject to separate classification provided more than 50% of the total sales of the fresh meat and/or cured meat products produced are sold over the counter to the general public for personal or household consumption either on the premises or through satellite outlets.

Such insured may perform custom killing. This involves the slaughter of an animal (a steer, pig or sheep) for a private individual (frequently a farmer) and the cutting or processing of the resulting meat per customer specification. All of the fresh or processed meat is the customer's property and may be held for the customer by the insured in a frozen food locker or returned immediately to the customer.

This may also include the dressing of deer carcasses during hunting season for individual hunters.

This classification shall include incidental sales to restaurants, institutional buyers or retail stores. When more than 50% of the sales are to non-retail customers, such establishments shall not be subject to Code 915 and shall be classified as indicated below.

Operations Not Covered:

When the operations include the killing of animals and more than 50% of the sales are to wholesale customers, such risk shall be rated as Code 111.

When the operations do not involve the killing of animals but do include the making of processed meat products by the curing and preserving of meat and more than 50% of the sales are to wholesale customers, then such risk shall be rated as Code 106.

When the operations simply involve the cutting, deboning or grinding of fresh meats and more than 50% of the sales are to non-retail customers, then the risk shall be rated as Code 910.

When the operations involve the retail sale of meat, fish or poultry as well as other items (e.g., groceries or vegetables), and the insured's records show that the cost of fresh and cured meats, fish or poultry did not exceed 65% of the total cost of all merchandise purchased by the insured during the policy period, such insured shall be assigned to Code 917.

NAME OF INSURED

In addition to providing the complete legal name of the insured, carriers shall designate each fictitious name shown on the Information Page by the symbol D.B.A. (doing business as). In addition, if a fictitious name is shown on an endorsement the same designation, D.B.A., shall be shown. A fictitious name is a business name which is not the legal name of the insured.

Some individuals are known by two or more complete names. If a carrier shows the additional names of such an insured individual, it shall designate each additional name by the symbol A.K.A. (also known as).

Each daily report or applicable endorsement shall identify every corporate name which does not include the words "incorporated" or "corporation" in said name by the designation (A Corp.) following the name.

The effective date of any change, addition or deletion in the name of the insured shall be shown on the endorsement.

When issuing an endorsement to reflect a change in ownership, the following procedure shall be followed:

1. If the endorsement contains the complete name of the insured as it will be on the effective date of the endorsement, the name should then be preceded by the phrase "Name is changed to . . ."
2. If the endorsement does not contain the complete name of the insured, the change should be preceded by the phrase "Name is added . . ." or "Name is deleted . . ."
3. Name and address changes should be effected on a separate endorsement and not in conjunction with other policy amendments.

PHOTOGRAPHIC COMPOSITION

This pertains to the classification treatment of a new photocomposition method used in the Graphic Arts Industry. Using a standard electric typewriter keyboard (with auxiliary push-buttons and levers) the operator selects desired characters from a matrix and projects their images through lens onto photographic film or paper. The photographic positive is developed, coated with adhesive on the reverse side, and is positioned by employees who work at drafting tables with simple tools, such as scissors or knives, assembling photo-composed materials into paste-ups.

A proof of the photo-composed sheet is prepared on a machine commonly used to reproduce blueprints. After the proof is accepted by the customer, the paste-up is sent to the engraving department. Automatic lithographic platemaking involves the use of a completely enclosed automated plate processor which is similar in nature to a typical photocopy machine found in offices. This plate processor utilizes aqueous, non-toxic solutions and thin gauge metal or similar material. It automatically develops, desensitizes, gums and dries in one operation. The operator does not come into contact with the solutions, but merely feeds a plate into the processor. Once the plate processing is completed, the finished thin gauge plate exits the processor thoroughly dry.

Employees engaged in the above described operations, when performed in a physically separated department, shall be assigned to Code 953.

Subsequent operations involving the transferring of the copy to the metal plate, except for automatic lithographic platemaking described above shall continue to be assigned to the employer's governing classification which will normally be either Code 281 or Code 282 .

Specialist businesses whose only activity is the operation of this equipment for unrelated businesses shall be assigned to Code 953.

Operations Not Covered:

Employees performing the operations described above in conjunction with a quick print or photocopy enterprise shall be assigned to Code 932 .

POLICY CORRECTIONS

If the Bureau finds that a policy requires correction to conform to Manual rules or classifications, the carrier shall be notified by letter. Such policy shall be corrected and a copy of the correcting endorsement shall be submitted to the Bureau no later than thirty (30) days after notification.

POLICY WRITING PROCEDURE**A. POLICY NUMBERS**

The policy number designated by the carrier at policy issuance must remain constant and must be used on all endorsements and other documents related to that policy. If a portion of the policy number is designated at inception as the "key" policy number, such designation must be clearly identified on the policy information page and the "key" number must be used on all endorsements and other documents related to that policy.

B. RENEWAL POLICY NUMBERS

The information page of each renewal policy shall identify the policy number of the policy which it renews, in accordance with A. above. This procedure also applies to rewritten policies. The word "same" should be used to indicate that the same policy number has been used on renewal. The word "new" should be used to indicate a newly issued policy.

POULTRY AND/OR FISH DEALER/PROCESSOR – 865

Applicable to employers engaged in one or more of the following operations:

The catching of live poultry as contractors on producers' premises and the hauling by poultry catchers of live poultry to dressing plants.

The dressing (to kill and prepare for market) of poultry, rabbits or other similar small game.

The making of either processed poultry or fish products. The term processed shall mean that definite changes result in the poultry or fish product due to the application of either chemicals and/or heat (the use of smoke and/or cooking).

Wholesale sale/distribution of poultry or fish including the cutting or deboning of dressed poultry and/or the cutting or filleting of fish. The employer may also bread or stuff the product.

Wholesale poultry and/or fish dealers who perform no cutting or filleting, but who may repackage shall be assigned to Code 924. Poultry dealers who may cut whole poultry into parts on an emergency basis will be construed as non-cutting and assignable to Code 924.

PREFABRICATED METAL BUILDING ERECTION – PREFABRICATED SHEET METAL AND SILO ERECTION – METAL

Payroll developed in the two types of erection jobs cited above will be classified in the manner indicated below.

Code 609 is applicable to site preparation and to any excavation. Code 654 is the proper classification for the building of concrete flooring or padding. Payroll developed in the erection of the prefabricated metal building framework is assignable to Code 655. Installation of sheet metal siding, roofing or interior work for a prefabricated metal building or the erection of metal or fiberglass silo sections is assignable to Code 651. Electrical work is assignable to Code 661 and plumbing installation is assignable to Code 663. For the silo erection Code 675 is proper for payroll developed in the installation of conveyors or other materials handling equipment or for the service and/or repair of such. Other trade classifications may be extended as warranted.

RETAIL STORE WITH MANUFACTURING CONCERN

Where a retail outlet is located at the same or contiguous premises as an insured's manufacturing facility, a separate classification shall apply to the payroll of the outlet provided that such outlet is operated in a physically separate department and by a separate crew of employees.

SELF-SERVICE GASOLINE STATIONS AND CONVENIENCE GROCERS

In classifying a combination self-service gasoline station and convenience grocer Code 917 shall apply at each location when the sale of merchandise, other than gasoline, exceeds 10% of the total annual receipts for the location.

Self-service gasoline stations exclusively engaged in the retail sale of gasoline or where the cashier may also sell items such as cigarettes and/or snack food only shall be assigned to Code 816.

SLAUGHTERHOUSE – WHOLESALE – 111

For establishments who receive live animals (cattle, hogs and/or sheep), kill the animals and dress the carcasses to produce meat products. A risk eligible for this classification will normally ship dressed meats in either carcass and/or boxed form, but such risk may also produce meat products like bacon, hams, sausage or luncheon meats or perhaps also sell some portion of the meat production as steaks, roasts, etc. Such employer may further process the resulting animal by-products from the killing operations which is not subject to separate classification. The by-products processing may include but is not necessarily limited to: the cooking of fat into tallow or lard and the washing, scraping and salting of hides.

Risks assignable to Code 111 will normally sell their meat products on a wholesale basis, but in all cases more than 50% of the total sales will be upon a wholesale basis.

TRUCK STOPS

A truck stop establishment is a multiple enterprise, and the appropriate classification shall be assigned to each of the various operations thereof provided each operation is separately staffed and is conducted in a physically separate work area. The exact nature of each of the truck stop's operations will direct which classification to assign. The more common truck stop operations and the assignable class for each are delineated below:

1. **Code 816** is for payroll developed by fuel attendants engaged in pumping gasoline or diesel fuel or to personnel who work exclusively on a fuel island adding or changing motor oil, checking the air in tires and performing related duties. Fuel attendants may also accept payment for fuel or motor oil sales.
2. **Code 815** is assignable to personnel engaged in the repair of automobiles or trucks. A truck stop may have separate automobile and truck repair bays.
3. **Code 973** is assignable to the payroll of chambermaids or related personnel engaged in the upkeep of motel rooms.
4. **Code 928** is assignable to gift shop and/or retail store personnel. The merchandise sold may include but is not necessarily limited to: men's or women's clothing, CB radios, gifts, greeting cards, toilet articles, health or beauty aids, books, newspapers or magazines.

Payroll developed in the operation of a restaurant, when conducted in a physically separate department and by a separate crew of employees, including preparing or serving food or beverages, washing dishes or receiving payment for meals or beverages, shall be assigned to the applicable restaurant classification. (Please refer to the Rulings and Interpretations listed elsewhere in this section regarding restaurant operations.)

Control desk cashiers' duties include but are not necessarily limited to: operating self-serve fuel pump controls, writing invoices for fuel or motor oil sales or vehicle repairs, receiving cash or credit payment for fuel sales or trucking operating permits, receiving or transmitting telegrams or receiving telegram money transfers, accepting payment for store merchandise or selling lottery tickets. Employees engaged as control desk cashiers may be assigned to Code 928 provided the control desk is located inside the truck stop store. In the event the control desk is located in an enclosed booth located on a fuel island or in an area contiguous thereto the payroll of the control desk cashiers shall be assigned to Code 816.

Additional classifications may be extended to a truck stop in the event a truck stop conducts additional separately staffed and located operations not listed in this Ruling and Interpretation.

WHOLESALE/RETAIL MAIL ORDER HOUSE OR INTERNET SALES – DEFINITIONS**Wholesale**

For the purposes of classifying stores the term "wholesale" shall be construed to mean the selling of merchandise:

1. to retailers;
2. to manufacturers, builders or contractors;
3. to industrial, agricultural, commercial, governmental, institutional or professional users;
4. to other wholesalers; or
5. to firms acting as agents in buying merchandise for or selling merchandise to such persons or companies as those previously listed.

Wholesale store operations generally include the maintenance of warehouse inventories; delivery and the promoting of sales through utilization of an outside sales force and/or by telephone or fax. Many but not all wholesalers may also perform the physical assembling, sorting and grading of their goods; the breaking of bulk quantities and repackaging into smaller lots. A wholesaler may also have a sales counter where a walk-in customer's order may be written up and payment for merchandise made. The counter clerk may transmit the order to the warehouse or the customer may take the order to the warehouse for fulfillment.

Mail Order House Or Internet Sales

An enterprise principally (more than 50 percent of the gross receipts) engaged in selling by mail order and/or via Internet website shall be assigned to the appropriate wholesale store classification for the commodities handled, except for mail order pharmacies filling individual patient drug prescriptions which shall be assigned to Code 927. Mail order or Internet sales by a manufacturer or incidental to a retail store business shall be classified in accordance with the class or classes appropriate to the business of the employer.

Retail

For purposes of classifying stores the term "Retail" shall be construed to mean the selling of displayed merchandise in store-type premises where floor and/or counter salespersons assist customers or on a self-service basis to the general public for personal or household consumption or use. Warehouse operations incident to the retail store enterprise shall be assigned to the enterprise's appropriate retail store classification.

The appropriate retail store class shall also be assigned when the insured, while technically a wholesaler, operates primarily in a retail manner. The customers will generally be commercial or professional users. "Retail manner" means such insured will have a large merchandise display area, customers may walk up and down the display aisles, inspect the merchandise being offered for sale, place their selections into either a shopping basket or shopping cart and will make payment for their selections at a customer checkout lane. The employer's single largest group(s) of employees are floor or counter salespersons assisting customers or performing customer checkout.

(There is no sales tax on merchandise sold in Delaware, but in the event such is enacted the act of collecting a sales tax on merchandise sold will not be a factor in defining a retail store and will have no bearing upon determining the business' classification assignment.)

BAKERY PRODUCTS DISTRIBUTION

Payroll developed in the wholesale distribution of bakery products, including but not necessarily limited to bread, cakes, pies, cookies or crackers by a baker whose production facilities are located in another state or by an independent business (not related to a bakery) must be assigned to Code 924.

FROZEN OR FROSTED FOOD PRODUCTS MFG.

The processing of frozen foods shall be assigned to the classification which would apply if the product was not frozen. This ruling is made as the application of cold to either chill or freeze food products is common to a number of food processing classifications. It has been determined that the freezing operations of themselves do not change the fundamental characteristics of the risk.

MEAT DEALER – WHOLESALE – 910

Applicable to employers principally engaged in the wholesale sale/distribution of fresh and processed meats and whose operations include the deboning and/or cutting of fresh meats into portion controlled fresh meat products, such as steaks, roasts, or chops. Such employer may also distribute poultry and/or fish merchandise as an adjunct to his meat merchandise and the operations may include the filleting of the fish and the cutting of poultry carcasses into parts. The employer may further distribute grocery merchandise and/or fresh fruit and vegetables.

Also contemplated are businesses principally engaged in making natural sausage casings, but who perform no killing of animals.

Where a dealer sells several types of merchandise, each of which may be subject to a different classification, such dealer shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50% of the gross receipts.

Operations Not Covered:

Businesses principally engaged in taking beef and/or veal and cutting or grinding this fresh meat into hamburger, hamburger patties and/or veal patties and/or sandwich steaks will be assigned to Code 119.

When a wholesale meat dealer is also engaged in the killing of animals and the dressing of their carcasses, then such employer is assignable to Code 111.

Wholesale meat dealers who do no deboning and/or cutting of fresh meats must be assigned to Code 924.

PROCESSED MEAT PRODUCTS MFG. – 106

Risks assignable to Code 106 will perform no slaughtering of animals whatsoever nor will they handle any livestock. Such insureds will receive meat from unrelated concerns in either carcass or boxed form. The insured will be primarily to exclusively engaged in making processed meat products. Processed shall mean that definite changes result in the meat product due to the application of either chemicals and/or heat (the use of smoke and/or cooking) to the meat materials. An insured whose production procedures do not include one or both of the above cited means will not be assigned to this class. Typical products of such insureds include but are not necessarily limited to: sausage, frankfurters, ready-to-eat luncheon meats, hams and bacon.

TOOL MFG. – FORGED – 433

Applicable to businesses principally engaged in the manufacture of tools by use of forging techniques or methodology. Steel or alloy metals in various bar and rod forms will be cut to length and then heated in furnaces. The heated metal stock is then forged with drop hammers, reheated and forged to final shape or form with the appropriate dies or patterns. The forgings are then cooled, trimmed or ground as needed and tempered by heat treating. Includes secondary machining of the forged tools by the forge employer. There is no payroll division with Code 461.

Examples of products within the scope of this classification are: axes, agricultural and gardening tools, sledge hammers, logging tools, construction tools and oil well tools.

Also included within the scope of this classification are specialist businesses principally engaged in the heat treating of metal for unrelated customers.

TOOL MFG. – N.O.C. – 441

Applies to a business principally engaged in the manufacture of non-forged tools used for cutting or machining operations, dies or molds which are used to cut or form materials in a press, or jigs and fixtures used to hold or position work for machines. Also applies to a business principally engaged in making molds for plastics molding or nonferrous metal casting operations or dies for wire drawing, stamping, extrusion, threading or tapping.

Also included are businesses principally engaged in the manufacture of non-forged hand tools such as screwdrivers, pliers, hammers or chisels, sewing machine attachments such as hemmers or binders, automobile piston rings, universal joints, transmissions or clutches, ring, plug or snap gauges or welding or cutting torch tips.

Further included are employers principally engaged in Precision Machined Parts Mfg. – N.O.C. Such term will be construed as applying to employers where the plans or specifications require that at least 51 percent of all machining operations performed by the employer will be held to a final tolerance of .001 inch or closer and where the machined parts made by the employer are not assigned to any other manufacturing classification.

Also further included are employers principally engaged in the manufacture of wood or metal patterns or models and analogous products including but not necessarily limited to: aircraft propeller mfg. – wood, architectural scale models mfg. by a specialist contractor, last form mfg. – wood, or wood carving by hand or machine.

Operations Not Covered:

1. Cemented carbide tips for cutting tools or other products made from powdered metal that are pressed to shape and sintered shall be assigned to Code 506.
2. Molds or patterns produced by foundry (the melting and casting of the molten metal) process shall be assigned to the appropriate foundry class.

FLORIST STORE – 919

Applies to a business principally engaged in the retail and/or wholesale selling of fresh cut flowers, potted plants, fresh cut floral arrangements or florist store supplies. Also includes service away from the store premises, such as floral decoration of homes, churches or other buildings for weddings, banquets or parties.

Also includes plantscaping, which is the maintenance of living (typically potted) plants inside a customer's premises. The living, potted plants may be used to decorate the interiors of malls, offices or other businesses, as well as residences. Plantscaping duties include watering, fertilizing, trimming and/or spraying of the interior living, potted plants.

Employers who raise, in fields or under glass, flowers to be marketed on a commercial basis as cut flowers or living plants are assigned to Code 0011. Stores or outlets of such employers at the same or contiguous location may be separately classified by Code 919, provided there is no interchange of labor between the store or outlet and the raising of flowers, and the store or outlet is located in a physically separate area or department.

Where a store sells several types of merchandise, each of which may be subject to a different classification, such store shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50% of the gross receipts.

Operations Not Covered:

1. A garden supply business principally engaged in the sale of fertilizer, sod, grass seed, flower pots, birdbaths and statuary with incidental potted plants, trees, shrubs, bulbs or bedding plants shall be assigned to the N.O.C. store classification, depending on whether the sales are principally to retail customers (Code 928) or wholesale customers (Code 924).
2. A business principally engaged in the arranging, assembling and/or the wholesale selling of artificial or dried flowers shall be assigned to Code 924.
3. A business principally engaged in the raising of trees, shrubs, bushes, hedges or other outdoor living/growing plants shall be assigned to Code 0013.
4. A business principally engaged as a landscape contractor or performing lawn care maintenance or other similar services shall be assigned to Code 012.

FRUIT OR VEGETABLE DEALER – WHOLESALE – 907

Applies to dealers engaged principally in the wholesale distribution of fresh fruits or vegetables. Such dealers as a part of their operation may also perform incidental repackaging of the merchandise into retail size bunches, boxes, bags or similar containers.

In addition these dealers may also sell groceries, dairy products and/or frozen foods.

Where a dealer sells several types of merchandise, each of which may be subject to a different classification, such dealer shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50% of the gross receipts.

GROCERY – WHOLESALE – 911

Applies to dealers engaged principally in the wholesale distribution of groceries or frozen foods which are received and sold in cartons, cases or boxes. Such dealers may also sell at wholesale dairy products, soft drinks, household cleaning supplies, paper products, fresh fruits or vegetables.

Code 911 also includes but is not necessarily limited to wholesale dealers engaged principally in the distribution of cider, coffee, dairy products, flour, fruit juices, herbs, spices or tea.

Where a dealer sells several types of merchandise, each of which may be subject to a different classification, such dealer shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50 percent of the gross receipts.

Operations Not Covered:

1. Wholesale dealers principally engaged in selling fresh fruits or vegetables shall be assigned to Code 907.
2. Wholesale dealers principally engaged in selling beer in bottles, cans, kegs or barrels and/or soft drinks in bottles or cans shall be assigned to Code 821.
3. Wholesale dealers principally engaged in candling or distributing eggs shall be assigned to Code 924.
4. For bakery products distribution see the separate Ruling and Interpretation.

CERAMIC SHOP

The operations contemplated by the term "ceramic shop" are manual with little or no mechanization. The major material is a liquid clay known as slip. After mixing, the clay is poured or pumped into plaster of paris or rubber molds. When dry, the clay is now called greenware (an unfired shape or figurine) which is manually trimmed, inventoried or shelved for further hardening and curing, then sold to customers. Retail customers often paint or finish the greenware and return it to the shop for firing. A ceramic shop will often hold classes for students who will perform all of the above functions except for the firing. The ceramic shop may also sell paints, artist-type brushes, decals and ceramic hand tools.

Payroll developed in operations as discussed above shall be assigned to Code 928.

CLEARING OF LAND

Below find the class assigned to payroll developed in each of four different but common types of land clearing or right-of-way clearing or maintenance projects. Such class listing does not waive either the underwriting or payroll division rules delineated in Sections 1 or 2 of this Manual.

1. Assign Code 009 for all methods of removing standing timber regardless of tree size and the incident removal of brush and/or tree stumps .
2. Assign Code 609 for all methods of clearing or removing brush and/or stump removal not incident to tree removal except for road construction. Such work for a road job or project is subject to Code 602.
3. Assign Code 005 for all methods of tree pruning, spraying (except aerial tree spraying) or trimming including tree removal incidental thereto and all operations in connection therewith .
4. Assign Code 012 for brush or weed control using chemicals dispensed from portable or mechanical ground spraying equipment .

FURNITURE STORE – RETAIL OR WHOLESALE – NO WOODWORKING – 922

Applies to retail stores or wholesale dealers principally engaged in selling or renting furniture including antique furniture for homes, lawns, gardens, offices or hotels. The furniture may be sold directly from the floor of the store or ordered from catalogs and samples on display in a showroom and subsequently shipped by the store to the customer. The word "furniture" as used in this classification includes but is not necessarily limited to: living room, dining room, bedroom or kitchen sets and individual pieces such as sofas, chairs, tables, beds, bedding, chests, breakfronts, bookcases, pianos, organs, floor coverings (carpet and linoleum) and major household appliances such as refrigerators, stoves and washing machines.

In addition, furniture stores may sell or rent other merchandise such as lighting fixtures, lamps, stereo equipment, televisions, video and/or audio equipment, small household appliances, mirrors, pictures and kitchen cabinets.

Further included are delivery and setting merchandise in place, hanging pictures or mirrors and polishing and minor repairing of furniture on the insured's premises or at the customer's location.

Where a store sells several types of merchandise, each of which may be subject to a different classification, such store shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50% of the gross receipts.

Operations Not Covered:

Separately staffed installation, service or repair operations shall be separately classified including but not necessarily limited to the examples listed below:

1. The installation of wall-to-wall carpeting, non-ceramic tile or window coverings shall be assigned to Code 670, House Furnishings Installation, N.O.C.
2. The installation, service or repair of major household appliances shall be assigned to Code 662, Household Appliances – Service or Repair.
3. The service or repair of televisions or other electronic entertainment and communication devices shall be assigned to Code 966, Television, Video, Audio or Radio Equipment Service or Repair.

MAILING OR ADDRESSING COMPANY – ALL EMPLOYEES INCLUDING OFFICE

Applicable to employers whose business is mailing advertising material such as letters, circulars and/or small product samples for unrelated concerns. The mailing company may compile mailing lists or receive lists of names from customers. Materials to be mailed may be received bound on pallets ready for mailing. The mailing company may generate the letter by computer (laser or impact printed). The mailing company may design and print advertising materials using offset presses. Printing operations shall be included with the mailing company class provided that the majority of the items printed are used as materials in the mailing business.

Most mailing companies have a production department where employees operate machines to burst, fold, insert, label and affix a stamp to each envelope. The last item listed is optional as much of this mail is metered. Mail is presorted to the addressee's five- or nine-digit zip code, placed in postal sacks and taken to the Post Office. Very small firms may employ persons to manually stuff envelopes, hand label and stamp material to be mailed.

Larger mailing companies may have sales and promotion employees soliciting accounts, designing and producing advertising campaigns in addition to the mailing operation.

Code 948 also contemplates presort bureaus which sort first-class mail for unrelated concerns. The mail may be sorted manually or by automatic sorting machines to the five- or nine-digit zip code. The sorted mail is placed in postal trays or sacks and taken to the Post Office.

Clerical is included within the phraseology of this classification. Code 948 does not provide for payroll division with either Code 951 or Code 953.

Operations Not Covered:

1. Employers who may mail catalogs and later receive (by phone or mail) and fulfill customer orders from inventoried merchandise shall be subject to the store classification appropriate to the employer's business.
2. Concerns printing and performing mailing or addressing shall be subject to the appropriate printing class when less than a majority of the printing production is used in the mailing or addressing operation. The payroll of mailing or addressing operations' personnel shall be assigned to the appropriate printing enterprise class. If the risk fulfills multiple enterprise criteria Code 948 may become an additional authorized classification.

PRODUCT ASSEMBLY DEFINITION

For classification purposes, the term "assembly" refers to the joining together of prefabricated component parts purchased from unrelated concerns to form a described product. Some portion of the purchased prefabricated component parts may be modified prior to assembly. When a specific assembly classification does not exist for a certain product, the assembly of such product shall be assigned to the manufacturing classification which most accurately describes the completed product.

It is common for stores, such as those engaged in the sale of bicycles, furniture, jewelry or light fixtures, to perform incidental assembly activities in preparation for the display of or after the sale of merchandise. Assembly or "get ready" activities which are incidental to a store's operations shall be assigned to the store's applicable classification.

SHOP REPAIR OPERATIONS

Risks having shop operations that involve the repair of a product for which there is no repair classification are to be assigned to the classification that applies to the manufacture of the product, unless such repair work is specifically referred to by another classification phraseology, footnote or definition in the Manual.

986 – SHELTER OR HALFWAY HOUSE

Applicable to shelters for the homeless, victims of domestic abuse or unwed mothers or to halfway houses for prison release programs or drug and alcohol residential facilities not otherwise classified. Such are short term non-medical residential facilities providing in a non-institutional environment counseling and training in daily living skills aimed at reintegrating residents into the community. Services provided to clients may also include but are not necessarily limited to: counseling for specific client needs, advocacy services, job training, child care and help in seeking services available to the clients in the community. All provided services and the insured's administrative staff (regardless of location) are included within the scope of this class.

Operations Not Covered:

Facilities providing non-medical residential care for mentally ill clients, group homes not licensed as intermediate care facilities for developmentally disabled clients having eight or fewer clients per facility or children and youth residential services shall be assigned to Code 941.

AUTOMOBILE SERVICE/GASOLINE STATION

It is common for automobile service stations or gasoline stations to be engaged in both the sale of gasoline and the performance of automobile service or repair. When both operations are conducted at the same or contiguous location, such establishment shall be classified on the basis of the principal operation:

- When more than 50 percent of the gross receipts result from automobile service or repair, assign Code 815, Automobile Service Center.
- When more than 50 percent of the gross receipts are from gasoline sales, assign Code 816, Automobile Filling Station.

An assignment of Code 815 or Code 816 is mutually exclusive for operations conducted at the same or contiguous location.

Please refer to the separate Rulings and Interpretations "Self-Service Gasoline Stations and Convenience Grocers" and "Truck Stops" for information on classifying such enterprises.

SNOW PLOWING AND/OR REMOVAL

Payroll developed in snow plowing and/or removal for unrelated concerns is to be separately rated by Code 601.

Code 257, BOX MFG. – PAPER

Applicable to businesses principally engaged in the manufacture of folding and/or set-up boxes. The boxes contemplated by this classification may be made from any non-corrugated paper material (e.g., paper box board or cardboard stock) which is cut, scored, creased and glued to the correct form.

Printing by a box manufacturer on its own products is construed to be incident to the box making enterprise and is not subject to separate classification. There shall be no payroll division between Code 257 and Code 281 unless the employer fulfills the multiple enterprise criteria delineated in Rule IV, Section 1 of the Manual.

Code 259, PAPER PRODUCTS MFG., N.O.C.

Applicable to businesses principally engaged in the manufacture of a wide variety of paper products that are not otherwise classified. These products include, but are not limited to: paper towels, toilet tissue, paper plates, tissues, mailing tubes, paper bags or doilies.

Rolls of plain paper or paper of various types (e.g., tissue or crepe) are received from others. These rolls are loaded onto a paper sheeter which will cut the paper to the desired product dimensions. Embossing and/or perforating operations may be performed. The paper may either be rolled onto a smaller tube (e.g., paper towels) and then packed and shipped or will undergo further processes to reach its desired product form (e.g., paper plates).

Printing by a paper products manufacturer not otherwise classified on its own products is construed to be incident to such enterprise and is not subject to separate classification. There shall be no payroll division between Code 259 and Code 281 unless the employer fulfills the multiple enterprise criteria delineated in Rule IV, Section 1 of the Manual.

Code 261, CORRUGATED PAPER AND/OR CORRUGATED PRODUCTS MFG.

Applicable to businesses principally engaged in the corrugating of paper and/or the manufacture of products from corrugated material (e.g., corrugated containers). The employer receives paper that may have been corrugated by an unrelated source or the employer receives paper which is corrugated as part of the employer's manufacturing process. Corrugation involves paper being slowly passed over a steam or gas heated metal drum, then revolved around a roll covered with silicate of soda which is deposited on the tips of the corrugation. The paper is then moved along until it reaches the paper liner (either a single or double facing), then the corrugated paper and liner(s) travel under pressure where they are combined and dried.

Also applicable to the manufacture of fiberboard and/or fiberboard products along with the fabrication of honeycomb products used for padding in shipping containers and a filler for hollow core flush doors.

Printing operations on the above products by the manufacturer thereof are construed to be incident to the enterprise and not subject to separate classification. There shall be no payroll division between Code 261 and Code 281 unless the employer fulfills the multiple enterprise criteria delineated in Rule IV, Section 1 of the Manual.

Code 263, PAPER COATING/FINISHING

Applicable to businesses principally engaged in operations involving various kinds of coatings which are mixed in mixers or agitators and run into troughs of coating machines. Rolls of paper, plastic film or other materials (except rubber or textile fabric) are coated as they pass over the rolls revolving through this mixture. The paper, plastic film or other materials are dried on rolls or stacks, some may be polished or embossed, finished by calendering, slit to desired widths and rewound or sheeted to size, then labeled and packed. Some products may be printed with advertising material before the coating or on the reverse side, after this operation.

In the manufacture of oiled, paraffined or waxed paper the waxes or oils are heated and mixed, and paper is run through a waxing machine and over a drying roll. The now waxed paper is then cut, slit, rewound on spools or sheeted or die-cut, wrapped and packed.

Laminated paper, plastic film or other materials are produced by feeding a paste or glue between layers of paper, plastic film or other materials, pressing the layers together, drying and finishing by winding into rolls or sheeting to size, or else cutting, slitting or die-cutting to size and shape, wrapping and tying into bundles.

Printing operations on the above products by the manufacturer thereof are construed to be incident to the enterprise and not subject to separate classification. There shall be no payroll division between Code 263 and Code 281 unless the employer fulfills the multiple enterprise criteria delineated in Rule IV, Section 1 of the Manual.

Code 265, STATIONERY PRODUCTS MFG.

Applicable to businesses principally engaged in the manufacture of stationery and loose-leaf ledgers or notebooks. Cardboard, binders' cloth, leather or imitation leather, canvas, paper, glue, paste, gold leaf, printing and ruling ink, metal rings, posts, screws, separators or fittings are received from unrelated concerns. Cardboard is cut to size and covered with leather, imitation leather or cloth by gluing, pasting and some sewing. Covers are reinforced by stripping and may be embossed in ink or gold leaf and the appropriate fittings are attached to complete the binder. Fillers for the binders are manufactured from paper which is cut to size on either manual or power cutters.

Also applicable but not limited to the production of writing tablets or pads, files, desk pads, index cards or envelopes.

Paper ruling, screen printing or other printing operations on the above products by the manufacturer thereof are construed to be incident to such enterprise and not subject to separate classification. There shall be no payroll division between Code 265 and Code 281 unless the employer fulfills the multiple enterprise criteria delineated in Rule IV, Section 1 of the Manual.

Operations Not Covered:

The manufacture of metal rings, posts, screws, separators or fittings are to be separately rated to the appropriate metal working class.

PLUMBING SUPPLIES DEALER OR PIPE MERCHANT – WHOLESALE – 885

Applies to dealers principally engaged in the wholesale selling of plumbing supplies or pipe. The term plumbing supplies as used in this classification includes but is not necessarily limited to: water heaters, water pumps, kitchen/bathroom fixtures (i.e., sinks, faucets, toilets, bath tubs, shower stalls), fittings or valves. Also included is the selling of pipe of all types and sizes. Insureds principally engaged in the sale of heating, ventilating and/or air conditioning equipment, supplies or parts are further contemplated by this classification.

ELECTRICAL SUPPLIES DEALER – WHOLESALE – 886

Applies to dealers principally engaged in the wholesale selling of electrical supplies. The term electrical supplies as used in this classification includes but is not necessarily limited to: electric wire, electrical (junction) boxes, fuses, switches, outlets, circuit breakers or lighting fixtures. This classification shall also include dealers in electronic components/accessories. Examples of electronic components/accessories include but are not limited to: inductors, resistors, circuit boards, transistors and relays.

FAST-FOOD RESTAURANT – 897

A fast-food restaurant is a retail establishment principally engaged in preparing food(s) and selling the prepared food(s) and generally nonalcoholic beverages to the public for immediate consumption, either on the establishment's premises or on a take-out basis. Fast-food restaurants have a limited menu and no wait service except on an occasional or accommodation basis. Customer orders are typically placed at a counter (the menu being openly displayed above and/or behind the counter), via a drive-through service or by telephone and are rapidly filled. Fast-food restaurants generally sell nonalcoholic beverages, but certain fast-food restaurants may also have incidental beer sales. Included within (but not necessarily limited to) this definition are retail establishments principally engaged in the preparation and sale of: hamburgers, tacos, pizza or chicken.

Also contemplated are establishments principally engaged as either buffet or cafeteria-style restaurants. Buffet or cafeteria-style restaurants offer a buffet-type meal. Customers may serve themselves or staff may serve food to customers in the buffet line. Staff may clear tables after customers have completed their meal. There is no wait service.

The term "principally engaged" means more than 50 percent of the establishment's gross receipts.

RESTAURANT, N.O.C. – 975

Code 975 contemplates retail establishments principally engaged in preparing food(s) and selling the prepared food(s) and beverages (alcoholic or nonalcoholic) to the public for immediate consumption on the establishment's premises. This is a "traditional" restaurant where customers may either select their table or be seated by a hostess or another of the establishment's employees, browse a varied menu while seated at their table and place their food order with a member of the wait staff who will then place the order with the kitchen staff. The prepared food will be served to the customer by the wait staff person who remains available to further assist the customer during the course of the meal. Where wait service is provided it is the practice for customers to give a gratuity to the wait staff person based upon the quality of service provided.

The term "principally engaged" means more than 50 percent of the establishment's gross receipts.

METAL SERVICE CENTER (FERROUS OR NONFERROUS METALS) – 857

Applicable to insureds principally engaged in the sale and distribution of new ferrous or nonferrous metal merchandise generally obtained from new metal producers such as steel mills or smelters, including but not necessarily limited to: beams, sheet stock in coils, bars, rods, rounds, channel iron, tubes, angles or plates. Such insured may handle a broad variety of new metal merchandise or specialize in handling a single type.

The new metal merchandise received by these insureds is unloaded and stored. The new metal merchandise may be shipped "as is" to the customer or it may be cut, slit, sheeted, bent or burned into the size or shape required by the customer and delivered by truck or rail. The processing equipment may include but is not necessarily limited to: sheeters, hacksaws, drills, benders or cutting torches.

Specialists principally engaged in the sale of reinforcing rods or bars to concrete contractors (including the cutting or forming of the rods or bars according to the contractors' specifications) are also assigned to Code 857, as are dealers principally engaged in selling wire rope, cable or metal conduit.

Further applicable by analogy to businesses engaged in the toll (fee) leveling or cutting of ferrous or nonferrous new metal to size for unrelated concerns. These enterprises do not own the new metal stock they level, sheet, cut, bend or burn, nor do they fabricate a product.

Where a dealer sells several types of merchandise, each of which may be subject to a different classification, such dealer shall be assigned on the basis of the principal category of merchandise sold. The term "principal" means more than 50 percent of the gross receipts.

Operations Not Covered:

Not applicable to businesses principally engaged in collecting or handling either ferrous or nonferrous scrap metal. Assign ferrous scrap dealers to Code 858. Assign nonferrous scrap dealers to Code 859.

PRE-SCHOOL (CHILD CARE OR EARLY EDUCATION) SERVICES - ALL EMPLOYEES INCLUDING OFFICE – 891

Includes but is not necessarily limited to nursery schools, Head Start, kindergarten or child daycare services. Child daycare services provide for care and custody of children for various periods of time during the day (no residential facilities), typically during normal business hours (i.e., from 6:30 a.m. to 6:00 p.m., Monday through Friday).

Also applicable to employers principally engaged in operating nursery schools or kindergartens. Nursery schools are generally directed towards children ages three to four years, can be academically oriented and are designed to provide children with basic educational and social skills prior to the time they begin elementary school.

Kindergartens are pre-elementary school classes and are typically provided to children five-years-old. Sessions are usually held for one-half the school day (i.e., children may be enrolled in "morning" or "afternoon" classes) and will include a very basic academic curriculum.

Further contemplated by this classification are employers operating the Head Start Program. Head Start is a federally-funded child development program that provides early education, health, nutritional and psychological services to three- to four-year-old children of low-income families. Some Head Start Programs will also provide for social services to low-income families and for child daycare. This program endeavors to enhance economically disadvantaged children's educational status and social skills to a level sufficient for them to enter elementary school.

Operations Not Covered:

A child daycare center operated by an employer principally for the use of its own employees is not subject to Code 891 and shall be included in that employer's applicable field of business classification.

CLUB, N.O.C. – 896

Clubs are organized civic, social or fraternal associations (e.g., The Elks, VFW posts, fraternities or sororities) who provide special services for members and members' guests only. The services and/or amenities provided by a club may vary depending upon the extent of each club's facilities and membership. The amenities provided may vary considerably from one club to another and may include but are not limited to: dining rooms, bars, lounges, reading/card rooms, bowling lanes or swimming pools. The club's focus and purpose may be based on a charter. Each club is responsible for electing officers to oversee and enforce the club charter. The charter may include but is not limited to rules and regulations for admitting members, maintaining membership and collecting dues. Periodic meetings are held at the club location to discuss upcoming events, fund raisers and/or club business.

CATERER – 898

There are four types of catering businesses that provide food service: social, industrial or institutional, concession or mobile.

Social caterers are hired for a single event such as a wedding, party or business affair. The social caterer provides the client with a menu of food items, types of beverages, colors of linens, other available amenities and, if applicable, a listing of the types of entertainment. The client is then responsible for choosing food, beverages, color schemes and/or entertainment. Once all of the services to be provided have been determined, the social caterer may produce a contract based on the predetermined services. Alcoholic beverages may be provided at the event, but the sale of alcoholic beverages is not the principal source of revenue. This type of catering may be performed either on the caterer's premises or at the customer's premises.

Institutional or industrial caterers operate under contract to provide in-house food service for businesses, hospitals, nursing homes, schools or similar customers. These catering operations generally plan menus and perform the preparation and sale of food in a cafeteria-style environment.

Concession caterers are usually located at but are not limited to sports stadiums, amusement parks, theaters or museums. The concession caterer operates under contract with the client facility to provide prepared food and beverages to the client's patrons. Occasionally, the concession caterer may also use "walking vendors" throughout the venue.

Mobile caterers provide food and beverages from a truck with cooking equipment, parked on the sidewalk at locations such as a construction site, factory or university with large commuting student body or travel a predetermined daily route.

Operations Also Covered:

Also included within the scope of this class are caterers providing food service to unrelated airlines or railroads.

"Meals on Wheels" operations (organizations who provide a service to deliver hot meals to those who cannot prepare the food themselves) are further assigned to Code 898.

BAR, TAVERN, COCKTAIL LOUNGE, NIGHTCLUB OR DISCOTHEQUE – 899

A bar, tavern, cocktail lounge, nightclub or discotheque is a retail establishment principally engaged in the sale of alcoholic beverages by the drink that is open to the general public. These establishments may offer some type of entertainment such as a dance floor, disc jockey, live music or one or more televisions showing sporting events. Such businesses may or may not also prepare food and sell the prepared food to customers for immediate consumption. Where food is not prepared, the establishment may sell packaged snacks. In either scenario, food preparation and service is not a majority of the employer's operations.

The term "principally engaged" means more than 50 percent of the establishment's gross receipts.

CONSTRUCTION OR ERECTION – EXECUTIVE SUPERVISORS – CODE 951

The assignment of Code 951 is applicable only to executive supervisors who do not exercise direct supervision of construction or erection operations. Code 951 is not applicable to supervisors permanently located at a given job location until the completion of that job. Code 951 is also not assigned to the payroll of any individual who is directly in charge of construction workers (including general laborers) at a specific job location. Any person who is directly in charge of construction work or construction employees at a specific job location shall be assigned to that job classification or, if more than one classification is assigned, to the highest-rated classification for that job if separate payroll records are not maintained.

The job duties of an executive supervisor would include time spent in an office and visits to a job site. Such supervision given by an individual classified under Code 951 must be indirect; i.e., through another person such as a superintendent or foreman. The executive supervisor has overall managerial responsibility for the various projects. That responsibility may include making arrangements for the procurement of materials and/or the delivery of supplies, procurement of subcontractors, maintenance of construction timetables, visits to job sites to keep track of job progress, conferring with clients, architects and engineers, and traveling to and from the company's headquarters. It also contemplates clerical office exposure and the part-time hazards of walking and climbing around on job sites. Typically, the use of the classification is applicable to large construction companies that have at least one level of supervision between the executive supervisor and the worker. It is also applicable in situations where numerous smaller projects are in progress simultaneously and the executive supervisor has the managerial responsibility for all of them.

An exception to the above-stated application would apply to a job superintendent responsible for and physically located at a specific job site where all operations are subcontracted to unrelated concerns. In this instance, the contractor has no construction workers at the job site, and the superintendent cannot exercise direct control of the subcontractor's employees. Therefore, in this circumstance the job superintendent should have his/her payroll assigned to Code 951.

WEATHERIZATION PROGRAMS – CODE 647

The purpose of a weatherization program is to insulate the client's home, which may be a detached house, a twin, a row house or a mobile home. The clients are generally either elderly, on a fixed income or are low-income families. All of a weatherization program's tasks (e.g., fixing windows and/or doors, installing blown or vat insulation, putting in foam sealants, doing caulking or putting in weather stripping) are incidental to the efforts of preventing outside air from infiltrating the home and concurrently preventing warm or air-conditioned air from escaping the home or enhancing the home's insulation. Assign Code 647 to payroll developed in a weatherization program.

HOMEOWNERS' ASSOCIATION

A Homeowners' Association is responsible for the care of residential or recreational home developments. Such developments may have part-time residents who use the development for vacation or recreational purposes and/or year-round residents. Assign Code 971 to the maintenance of common grounds (e.g., roads), and the operation and maintenance of recreational amenities (e.g., swimming pools, tennis courts and/or clubhouses) and security.

Association operations conducted by separate employee crews including but not necessarily limited to: golf courses, stables, restaurants, sewage plant and water works shall be separately classified as provided for in this Manual.

TREE PRUNING, SPRAYING, REPAIRING OR FUMIGATING – CODE 005

Applicable to businesses that are principally engaged in using hand tools or mechanical equipment to prune, spray, trim or fumigate trees. These operations can be performed from the ground or may require the use of ladders or aerial buckets. The classification includes generalist tree care service contractors that perform most or all of the above listed services or specialists that are principally engaged in providing a single service (e.g., clearing the rights-of-way/tree pruning for utility contractors). Code 005 also contemplates tree removal that is incidental to the employer's pruning, spraying, repairing, trimming or fumigating services.

Operations Not Covered:

Not applicable to logging contractors or clearing of land projects that include tree removal. Assign logging contractors and clearing of land with tree removal to Code 009

LOGGING OR LUMBERING –009

Applicable to a business engaged in logging or lumbering by any method and regardless of the trees' size. Stump removal incident thereto by the logging business is included.

Also applicable to the transportation of the logs to a mill and to the construction, maintenance or extension of logging roads or logging railroads when performed by employees of the logging business.

Sawmill operations conducted by a separate crew of employees shall be assigned to Code 301.

Specialist contractors engaged in log hauling for an unrelated logging or lumbering business shall be assigned to Code 811. Log hauling by a sawmill business when all logging or lumbering has been outsourced to an unrelated logging or lumbering business(es) shall be assigned to Code 301.

MUSEUM – 887

An establishment devoted to the procurement, preservation and display of objects of cultural interest. Includes all types of museums (e. g., art, archaeology, children's, history, natural history, or technology). Also includes all of a museum's operations, which may include but are not necessarily limited to: galleries, curatorial space, auditoriums, movie theaters, lecture halls, classrooms for art instruction, storerooms, conservation or restoration laboratories, gift shops or eating facilities.

Operations Also Included:

1. A separately staffed and located museum operated by a municipal government (e.g., borough, city or town).

LIBRARY - PUBLIC – 890

An establishment in which books, magazines, manuscripts, musical scores, videos, compact audio discs or other literary or artistic materials are kept for use by the general public. Materials may be taken from the library for specified time periods, or they may be restricted to use on the library's premises. Library patrons who wish to borrow library materials are generally library members and may pay an annual fee for that privilege. A library's services may also include but are not necessarily limited to: providing Internet access, sponsoring lectures, workshops or seminars, classes in adult literacy, storytelling or summer reading programs for children, providing photocopiers for public use (for a per page fee), providing meeting space for local organizations or bookmobiles.

Operations Also Included:

1. A separately staffed and located public library operated by a municipal government (e.g., borough, city or town).

Operations Not Covered:

1. A library operated by a college or school for its students, faculty and staff will be assigned to the appropriate school classification.
2. A library operated by a company (e.g., hospital, law firm or newspaper) will be assigned to the classification consistent with the employer's business. A library operated by a museum for its staff will be assigned to Code 887.

LABOR UNION – 903

Applicable to all employees (e.g., business agents, organizers, clerical, janitorial or instructors in an apprenticeship program) of a labor union. Includes but is not necessarily limited to union locals, union district councils, statewide or national labor union organizations.

AUDITING**Drivers (Payroll Allocation)**

It is the Bureau's position that the payroll of drivers, chauffeurs or their helpers which cannot be allocated to a specific classification because they have duties common to more than one classification shall be assigned to the governing classification of the two or more classifications to which their work belongs.

The above ruling does not supersede any Manual rules found in Sections 2 or 5 of the Delaware Manual, nor does it supersede any Manual wording footnotes found in Section 2 or Section 5 regarding the allocation of payroll for the 800-series of classifications (Trucking and Storage Industry).

Example:

Insured X has approved classifications Code 0034, Animal Raising, and Code 865, Poultry and/or Fish Dealer/ Processor. If insured X had separate crews of drivers that did not interchange their duties between the two operations, the separate crews would have their payroll allocated to the separate respective classifications.

If no such separate crew existed and the drivers, etc. have duties common to both operations, their payroll would be assigned to the governing classification exclusive of miscellaneous employee payroll.

Commission Salespersons (Deductible Expenses)

Commissions paid to commission salespersons shall be included in the audit of payroll for premium computation purposes, except that traveling and all other expenses of the salespersons in connection with their employment may be deducted provided the salespersons report such expenses and the insured maintains a definite verifiable record of them. Arbitrary flat percentages shall not be allowed under the provisions of this interpretation nor shall automobile depreciation be deductible as an item of expense unless such depreciation comprises a part of the mileage rate allowance.

BASIS OF PREMIUM**Employee Expense Reimbursements**

Reimbursement expenses (except for hand or power tools as provided for in Rule V., B. 2. i.) paid to employees may be excluded from the audit provided that all three of the following conditions are met:

1. The reimbursed expenses paid were incurred upon the business of the employer, and
2. The amount of each employee's expense payment is shown separately in the records of the employer, and
3. The amount of each expense reimbursement approximates the actual expenses incurred by the employee in the conduct of his or her work (IRS published per diem guidelines may be viewed as approximating actual expenses).

Salary Reduction Plans

In determining the remuneration to be used for premium computation purposes, no deduction shall be permitted for contributions to employee benefit plans made by employees either directly or through salary reduction agreements. The typical salary reduction plan involves a binding salary reduction agreement through which a specific percentage of the employee's salary is not paid to him or her but is paid into a pension, medical or savings plan (Section 125 IRC).

Strike Periods (Wages Paid)

Wages paid to employees who are not on strike but who are unable to perform their normal duties because of a strike shall be assigned to the classification applicable to the work usually performed by such employees, except that if any such employees perform absolutely no work for their employer and are not present on their employer's premises during such period, such wages shall be assigned to Code 953, Clerical Office Employees, provided the facts are clearly disclosed by the employer's records.

Traveling Time Payments

Payments made by an employer to an employee to reimburse him or her for time spent in traveling to or from work or to or from a specific job shall be considered as remuneration in accordance with the provisions of Rule V., B. of the Manual, and such remuneration shall be assigned to the Manual classification which applies to the work normally performed by such employee.

Wages Paid for Idle Time

1. The entire amount of wages paid for idle time shall be included as payroll.
2. Wages paid for idle time due to the following causes shall be assigned in their entirety to the classification which applies to the work normally performed by the employee involved:
 - a. Suspension or delay of work on account of weather conditions.
 - b. Delays while waiting for materials.
 - c. Delays while waiting for another contractor to complete certain work.
 - d. Delays arising from breakdown of equipment.
 - e. "Stand-by" time where employees such as operators of cranes, hoists or other equipment are on the job but their active services are not required continuously.
 - f. Special union requirements or agreements between employer and employees calling for pay for idle time under specified circumstances.
 - g. Other cause of similar nature.
3. Wages paid to key employees of construction, erection or stevedoring risks, such as superintendents, foremen or engineers, for periods during which no jobs are in progress, shall be assigned to the classification applicable to the work which each one normally performs. (Exception: Reference Strike Periods – Wages Paid.)
4. The entire amount of wages paid for idle time to an employee engaged in work other than construction, erection or stevedoring must be assigned without division to the classification which normally applied to that employee.

AUTOMOBILE DEALERSHIPS

With the understanding that the assignment of an employee's payroll may vary according to individual circumstances, the following guidelines have been developed to aid in the classification of employees of a typical auto dealership. Proper documentation on worksheets should be added when exceptions are made to these guidelines.

1. **Finance and Insurance (F&I) Manager and Employees** process automobile financing and payment schedule paperwork required by a bank or other financial institution on behalf of the customer. Their payroll is assignable to Code 953.
2. **Inventory Coordinators or Inventory Control Attendants** may physically check incoming or outgoing automobile inventory. These employees may move new or used automobiles from one lot location to another or to different locations within a single lot. They may also physically check the inventory on a regular basis by walking throughout the lot(s) to do a physical count of the automobiles and monitor them for damage or defects. Their payroll is assignable to Code 818. If job duties are limited to operating a computer in a physically separate office, Code 953 would apply.
3. **Inventory Clerks (either service or parts)** usually assist the appropriate manager in the compilation and/or recording of paperwork involved in keeping track of either repair/service work done by the service department or the sale/inventory of parts done by the parts department. If they work exclusively on a computer or handle the paperwork generated by the appropriate respective department, their payroll is assignable to Code 953. However, if they physically handle the parts or work in areas that are not physically separated from the parts or service areas, their payroll is assignable to Code 818. Sometimes these employees have job titles of parts clerk or service clerk.

4. **Service Writers/Service Advisors** have historically had their payroll assigned to Code 818 because of their job duties, as well as where they perform these job duties. However, as technology modernizes the automobile dealership industry, many job descriptions of dealership employees have changed. If a service writer performs any of the following job duties, the payroll of that employee is assignable to Code 818:

- Physically inspecting the customer's automobile to determine what repair work is required.
- Walking out to the car to write down the mileage from the odometer. This information is necessary because warranty work and adherence to the warranty schedule is keyed to the mileage an automobile has on it. An automobile dealership may not honor the warranty agreement unless all repairs and service have been completed by the dealership's own technicians.
- Providing information or direction to service/repair employees (called mechanics or technicians) through direct interface in the service/repair area.
- Pickup and delivery of parts.
- Road testing the malfunctioning or the repaired vehicle, conducting a final inspection of the vehicle or physically handling ordered automobile parts.

Frequently, service writers work in a driveway/garage area. An operative hazard of an automobile dealership is the operation of a vehicle. In the above-mentioned area the automobiles are driven directly up to the service writers, and there is no floor-to-ceiling partition separating the writers from this hazard. Therefore, the employees in question do not meet the restrictive definition of a clerical office employee, and their payroll would be assignable to Code 818.

As an exception to the rule, the service writers may have their payroll assigned to Code 953 if they work in an area that is physically separated from other operations by floor-to-ceiling partitions and in which work of clerical office employees, as defined in the restrictive standard exception rule, is performed exclusively.

5. **Cashiers** who wait on customers should have their payroll assigned to Code 818. The cashier who works in an area where only office work is performed and that area is physically separate from the parts, body shop, service/repair, showroom or sales lot areas should be assigned to Code 953.
6. **Telephone Operators** should have their payroll assigned to Code 953 if they work in physically separate areas away from the parts, body shop, service/repair, showroom or sales lot areas.
7. **Greeters** working in the showroom direct walk-in customers to waiting salespersons. Their payroll should be assigned to Code 819.
8. **Title Clerks** process the paperwork involved in title and registration transfers. Their payroll is assignable to either Codes 953, 819 or 818 depending on where they perform these job duties.
9. **Automobile Salespersons** must have their payroll assigned to Code 819. This classification is analogous to Code 951, Outside Salespersons, which is the standard exception classification applicable to employees engaged in the outside solicitation of a firm's goods or services. Job duties inherent for automobile salesmen include:
- They sell automobiles by talking with walk-in customers.
 - Their offices/work areas are in the showroom.
 - They may or may not take the customer out for a test drive.
 - They demonstrate the various features of the automobiles to the customers and may deliver the vehicle to the customer.
 - A regular part of their job duties includes time spent in the new/used automobile lot or showroom.
10. **Sales Managers** should have their payroll assigned to Code 819, even though they may not sell cars, if their areas of responsibility encompass the sales department and they are engaged in directly supervising the productivity, training and evaluation of the sales department.

They accomplish these goals by observing the salespeople in their interaction with the customer in the showroom or car lot. They constantly evaluate the performance of the salespeople and direct them by updating and improving their sales techniques. While individual salespeople may learn the results of their evaluation in the sales manager's office for reasons of confidentiality and privacy, the sales manager must regularly spend time in the car lot and/or showroom in order to accomplish his/her goals of effective management.

The payroll of the sales manager should be assigned to the same classification that is applicable to the group of employees he/she directly supervises. The term "directly supervises" is construed to mean that the education, training, evaluation and/or the provision of instructions is done face-to-face in the areas where the employee is working.

The exception to this rule is the case where the sales manager, due to the complexity or large size of the dealership, would delegate training, evaluation and direct supervision of employees to a supervisor/subordinate and where the job duties of the sales manager relegate him/her to exclusively working in the office.

- 11. Parts Managers and Service Managers** should have their payroll assigned to Code 818. Parts managers may work in the parts department, provide direct supervision (as defined above) of employees, fill in for parts counter employees, physically handle parts, unload and stock parts in inventory and/or wait on customers or employee mechanics providing them with parts. Any of these activities are sufficient to place the parts manager in Code 818.

Service managers may work in the service area providing supervision and direction to employees, estimate service and repair cost by examining the car, and road test customer vehicles as a regular part of their job duties.

As noted above, the payroll of the manager should be assigned to the same classification that is applicable to the group of employees he/she directly supervises.

- 12. General Managers** should have their payroll assigned to either Codes 818, 819 or 953 depending upon their job duties. If the general manager directly supervises the parts, service, body shop or other operational areas of the dealership with the exception of the office or showroom/sales lot area or has regular job duties in those areas, that individual's payroll is assignable to Code 818.

In some automobile dealerships a general manager may have assumed the duties of a sales manager and is engaged in directly supervising the productivity, training and evaluation of the sales department, in which case Code 819 would be the appropriate classification for the general manager's payroll.

Finally, a general manager who is exclusively engaged in job duties that fall within the restrictive definition of Code 953 in Section 1 may have their payroll assigned to that classification.

- 13. Drivers/Car Jockeys** drive the new and/or used automobiles from one lot location to another or back and forth to positions within one location. They may wash and detail the car prior to the customer taking possession of the purchased automobile. They may drive cars from an automobile auction or a car wash to the lot location. These employees are miscellaneous employees whose job functions support the dealership's business, and their payroll is properly assignable to Code 818.
- 14. Automobile Rental Clerks** have job duties that include but are not necessarily limited to assigning vehicles, completing rental agreements, insurance and credit forms and collecting payment for the rental of automobiles. Their payroll is assignable to Code 819. Rental clerks may also demonstrate or move the automobile.
- 15. Leasing Managers:** The Bureau considers the leasing of a vehicle as analogous to "selling" the vehicle, as the leasing of the vehicle effectively means relinquishing possession of the vehicle to a customer on a more or less permanent basis. Therefore, a leasing agent or manager that demonstrates the features of the automobile should have their payroll assignable to Code 819. Leasing managers should have their payrolls assigned to Code 953 if their job duties are limited to making leasing arrangements over the telephone.

COUNTER PERSONNEL – AUTOMOBILE REPAIR FACILITIES

As a general rule, counter personnel for auto repair facilities wait on customers, prepare job cost or sales estimates, write up orders and collect payments for services rendered or merchandise purchased. As described, counter duties are a normal, integral and basic part of the operation of these types of facilities and, as such, are contemplated by the composite rating value of the basic governing classification – Code 815. Therefore, counter personnel for automobile repair facilities and/or automobile tire dealers should be assigned to Code 815 and not to a standard exception classification, either Code 951 or Code 953.

PROPERTY MANAGEMENT FIRMS

Property management firms are engaged in the management of real property which may be owned by the firm or owned by other concerns and managed under contract. The duties of a property management firm are to enforce the provisions of the lease agreement entered into by the tenant and landlord, to ensure that necessary tax, mortgage, insurance and other payments are made in a timely manner, and to ensure that the property is maintained in such a way as to maximize its value to the owner. In the conduct of such operations management companies may employ maintenance personnel, resident or on-site managers, leasing agents or property management supervisors or may subcontract all or portions of these separate responsibilities. The basic functions performed by the personnel of property management firms and the current classification procedures followed in connection therewith are presented below:

CLASSIFICATION UNDERWRITING GUIDE

The Delaware Classification Underwriting Guide has been prepared for the convenience of writers of Workers Compensation Insurance in Delaware. Guide lists activities of Delaware employers and the appropriate classification code number for these operations. It should be noted, however, that these designated codes may be used only in conformance with general and specific rules of this Manual. If the operations to be insured are not described by one or more classifications, the exact operations shall be stated in the policy, followed by the code number of the Manual classification to which the operations have been assigned. In such cases, the policy shall be controlled by all the limitations and conditions included in this Manual with respect to any classification whose code number is so assigned.

Unlike a number of other jurisdictions, the Delaware classification system contemplates that a single classification shall be descriptive of all work performed by one employer. Necessarily, there are permissible deviations from the basic premise. The permitted deviations are printed in this Manual either under Section 1 (which formulates general underwriting procedures) or in Section 2 (which is specific as to the use of each classification).

Therefore, in the use of this Underwriting Guide, absolute dependence may not be placed on the indicated classification if other classifications are also to be used for the same employer.

If the Underwriting Guide is used within limits of these inherent restrictions, it is believed that it will provide a more universal comprehension of the Delaware classification system and, consequently, be a valuable factor in the assignment of proper classifications.

Abrasive Paper Or Cloth Preparation	255
Abrasive Shape Mfg.	513
Abrasive Wheel Mfg.	513
Academic Costumes Mfg. - Caps Or Gowns.....	161
Accordion Door Mfg. - Fabric Or Plastic - No Woodworking	163
Accounting Firm	962
Acetylene Gas Machine Installation	675
Acetylene Gas Mfg.....	553
Acetylene Torch Mfg.	445
Acid Mfg.	551
Acoustical Ceiling Installation - Suspended Grid Type.....	649
Acoustical Insulation Material Installation.....	647
Acrylic Embedments Mfg.....	502
Adding Machine Mfg.	483
Adding Machine Repair - Shop Or Field	952
Adhesives Mfg.	563
Adjuster, Insurance - By Independent Contractor	951
Adjuster, Insurance Company	984
Adult Day Center	976
Advertising - Distributing Circulars Or Samples - Not In Stores.....	951
Advertising - Mailing Or Addressing Of Advertising Literature	948
Advertising Company - Outdoor	679
Advertising Display Card Service - Installation Or Removal Of, In Or On Vehicles	951
Advertising Display Service - For Stores	951
Advertising Sign Mfg., Erection Or Repair, Not Outdoor Advertising Company	673
Advertising Signs Mfg., No Off-Premises Repair Or Erection - Classify According To Materials Used.....	---
Advisory Rating Organization - Clerical Office	953
Advisory Rating Organization - Field Representative	951
Aerial Patrol Or Photography	7424
Aerosol Can Filling, By Contractor	923
Agate Or Enamel Ware Mfg.	454
Agricultural Chemical Mfg.	551
Agricultural Implement Dealer - Other Than Farm Machinery	926
Agricultural Pesticide Mfg.	551
Agricultural Tools Mfg.....	433
Air Conditioner Cover Mfg.	163
Air Conditioner Mfg. Home Window Unit	456
Air Conditioner Or Air Conditioner Equipment Mfg. - Home Window Unit Or Central Air, Commercial Or Industrial	456
Air Conditioning (Central) Systems Installation, Repair Or Service	664
Air Conditioning Systems, Automobile Or Truck Installation, Service Or Repair	815

Air Conditioning Window-Type Units - Service Or Repair	662
Air Conditioning: Non-Portable, Air Flow Testing And Balancing - By Specialist Contractor	955
Air Filter Mfg.	259
Aircraft Cleaning - Including Specialist Contractor	7428
Aircraft Engine Or Engine Part Mfg. Or Repair, Shop Only	461
Aircraft Flight Testing	7424
Aircraft Fueling Or Refueling - Including By Specialist Contractor	7428
Aircraft Instrument Mfg. (Not Radio Or Radar)	488
Aircraft Mfg.....	744
Aircraft Motor Precision Parts Mfg.	441
Aircraft Operation - Agricultural	7424
Aircraft Operation - Air Cargo Carrier	7405
Aircraft Operation - Air Taxi	7424
Aircraft Operation - Commuter Air Carrier	7413
Aircraft Operation - Commuter Air Carrier - Nonrateable Catastrophe Element	7453
Aircraft Operation - Crop Dusting, Seeding Or Spraying	7424
Aircraft Operation - Forest Fire Fighting, Spotting And Observation.....	7424
Aircraft Operation - Ground Employees.....	7428
Aircraft Operation - Mapping Or Survey Work	7424
Aircraft Operation - Patrol.....	7424
Aircraft Operation - Personnel Transport	7421
Aircraft Operation - Photography.....	7424
Aircraft Operation - Scheduled Air Carrier.....	7405
Aircraft Operation - Scheduled And Supplemental Air Carrier - Nonrateable Catastrophe Element	7445
Aircraft Operation - Sightseeing.....	7424
Aircraft Operation - Skywriting Advertising	7424
Aircraft Operation - Stunt Flying	7424
Aircraft Operation - Supplemental Air Carrier	7405
Aircraft Operation, N.O.C.	7424
Aircraft Propeller Mfg. - Wood	441
Aircraft Radio Or Transmitting Equipment Mfg.	485
Aircraft Remanufacturing, Conversion Or Modification - Not By The Original Aircraft Manufacturer	7428
Aircraft Sales Agency - Flight Operations	7424
Aircraft Seat Surcharge	9108
Aircraft Service And Repair.....	7428
Aircraft Subassemblies Mfg. - Metal, By Contractor (e.g., Cowlings, Wings, Tabs Or Ailerons)	456
Aircraft Trade School, Except Flying School.....	965
Airport Construction, Paving - Landing Strip Or Warming Apron	601
Airport Construction, Paving Of Automobile Parking Areas	608
Airport Hangar Operation	7428

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A3**

Airport Operation - Groundmen	7428
Airport Parking Facility (Including Valet Service To And From Airport) Operation By Contractor	825
Airport Passenger Screening, By Contractor	954
Airport Runway Construction - Paving Or Repaving.....	601
Airport Runway Or Warming Apron Construction - Sub-surface Work.....	602
Alarm Or Sound System Installation	660
Alcohol And/Or Drug Residential Facility	958
Alcohol/Drug - Halfway House Or Residential Program Not Licensed As Medical Or Social Setting Detoxification.....	986
Alcoholic Beverage Blending Or Bottling, Non-Carbonated	924
Alcoholic Beverage Bottling - Carbonated	112
Alcoholic Beverage Distilling	113
Alkali Mfg.	551
Altimeter Mfg.	488
Alum Mfg.	551
Aluminum Awning Erection	651
Aluminum Awning Erection - Residential.....	652
Aluminum Awning Mfg.	456
Aluminum Castings Mfg.	447
Aluminum Die Castings Mfg.	429
Aluminum Extruded Products Mfg.	403
Aluminum Ingots And Primary Production Shapes From Bauxite/Alumina	402
Aluminum Railings Mfg.	413
Aluminum Scrap Metal Dealers (Other Than Beverage Cans)	859
Aluminum Siding Installation.....	651
Aluminum Siding Installation - Residential	652
Aluminum Storm Sash Installation	651
Aluminum Storm Sash Installation - Residential	652
Aluminum Storm Sash Mfg.	454
Aluminum Venetian Blind Mfg.....	456
Aluminum Ware Mfg. - From Sheet Aluminum	454
Aluminum Ware Mfg., Cast	447
Ambulance Body Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis.....	451
Ambulance Service - Non-Volunteer.....	807
Ammonia Mfg.	553
Ammunition Mfg.	4771
Amplifier Mfg.	485
Amusement Device Operator - Traveling	939
Amusement Park	969
Amusements, Indoor - See Entry By Topical Name	968
Amusements, Outdoor - See Entry By Topical Name	969

Analytical Chemical Independent Laboratory	955
Anfo Mfg.	4777
Anhydrous Ammonia Dealer	809
Anhydrous Ammonia Mfg.	553
Aniline Dye Mfg.	551
Animal And Marine Fat And Oil Mfg.	114
Animal Oil Mfg.	114
Animal Raising - Egg Production, Fish Hatcheries, Hogs, Poultry Or Veal	0034
Animal Raising - Non-Farm Domestic Animals	959
Animal Rendering Works, N.O.C.	114
Anodizing Metals	449
Answering Machine (Telephone) Repair	952
Antenna Mfg.	485
Antique Dealer, Furniture	922
Antique Store, Other Than Furniture - Retail	928
Anvil Mfg. - Forged	431
Apartment House - Operated By Owner, Lessee Or Management Agency	971
Apartment House Or Condominium Complex Operation.....	880
Apparel Mfg.	161
Apparel Mfg. - Temporary Staff	191
Apple Cider Or Juice Mfg.	113
Applesauce Mfg.	113
Appliance Mfg., Major Household Or For Commercial Establishments, Kitchen Or Laundry	456
Appliance Parts Dealer	926
Appliances, Major Household Or Commercial, Electrical Or Gas - Service Or Repair	662
Arboretum	969
Archery Range.....	969
Architectural Bronze, Iron, And Brass Metal Work, Erection Only.....	658
Architectural Firm, Supervising	955
Architectural Or Ornamental Iron Work Mfg.	413
Architectural Scale Model Mfg. - By Specialist Contractor	441
Armature Mfg.....	477
Armored Motor Truck Delivery.....	808
Arms Mfg., Excluding Ammunition Mfg.	445
Army/Navy Store - Retail	928
Aromatic Chemical Mfg. In Petroleum Refinery	581
Artificial Christmas Tree Mfg.	457
Artificial Insemination Of Animals	959
Artificial Leather Mfg.....	227
Artificial Limb Mfg.	459

Artificial Marble Products Mfg.	222
Artificial Silk Spinning And Weaving	132
Artificial Teeth Mfg.	489
Artificial Turf Installation - By Contractor	012
Arts And Crafts Store - Retail	928
Asbestos - Encapsulation Or Removal (Including Pipe Insulation).....	643
Asbestos Cement Products Mfg.	509
Asbestos Goods Mfg.	509
Asbestos Paper Mfg.	509
Asbestos Spinning Or Weaving.....	509
Ash Collecting	995
Asphalt Laying, Driveway, Floor, Yard, Sidewalk	608
Asphalt Laying, On Constructed Highway By Contractor	601
Asphalt Laying, On Constructed Highway By Supplier	601
Asphalt Mixing Plant - Operated By Dealer	855
Asphalt Road Spraying	601
Assaying - By Specialist Contractor	955
Assembled Millwork Mfg.....	305
Athletic Parks Operation	969
Athletic Team: Contact Sports - Professional Or Semiprofessional	970
Athletic Team: Non-Contact Sports - Professional Or Semiprofessional.....	991
Atomic Energy Radiation Exposure, N.O.C.	9985
Atomizing Molten Nonferrous Metal.....	403
Attorney - Independent Contractor.....	956
Auctioneer, Automobile	819
Auctioneer, Livestock	801
Auctioneer, Not Livestock, No Permanent Location.....	951
Auctions - Classify To Appropriate Retail Store Class Based On Merchandise Mix - Including Auctioneers.....	----
Audio And Intercommunication System Installation - Within Buildings	660
Audio/Video Equipment Dealer - Wholesale	926
Audio/Video Equipment Service Or Repair	966
Audio/Video Equipment Store - Retail	925
Auditing Firm (Not An Independent Insurance Traveling Auditing Firm).....	962
Auditor (Insurance Company), Traveling.....	984
Auditor, Insurance - Traveling - Independent Contractor	951
Auto Parts Dealer - Wholesale	934
Autoclave Mfg., Industrial	415
Automatic Screw Machine Products Mfg.	445
Automatic Sprinkler Installation	663
Automatic Sprinkler Mfg.	445

Automatic Stoker, Gas Or Oil Burner Installation.....	663
Automatic Teller Machine (ATM) - Installation, Service Or Repair	933
Automatic Temperature Control Mfg.	488
Automobile Accessory Store	934
Automobile Auction (Including Snack Bar, Automobile Auctioneers To Be Assigned To Code 819)	818
Automobile Battery Mfg.....	475
Automobile Body Mfg., Except Plastic Body Molding	451
Automobile Body Repairing	815
Automobile Bumper Mfg.	435
Automobile Bus Operation, Scheduled, Public.....	817
Automobile Bus Operation, School Bus	804
Automobile Convertible Top Mfg. - Fabric Or Vinyl, No Installation	166
Automobile Dealer - New And/Or Used Cars	818
Automobile Dismantler	861
Automobile Driveaway Or Truckaway Service	811
Automobile Driver School	819
Automobile Engine Mfg. Or Remanufacture	461
Automobile Filling Station - Retail - Including Repair Work	----
See Rulings And Interpretations	
Automobile Haulaway Or Driveaway Service, Driving Cars On Or Off Vessels.....	7317F
Automobile Hauler	811
Automobile Horn Mfg., Electric	473
Automobile Jack Mfg.	461
Automobile Laundry.....	816
Automobile Mfg.	463
Automobile Paint Shop	815
Automobile Parts Mfg., Miscellaneous Stamped Parts	454
Automobile Parts Store	934
Automobile Radiator Mfg.	454
Automobile Radiator Repair Shop	815
Automobile Radio Or Telephone Installation	966
Automobile Rental - No Drivers	818
Automobile Rental Company With Drivers (Limousine Service).....	817
Automobile Repair Shop	815
Automobile Repossessing, By Specialist Contractor	954
Automobile Salesperson	819
Automobile Seat Cover Installation And/Or Seat Upholstering	327
Automobile Seat Cover Mfg. - No Installation	166
Automobile Service Station - Retail - Gasoline Sales And Repair Work	----
See Rulings And Interpretations	

DELAWARE WORKERS COMPENSATION MANUAL
SECTION 5
EFFECTIVE DATE: JUNE 1, 2004

UNDERWRITING GUIDE - ALPHABETIC

Page A7

Automobile Spring Mfg.	435
Automobile Storage Garage	825
Automobile Top Installation, Fabric Or Vinyl	327
Automobile Towing Company	815
Automobile Truck Mfg.	463
Automobile Wheel Mfg.	454
Automobile, Truck Or Trailer Body Mfg. - Temporary Staff	495
Automotive Alternator Or Generator Mfg. Or Repair	473
Automotive Lighting, Ignition Or Starting Apparatus Mfg.	473
Automotive Machine Shops - No Work On Cars - e.g., Cylinder Reboring, Valve Grinding Or Turning Down Brake Drums	461
Automotive Wire Harness Assembly	471
Awning Erection Or Installation (Cloth)	681
Awning Mfg. - Cloth	166
Awning Mfg. - Metal, No Erection	456
Awning Or Tent Mfg.	166
Axe Handle Mfg.	306
Axe Mfg.....	433
Baby Blanket, Crib Linen Mfg.	163
Bacon (Side And/Or Sliced) Mfg.	106
Bag Loading, Explosives	4771
Bag Mfg. - Fabric Or Bulk Materials	166
Bag Mfg. - Paper	259
Bag Mfg. - Plastic.....	222
Bag Mfg., Traveling	205
Bag Renovating, Textile Fabrics	166
Bagel Shop - Retail	918
Bakery - Wholesale.....	105
Bakery Products Distribution	----
See Rulings And Interpretations	
Bakery Shop, Baking And Selling On Premises - Retail	918
Baking Powder Mfg.....	104
Balcony Erection	658
Balcony Mfg.	413
Ball Bearing Mfg.	467
Ball Mfg. - Sporting Goods - Inflatable Plastic Beach Type.....	163
Ball Or Dart Throwing At Targets	969
Ball Point Pen Mfg.	459
Ballast Mfg. - Fluorescent Lights.....	473
Balloon Dealer - Wholesale	924
Balloon Mfg. - Rubber - Advertising And Toy.....	225

Banana Dealer - Wholesale	907
Banister Mfg. - Metal	413
Banister, Railing, Or Guard Erection - Metal	658
Bank	988
Bank And Trust Co., Armored Car Crews Of Contractor	808
Banner Mfg.	163
Bar.....	899
Bar Or Restaurant Supply Dealer (Other Than Beverages, Groceries Or Meat).....	924
Barber Or Beauty Parlor Supply House - Operates In A Retail Manner	928
Barber Or Beauty Parlor Supply House - Wholesale.....	924
Barber Shop	977
Barge Repair - State Coverage Only	718
Bark Peeling Contractor, For Pulp Wood.....	009
Bark Peeling In Veneer Mill	305
Bark Peeling, In Connection With Logging	009
Bark Peeling, In Paper Mill	255
Barking Mill	301
Barrel Dealer - No Mfg.....	924
Barrel Dealer, Including Repairing - Wood	305
Barrel Or Drum Mfg. - Metal	454
Barrel Or Drum Reconditioning Or Repairing - Metal	454
Barrel Stock Mfg., No Sawmill Work	305
Baseball Batting Range	969
Baseball Mfg.....	205
Baseball Player, Coach, Manager Or Umpire - Professional Or Semiprofessional	991
Basket Mfg. - Veneer	305
Basketball Mfg.	205
Basketball Player, Coach, Manager Or Referee - Professional Or Semiprofessional	991
Bath And/Or Kitchen Fixture Store.....	925
Bathing Cap Mfg. - Rubber	225
Bathing Suit Mfg. - Knitting To Be Separately Rated	161
Bathtub Mfg. - Concrete.....	511
Battery Charging Equipment Mfg.	473
Battery Mfg. - Temporary Staff	499
Battery Mfg., Dry	473
Battery Mfg., Storage	475
Beauty Shop	977
Bed Spring Mfg. - Wire	457
Bedding Mfg. - Blanket, Sheet, Pillowcase	163
Bedding Store.....	922

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A9**

Bedspread Mfg.	163
Bedstead Mfg. - Metal	456
Bee Raising	959
Beer And Ale Dealer, In Keg Or Case Lots Wholesale	821
Beer Drawing Equipment, Cleaning And Installation	663
Beeswax Mfg.	571
Beet Sugar Mfg.	107
Bell Installation - Tower Bells	657
Belt Mfg. - Cloth - Wearing Apparel Only - No Buckles, Webbing Or Leather Parts Mfg.	161
Belt Mfg. - Industrial Use - From Premanufactured Textile Fabric	163
Benzene Mfg. In Petroleum Refinery	581
Beret Mfg.	161
Berry Or Fruit Farm	0016
Beverage Can Recycling	862
Beverage Distributing, Carbonated, Including Beer - Wholesale	821
Beverage Mfg., Carbonated - Bottled Or Canned	112
Bias Bindings Mfg.....	163
Bicarbonate Of Soda Mfg.	551
Bicycle - Sale Or Rental, Including Repair	925
Bicycle Assembly At Retail Store Locations - By Specialist Contractor	925
Bicycle Messenger Service	808
Bicycle Mfg.	463
Bill Posting (Including By Specialist Contractor)	679
Billboard - Erection, Maintenance And/Or Changing Of Advertising By Outdoor Advertising Co. Or Specialist Contractor ..	679
Billiard Hall.....	968
Billiard Table Mfg.	323
Bin Mfg. - Sheet Metal	454
Binder Mfg., Ringed	265
Bindings Mfg. - Bias And Straight.....	163
Bingo Hall	968
Binocular Mfg.	487
Biological Product Mfg.....	555
Bird House Or Feeder Mfg. - Wood	309
Birth Center - Not Operated By A Hospital	957
Black Powder Mfg.....	4771
Blackboard Installation - Wood	646
Blanket Mfg.	163
Blanket Mfg., Insulating For Aircraft - Asbestos.....	509
Blanket, Sheet, Pillowcase - Bedding Mfg.	163
Blast Furnace Operation.....	404

Blasting Agents Mfg.	4777
Blasting Cap Mfg.....	4771
Blasting Contractor - Includes Incident Drilling By The Blasting Contractor	609
Bleaching, Fabrics.....	139
Blender Mfg. - Household	473
Blending Lubricants	581
Blinkerlight Mfg.	473
Blood & Gas Analyzer Mfg.	488
Blood Bank	957
Blueprint Reproduction (Using Photocopying Method) - By Contractor	932
Boarding Stable	801
Boarding Up Of Abandoned Buildings (Including Those Designed For Dwelling Occupancy)	651
Boat Building - State Coverage Only	718
Boat Building Or Repair	6824F
Boat Dealer, With Services, Inland	818
Boat Dismantling - State Coverage Only.....	718
Boat Rental - State Coverage Only.....	716
Boat Repairing - State Coverage Only	718
Boat Storage Or Moorage - State Coverage Only	716
Boiler Brick Work, Installation Or Repair	653
Boiler Inspection	951
Boiler Installation Or Repair	677
Boiler Mfg., Shop Only	415
Bolt Mfg.	445
Book Dealer - Wholesale.....	924
Book Publishing Or Printing	281
Bookbinding	281
Bookcase Mfg. - Metal	456
Bookcase Mfg. - Wood	311
Bookstore	928
Boot And Shoe Mfg.....	204
Boot And Shoe Mfg. - Rubber	225
Boot And Shoe, Cut Stock And Findings Dealer	924
Boring Or Test Boring For Soil Samples.....	607
Borough Employees, N.O.C.	980
Bottle Cap Or Crown Mfg.	445
Bottle Cap Printing	281
Bottle Dealer, New.....	924
Bottle Dealer, Used	862
Bottle Mfg. - Rubber	225

Bottled Gas Dealer.....	809
Bottled Spring Water Distribution.....	924
Bottling Or Canning Of Carbonated Beverages.....	112
Bowling Alley.....	968
Bowling Pin Mfg. - Wood.....	309
Box Mfg. - Corrugated	261
Box Mfg. - Paper (Non-Corrugated).....	257
Box Or Box Shook Mfg.	305
Boy Or Girl Scout Council - Clerical - Except At Camp Locations.....	953
Boy Or Girl Scout Council - Executive Secretary	951
Boy Or Girl Scout Councils Camp Operations, Including Clerical Workers At Camp Locations.....	978
Braid And Fringe Mfg.	134
Brake Lining Mfg. - Asbestos.....	509
Brass Bed Mfg.	456
Brass Castings Mfg.	447
Brass Door, Grill And Railing Erection.....	658
Brass Products Mfg., N.O.C. - From Sheet Stock	454
Brass Scrap Dealer.....	859
Breakfast Cereal Mfg.	101
Breeding Farm - Cattle, Sheep Or Goats	0083
Breeding Farm - Horse	801
Breeding Of Animals, Non-Farm Domestic.....	959
Brewery, Including Distributing Stations	108
Brick Mfg.	512
Brick Pointing	653
Bricking Up Abandoned Buildings	653
Bricklaying	653
Bridal Shop	916
Bridge Building - Metal.....	655
Bridge Building - Wood	651
Bridge Painting	655
Bridge Shop	411
Broadcasting Station - Radio Or Television	936
Broken Glass Dealer	862
Bronze Castings Mfg.	447
Bronze Door, Grill And Railing Erection	658
Broom Mfg. - Assembling Only - No Woodworking	319
Brush Manufacture - Using Tinsplate Not Wood.....	445
Brush Mfg.	309
Brush Mfg. - Wire	457

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A12**

Brush Or Weed Spraying - By Contractor - Except Aerial Spraying.....	012
Buffet Or Cafeteria-Style Restaurant	897
Buffing And Polishing Wheel Mfg. - Made From Cloth - No Metal Parts	163
Builders Hardware Mfg.	445
Building And Roofing Paper Mfg.	255
Building Caulking, Exterior	653
Building Cleaning, Exterior Walls.....	653
Building Cleaning, No Exterior Wall Cleaning	971
Building Erection - Prefabricated Sheet Metal	----
See Rulings And Interpretations	
Building Material Dealer, New	855
Building Materials Dealer, Secondhand	860
Building Mfg., Portable - Metal, No Erection	454
Building Mfg., Portable - Wood	305
Building Moving - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2	----
Building Paper Mfg.	255
Building Raising Or Razing - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2	----
Building Service Contractor	971
Building Underpinning	609
Building Wrecking - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2	----
Bulkhead Construction - State Coverage Only.....	611
Bunting Mfg., Shop Only.....	163
Buoy Mfg. - Metal	415
Burglar Alarm System Installation, By Contractor.....	660
Burial Garment Mfg.	161
Burlap Goods Mfg.	166
Bus Body Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis	451
Bus Operation, Scheduled Lines	817
Bus Operation, School	804
Bus-bar Mfg.	474
Bushing Or Bearing Mfg. - Nonferrous Metal - Cast	447
Butane Gas Dealer	809
Butcher Shop - Retail	915
Butchering - Wholesale, Not Stockyards.....	111
Butter And/Or Butter Substitutes Dealer - Wholesale	911
Butter Or Cheese Mfg.	109
Button Mfg. - Metal	459
Button Mfg., Not Metal - Classify According To Materials Used	----
Cabinet Dealer - Wholesale	926
Cabinet Installation, Commercial Or Residential	648

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A13**

Cabinet Mfg. - Sheet Metal	456
Cabinet Store - Retail	925
Cabinet Works - Wood - With Power-Driven Machinery	311
Cable Connector Assembly	471
Cable Installation In Conduits - By The Conduit Construction Contractor	625
Cable Installation Or Replacement In Existing Conduit - By Specialist Contractor	661
Cable Laying With Automatic Equipment - By Specialist Contractor	625
Cable Mfg. - Insulated Electrical - Wire Drawing To Be Separately Rated	222
Cable Mfg. - Not Insulated Electrical Cable.....	457
Cable Or Wire Rope Dealer, Including Splicing	857
Cable T.V. - Installation - Hooking Up Of Customers To Systems	759
Cable T.V. - Installation Of New System, Except Towers	759
Cable T.V. - Service And/Or Repair Work For The System And Individual Customer.....	759
Cafeteria - Operated By Employer For Own Employees	----
Governing Class	
Cafeteria - Operated By Independent Or Specialist Contractor	898
Cafeteria Or Buffet-Style Restaurant	897
Caisson Work, Pneumatic.....	609
Cake Mix Mfg. - Dry Blending.....	104
Calclimbing, By Contractor	665
Calcium Carbide Mfg.	501
Calculator Mfg.	483
Calf Raising For Veal	0034
Camera Or Photographic Supply Store - Retail	928
Camp, Boy Or Girl Scout - Day, Summer Or Winter	978
Can Mfg. - Paper	259
Can Mfg., Seamed	454
Can Mfg., Seamless.....	403
Can Recycling - Beverage	862
Canal Irrigation, Construction	609
Candle Mfg.	571
Candy Dealer (Including Repackaging) - Wholesale.....	924
Candy Mfg.	107
Candy Store	928
Candy, Chocolate Or Chewing Gum Mfg. - Temporary Staff	187
Cane Mfg.	309
Cane Sugar Refining	107
Canning Or Bottling Of Carbonated Beverages.....	112
Canning Or Preserving Of Food	113
Canvas Products Erection	681

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A14**

Canvas Products Mfg.	166
Cap Mfg. - Graduation Caps And Gowns	161
Cap Mfg. - Headwear	161
Car Mfg., Rebuilding Or Repair, Railroad - All Kinds	416
Car Phone Installation	966
Car Wash.....	816
Carbon Dioxide Mfg.	553
Carbon Paper Mfg.	263
Carbon Products Mfg.	507
Carbonated Beverage Mfg. - Bottled Or Canned	112
Carbonic Acid Gas Mfg.....	553
Carbonizing Of Hair Or Wool	132
Carburetor Mfg.	445
Cardboard Mfg.	255
Cardboard Or Paper Mailing Tube Mfg.	259
Carding Of Fibers	132
Carnival - Traveling	939
Carpentry - Detached One Or Two Family Dwellings.....	652
Carpentry - Installation Of Cabinet Work, Finished Wooden Flooring Or Interior Trim.....	648
Carpentry - Remodeling Of One Or Two Family Dwellings.....	652
Carpentry - Residential For Multiple Dwelling Occupancy - Three Stories Or Less	652
Carpentry Shop	305
Carpentry, N.O.C. - Temporary Staff	693
Carpentry, N.O.C. Excluding Concrete Form Building	651
Carpet And Rug Cleaning And Storage	971
Carpet Cleaning On Customers' Premises.....	971
Carpet Dealer - Wholesale	922
Carpet Installation	670
Carpet Mfg.	132
Carpet Store - Retail	922
Carriage Mfg.....	305
Carriage Repairing.....	815
Carriage Tours Or Taxis (Horse Driven).....	801
Cartridge Charging Or Loading	4771
Cartridge Mfg., No Handling Of Explosives	445
Cash Register Mfg.....	483
Casing Mfg. - Sheet Metal	454
Casing Mfg., Boiler Metal Plate	415
Casket Or Coffin Lining Mfg. - No Casket Mfg. Or Upholstery Work	163
Cast Iron Pipe Mfg.	425

Cast Stone Mfg. - Concrete	511
Casting Foundry, Ductile Or Grey Iron	425
Casting Foundry, Malleable Iron	427
Casting Foundry, Steel	421
Casting Mfg. - Nonferrous Metals	447
Cat Food Mfg. - Dry/Bagged - No Cereal Milling	104
CAT Scanner Mfg.	488
Catalyst Mfg., Oil-Based	581
Caterer - All Types	898
Cathode Ray Picture Tube Mfg.	486
Catsup Mfg.	113
Cattle Auctioneer	801
Cattle Dealer.....	801
Cattle Farm	0083
Cave, Exhibition	969
Caves, Excavation Of New Areas For Exhibition Purposes	609
Cedar Chest Mfg.	323
Ceiling Installation - Acoustical - Suspended Grid Type	649
Cellar Excavation	609
Cement Block Erection	653
Cement Block Mfg.	511
Cement Finishing	654
Cement Mfg., Including Quarrying	501
Cement Quarry Operated By Manufacturer.....	501
Cement Work, Flat, Not Self-Bearing Or Reinforced	608
Cemetery Monument Or Memorial, Cutting, Engraving And/Or Polishing	855
Cemetery Operation.....	999
Cemetery, Opening Graves, Removing And Reinterring Remains.....	999
Central Air Conditioning Systems Installation, Service Or Repair	664
Centrifugal Castings Mfg. - Nonferrous Metals	447
Centrifuge Mfg., Laboratory	473
Ceramic Capacitor Mfg. - Less Than 1 H.P.	472
Ceramic Mfg.	513
Ceramic Shop.....	----
See Rulings And Interpretations	
Ceramic Tile Installation	668
Cesspool Cleaning, By Contractor	992
Chain Mfg.	435
Chair Mfg. - Metal.....	456
Chair Mfg. - Wood	323

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A16**

Charcoal Mfg.....	551
Charter Bus Service	817
Chauffeurs And Helpers.....	---
Governing Class	
Chauffeurs, Private - Not Available For Use With Any Farm Class	0912
Check Cashing Service	988
Cheese Dealer - Wholesale	911
Cheese Mfg.	109
Cheese Shop - Retail	917
Chemical Processing Or Products Mfg., N.O.C.	551
Chenille Products Mfg. From Chenille Cloth	163
Chenille Products Weaving	132
Chewing Gum Mfg.	107
Chicken Catching	865
Chicken Dressing (To Kill And Prepare For Market)	865
Child Care Service, Residential - (Neglected, Deprived Or Abused)	941
Child Daycare Center	891
Children's & Infants' Clothing Store	916
Chimney Cleaning - Industrial Smokestacks	655
Chimney Cleaning - Residential	882
Chimney Construction - Masonry	653
Chimney Flashing Installer	659
Chimney Flashing Mfg., No Installation Work.....	454
China Decorating - By A China Manufacturer	513
China Decorating - By Specialist Contractor With No China Mfg.	281
China Tableware Mfg.	513
Chinchilla Farm	0034
Chinese Food Dealer - Packaged Or Frozen - Wholesale	911
Chinese Food Mfg.	104
Chiropodist Office.....	957
Chocolate Mfg.	107
Chore Worker - Home Health Care Services	943
Christmas Tree Light Cord Sets Mfg.	473
Christmas Tree Raising.....	0013
Chromium Plating	449
Church	963
Church Furnishings - Wood (Altars, Pews) Installation.....	646
Cider Dealer - Wholesale	911
Cigar Band, Printing	281
Cigar Mfg.	115

Cigarette Dealer - Wholesale.....	924
Cigarette Mfg.	115
Cigarette Or Cigar Lighter Mfg.	483
Cinder Block Mfg.	511
Cinder Dealer.....	855
Circuit Breaker Mfg.	474
Circus - Traveling.....	939
Citizen Band (CB) Radio Installation, Service Or Repair	966
City Emp. Except Sewer Const., Sal. Policemen & Firemen, Vol. Firemen, Clerical Office & Elected Officials	980
City Employees, N.O.C.	980
Civic Center - Operation By Specialist Contractor	971
Civil Consulting Engineering Firm.....	955
Clay Digging In Open Pits	055
Cleaning And Dyeing, Except Rug Cleaning By Dry Cleaner	142
Cleaning Homes, By Contractor	971
Cleaning Of Grease Exhaust, Air Conditioning, Heating And Ventilating Ducts - By Specialist Contractor	971
Cleaning Outside Surface Of Masonry Buildings, Siding Or Decks	653
Cleaning Tanks Or Tank Cars	995
Cleaning, Oiling Or Adjusting Of Air Conditioning, Forced Air Heating Or Ventilating Systems	664
Cleaning, Polishing Or Sanitation Preparations Mfg.	571
Cleaning, Sanitizing Or Deodorizing Restrooms - By Contractor	971
Clearing Of Land	----
See Rulings And Interpretations	
Clearing Of Right-Of-Way, For Telephone, Telegraph Or Electric Lines.....	005
Clerical Office Employees	953
Clerical Office Employees - Temporary Staff.....	889
Clerks On Loading Platforms.....	----
Governing Class	
Clinic - Outpatient Services Only.....	957
Clinical Laboratory - Independent.....	957
Clock Mfg.	458
Closed Circuit Television Systems - Installation Or Repair.....	660
Cloth Bag Mfg.	166
Cloth Bag Repairing	166
Cloth Clippings Dealer, New	924
Cloth Clippings Dealer, Used.....	862
Cloth Cutting By Contractor - Garment Fabrics	161
Cloth Mfg. - Asbestos	509
Cloth Printing	139
Cloth Sponging (Shrinking), Inspection Or Mending - By Specialist Contractor	142

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A18**

Clothes Dryer Mfg., Commercial Or Household.....	456
Clothing Dealer, Used - Wholesale.....	924
Clothing Mfg.....	161
Clothing Store - Retail Or Wholesale	916
Clothing Store (Used) - Retail	928
Club - Country, Golf Or Yachting	944
Club, Business Or Social	896
Club, Exercise	884
Club, Health	884
Club, N.O.C.	896
Club, Swim - Indoor	968
Club, Swim - Outdoor	969
Club, Tennis - Indoor	968
Club, Tennis - Outdoor	969
Coal Merchant.....	809
Coat - Front Or Interlining Mfg.	161
Coat Hanger Mfg. - Metal	457
Coat Hanger Mfg. - Wood.....	309
Coating (By Electrostatic Powder Spray Application) Of Parts - By Contractor	445
Coating And/Or Glazing - By Specialist Contractor	257
Coating And/Or Glazing Of Paper Or Plastic - By Specialist Contractor	263
Coating New Fabrics, Except Rubberized Fabrics Or Oilcloth.....	139
Coating New Fabrics, Rubberized Or Oilcloth.....	227
Cocktail Lounge	899
Cocoa Mfg.	107
Coconut Shredding Or Drying	104
Cod Liver Oil Mfg.....	114
Coffee Dealer (No Grinding Or Roasting) - Wholesale	911
Coffee Grinding And Roasting.....	104
Coffee Pot Filter Mfg. - Paper	259
Coffee Service Company	933
Coffee Shop	897
Cofferdam Work - Non-Pressurized - Use Appropriate Contracting Classes	----
Cofferdam Work - Under Pneumatic Pressure	615
Coffin Assembly - No Wood Or Metal Working	319
Coffin Mfg. - Metal	456
Coffin Mfg. - Wood.....	323
Coffin Or Casket Lining Mfg. - No Casket Mfg. Or Upholstery Work	163
Coffin Or Casket Upholstery Work	327
Coil Stock Or Sheet Stock Dealer	857

Coiled Flat Spring Mfg.....	435
Coils - Less Than 1 H.P.	472
Coin And/Or Postage Stamp Dealer - Retail Or Wholesale	920
Coin Minting	458
Coin Wrapper Mfg.	259
Coin Wrapper, Printing - By Specialist Contractor	281
Coin-Operated Amusement Or Vending Machine - Installation, Service Or Repair	933
Coin-Operated Telephone - Installation, Service Or Repair By A Specialist Business Or Contractor	933
Cold Rolling Or Drawing - Ferrous Metals	406
Cold Rolling Or Drawing, Nonferrous Metals	403
Cold Storage	813
Cold Wound Wire Spring Mfg.	457
Cold-Rolled Sheet Mfg. - By Specialist Contractor	406
Collapsible Tube Mfg.	445
Collar Mfg.	161
Collection Of Used Motor Oil - By Specialist Contractor	809
Collectors Of Money - By Specialist Contractor	951
Collectors Of Money, Who Also Deliver Goods	----
Appropriate Store Class	
College Or School - Temporary Staff	895
College Or School, N.O.C.	965
Color Mfg., No Red Or White Lead Mfg.	563
Combing Of Fibers	132
Comforter Or Quilt Mfg.....	163
Comic Book Publishing Or Printing.....	282
Commercial Camp	978
Commercial Lumber Yard	855
Commercial Or Industrial Building Operation - By Owner, Lessee Or Real Estate Management Firm.....	971
Commercial Printing	281
Community Center	976
Community Nursing Services - Nonprofessional Staff	943
Community Nursing Services - Professional Staff	942
Compact Disc Player Service Or Repair	966
Compost Filling Of Mushroom Beds - By Contractor.....	007
Computer Dealer - Wholesale	924
Computer Mfg.....	483
Computer Or Computer System - Service Or Repair - Shop Or Field.....	952
Computer Paper Mfg. (No Paper Mfg.)	265
Computer Peripheral Mfg.	483
Computer Programmer	953

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A20**

Computer Programmer/Operator - Temporary Staff	889
Computer Store - Retail.....	928
Concrete Block Mfg.	511
Concrete Burial Vault Installation	609
Concrete Burial Vault Mfg.	511
Concrete Construction	654
Concrete Dealer, Ready-Mixed.....	855
Concrete Drilling Or Sawing - On Highways Or Roads	601
Concrete Floor Construction, Not Self-Bearing	608
Concrete Floor Construction, Self-Bearing	654
Concrete Form Erection	654
Concrete Mixing	855
Concrete Parking Garage Construction	654
Concrete Products Mfg.	511
Concrete Pumping Services - By Independent Contractor.....	855
Concrete Reinforcing Rod Setting	654
Concrete Work, Dams	654
Concrete Work, Floors, Etc., Above Ground Level	654
Concrete Work, Yard	608
Concrete, Pre-Stressed, Erection By Contractor	655
Condensed Milk Mfg.	109
Condenser Mfg., Steam	415
Condominiums - Including Resident Or On-Site Manager	880
Conduit Construction - For Cables Or Wires, All Work To Completion	625
Confectioners' Machinery Mfg.	464
Confectionery Mfg.....	107
Construction Equipment - Rental, Sales Or Service (In Shop Or At Customer's Location)	814
Construction Of Boiler Foundations	677
Construction Or Erection Operations - Temporary Staff.....	682
Construction Tools Mfg.....	433
Consulting Engineering Firm - All Types	955
Contact Sports Athletic Team, Professional Or Semiprofessional	970
Container Recycling - Beverage - Bottle Or Can	862
Containerized Trash Removal	995
Containers, Stevedoring	7327F
Contract Packaging - Crating - In Shop.....	305
Contract Packaging - Non-Crating	923
Contract Packaging - Non-Crating - Temporary Staff	879
Contractor For Building Cleaning	971
Contractor, Permanent Yards, Maintenance Or Storage Of Equipment Or Material	----

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A21**

Governing Class	
Contractor, Supervisory Employees	----
Governing Class	
Contractors Equipment - Rental, Sales Or Service (In Shop Or At Customer's Location)	814
Contractors, Watchmen, Timekeepers And Cleaners.....	----
Governing Class	
Convalescent Home - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher	960
Convenience Grocery	917
Conveyor Mfg. - Or Reconditioning.....	465
Conveyor Or Conveyor Belt Installation, By Contractor.....	675
Conveyor Oven Installation, Service Or Repair	675
Cookie Shop - Retail	918
Cooking Utensil Mfg. - Steel Or Aluminum	454
Cooling Tower Erection, Prefabricated - Wood	651
Cooper	305
Cooperative Building Operation - For Residential Occupancy.....	880
Cooperative Electric Utility.....	755
Copper Castings Mfg.	447
Copper Pipe Or Tube Mfg. By Extruding And Drawing	403
Copper Products Mfg. - From Sheet Stock	454
Copper Recovery, Not Smelting	551
Copper Scrap Dealer	859
Copper Smelting And Refining, Primary	402
Coppersmithing - Shop Only	454
Cordage Mfg., Including Fiber Preparation	132
Cordite Mfg.....	4771
Cork Carpet Mfg.	227
Cork Products Mfg.....	309
Corn Chip Mfg.	104
Corn Starch Mfg.	107
Correctional Institution Guards (Not State Employees).....	985
Corrosion Proofing Of Chemical Tanks	655
Corrugated Paper And/Or Corrugated Products Mfg.....	261
Corrugating Iron And Steel - Cold-Rolled - By Specialist Contractor	406
Cosmetic, Perfume Or Other Toilet Preparations Mfg.	571
Cosmetics Store	928
Costume Jewelry Mfg.	458
Costume Mfg. - Masquerade Or Theatrical	161
Cotton Batting Mfg.	130
Cotton Gin Operation	132

Cotton Merchant	924
Cotton Seed Oil Mfg.	551
Cotton Spinning And Weaving	132
Cotton Waste Mfg.	130
Cough Drop Mfg.	555
Counter Top Mfg. - Wood.....	311
Counter, Heel Or Sole Mfg. - Leather	204
Country Club	944
County Employees, N.O.C.	980
County Road Districts	980
Courier Service Company.....	808
Cover Mfg. - Air Conditioner.....	163
Cracker Mfg.	105
Cranberry Grower	0016
Crane Or Derrick Installation	675
Crane Or Derrick Mfg. - Classify According To Materials Used	----
Crane Rental - With Operators By Specialist Contractor	811
Crane Repair, Mobile, By Specialist Contractor	814
Crane Repair, Permanently Located, By Specialist Contractor	675
Crate Mfg. - Wood	305
Crayon Mfg.	571
Creamery.....	109
Credit Union	988
Crematory Operation	997
Creosote Mfg. - From Tar	551
Crutches Mfg. - Wood	309
Cullet Dealer - Broken Or Refuse Glass.....	862
Culvert Construction, Not Exceeding 10 Feet Span.....	602
Culvert Mfg. - Metal Plate	415
Cup Mfg. - Paper	259
Curbstone - Concrete Prefabricated - Installed By Road Contractor	601
Cured Meats - Brined, Dried And Salted.....	106
Curled Hair Mfg.	132
Curtain Mfg.	163
Curtain Or Drapery Installation From Floor Or Ladder	670
Curtain Or Drapery Installation From Scaffolding.....	681
Curtain Rod Mfg. - Metal	445
Curtain Wall Erection	676
Custom Dressmaking.....	916
Custom Tailoring	916

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A23**

Customizing Vans	815
Cut Glass Mfg.	535
Cut Stone Or Stone Products Mfg.	855
Cutlery Mfg. (Non-Forged)	441
Cylinder Mfg. - Pressure Metal Plate	415
Dairy Farm	0036
Dairy Products Dealer - Wholesale.....	911
Dairy Products Mfg. (Except Ice Cream Mfg.).....	109
Dance Band - Independent Contractor	967
Dance Company.....	967
Dance Hall	968
Dance Studio, Not Operated In Conjunction With Dance Hall	965
Data Processing - Temporary Staff.....	889
Data Processing Systems - Service Or Repair - Shop Or Field	952
Day Center For The Elderly	976
Day Nursery - Children	891
Day Spa - Not Affiliated With A Health Club Or Swimming Pool	977
Daycare - Mentally Disabled, No Residential Facility Affiliation	976
Daycare Center For Children	891
Daycare Center Operated By A Y.M.C.A., Y.W.C.A.	976
Dealer (See Listings Under Appropriate Merchandise)	----
Debris Box Service.....	995
Defibrillator Mfg.....	488
Degreasing Skins	201
Degreasing Solvent Mfg.....	571
Dehydration Of Food - Except Dehydration Of Meat Or Milk	113
Dehydration Of Meat	106
Dehydration Of Milk	109
Delicatessen Store.....	917
Delivery Service - On Foot, By Bicycle Or Motor Vehicle	808
Demolition Of Structures - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2	----
Dental Assistant - Employed By A Dentist Office	957
Dental Drill Or Dental Tools Mfg.....	487
Dental Equipment Or Supply Dealer.....	924
Dental Laboratory	489
Dentist Office	957
Department Store	914
Department Store - Temporary Staff	877
Depth Sounding Equipment Mfg.	485
Dermatological Lab - Testing Cosmetics - By Specialist Contractor	955

Detective Agency	954
Detergent Mfg.	571
Detinning	449
Detoxification (Alcohol And/Or Drug) Residential Facility Licensed As Medical Or Social Setting Detoxification	958
Diamond Core Drilling Within Buildings - By Specialist Contractor	608
Diamond Cutter, Polisher, Setter	458
Diaper Mfg. - Cloth	161
Diaper Mfg. - Disposable	259
Diaper Service - Laundry	141
Dictating Machine Repair - Shop Or Field	952
Die Castings Mfg. - Aluminum, Brass, Bronze, Copper Or Zinc	429
Die Cutting - Paper, Paperboard Or Cardboard - By Contractor	263
Die Or Jig Mfg.	441
Dimmer Switch Mfg.....	473
Dinner Theater	975
Diode Mfg.	472
Direct Mail Company	948
Disc Jockey Service - Non Broadcasting.....	967
Discotheque	899
Disinfectant (Household And Industrial) Mfg.	571
Dismantling, Installation Or Service Or Repair Of Machinery Or Industrial Equipment, By Contractor.....	675
Dispatchers On Loading Platforms.....	----
Governing Class	
Display Rack Or Stand Installation - Metal, Plastic Or Wood	646
Display Showcase Mfg. - Metal	456
Disposable Diaper Mfg.	259
Disposable Towel Mfg.	259
Distillation, Wood.....	551
Distilling Of Alcoholic Liquors	113
Dog Collar Mfg.	205
Dog Food Mfg. - Dry/Bagged - No Cereal Milling	104
Dog Groomer - No Kennel Facilities	928
Dog Kennel	959
Dog Obedience Classes	959
Dog Or Cat Food Mfg. - Canned	113
Doll Or Doll Parts Mfg. - Classify According To Materials Used.....	----
Domestic Service Contractor - Inside	882
Donut Shop, Baking And Selling On Premises - Retail	918
Door Frame Or Sash Mfg. - Wood	305
Door Installation - Metal Or Metal-Covered, In Garages, Not Overhead Doors	658

Door Installation, Overhead - Wood Or Metal.....	675
Door Mfg. - Metal	456
Door Mfg. - Wood	305
Door Mfg., Accordion - Plastic Or Fabric - No Woodworking	163
Door Or Door Frame Erection - Wood	648
Door Or Window Distributor	855
Dope (Plastic Model Paint) Mfg.	563
Doubling Process, Sheet Rolling - By Specialist Contractor.....	406
Doughnut Mfg. - By Wholesale Bakery	105
Dowel Mfg. - Wood	306
Downspout Installation	676
Drafting Equipment Mfg.....	487
Draftsman	953
Draftsman - Temporary Staff	889
Drain Tile Mfg. - Concrete	511
Drapery Dry Cleaning Plant	142
Drapery Or Curtain Installation From Floor Or Ladder	670
Drapery Or Curtain Installation From Scaffolding.....	681
Drapery Or Curtain Mfg.....	163
Drawing - Nonferrous Metals	403
Dredging Of Materials On Non-Navigable Waters With Incidental Shore Operations.....	055
Dress Form Mfg. - Classify According To Materials Used	----
Dress Mfg.	161
Dress Pattern Making	281
Drilling, By Contractor.....	607
Drinking Straw Mfg. - Paper	259
Drive-In Theater	967
Drivers.....	----
Governing Class	
Driveway Construction - Blacktop Or Cement	608
Drug And/Or Alcohol Residential Facility	958
Drug Mfg.	555
Drugstore - Wholesale	924
Dry Cleaning - Self-Service Only	928
Dry Cleaning Plant, Except Rug Cleaning	142
Dry Cleaning Preparation Mfg.	571
Dry Dock Operation	6872F
Dry Goods Store - Retail Or Wholesale	916
Dry Ice Dealer	855
Dry Toner Mfg.	563

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A26**

Dryers, Household Or Commercial, Electrical Or Gas - Service Or Repair	662
Drywall Installation - Including Taping And Seaming	645
Duct Cleaning - Grease Exhaust, Air Conditioning, Heating, Ventilating - By Specialist Contractor	971
Duct Fabrication - No Installation Work	454
Duct Fabrication And Installation - Heating, Ventilating Or Air Conditioning	664
Ductile Iron Foundry	425
Dumpster Or Refuse Container Mfg. - From Metal Plate	415
Duplication Services	932
Dye Mfg.....	551
Dyeing	139
Dyeing And Cleaning, Except Rug Cleaning By Dry Cleaner	142
Dynamite Mfg.	4771
Early Intervention For Infants And Toddlers - No Residential Affiliation	965
Earthenware Mfg.	513
Egg Dealer - Grading, Candling, Packing - Wholesale	924
Eggs, Dehydrated	113
Eggs, Powdered	113
Elastic Mfg.	225
Electric Blanket Mfg.	473
Electric Cord Assembly, Cable Mfg. To Be Separately Rated	473
Electric Fan Mfg.	473
Electric Fixture Installation - By Contractor	661
Electric Fixtures Mfg.	445
Electric Heating Element Mfg.	473
Electric Housewares And Fan Mfg.	473
Electric Light Bulb Mfg.	486
Electric Line Construction, By Contractor	656
Electric Measuring Instrument Or Test Equipment Mfg.	488
Electric Meter Reader	951
Electric Motor Mfg. Or Repair - Shop Only	477
Electric Power Equipment Mfg. For Utilities.....	474
Electric Steel Foundry	421
Electric Switches Mfg. - Household And Crossbar	473
Electric Utility Operation	755
Electric Wire Assembly - Cord	473
Electrical Advertising Sign Mfg., Installation Or Repair	673
Electrical Apparatus Mfg.	473
Electrical Apparatus, Machinery Or Motor Installation Or Field Repair	675
Electrical Appliance Dealer - Small Appliances - Wholesale.....	926
Electrical Appliance Store, Small - Retail	925

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A27**

Electrical Consulting Engineering Firm.....	955
Electrical Contractor	661
Electrical Equipment For Internal Combustion Engines Mfg.	473
Electrical Household Appliances, Major - Retail Or Wholesale	922
Electrical Machinery Or Equipment Dealer - Wholesale	926
Electrical Or Gas Household Major Or Commercial Appliances - Service Or Repair.....	662
Electrical Supply Dealer - Wholesale	886
Electrical Supply Store - Retail	925
Electrical Wire Harness Assembly	471
Electrical Wiring (Within Buildings) - Temporary Staff	695
Electrical Wiring In Buildings - By Contractor	661
Electrocardiograph Equipment Mfg.....	488
Electrolysis	977
Electron Tube Mfg.....	486
Electronic Component Mfg. - Temporary Staff.....	497
Electronic Components And Accessories Store - Retail	925
Electronic Components And/Or Accessories Dealer - Wholesale	886
Electronic Garage Door Opener Installation - By Contractor.....	661
Electronic Organ And Synthesizer Mfg.	483
Electronic Terminal And Connector Mfg. - By Machining Or Stamping	459
Electro-Physical Therapy Equipment Mfg.	473
Electroplating	449
Electrotyping.....	281
Elevator Erection Or Repair	675
Elevator Inspection	951
Elevator Or Elevator Door Mfg.	465
Elevator Shaft Drilling.....	607
Emblem Mfg.	136
Embroidery Mfg.	136
Emery Cloth Mfg.	255
Emery Works - Crushing Or Grinding	059
Employment Contractor - Temporary Apparel Mfg. Staff	191
Employment Contractor - Temporary Automobile, Truck Or Trailer Body Mfg. Staff.....	495
Employment Contractor - Temporary Battery Mfg. Staff	499
Employment Contractor - Temporary Candy, Chocolate Or Chewing Gum Mfg. Staff	187
Employment Contractor - Temporary Carpentry, N.O.C. Staff	693
Employment Contractor - Temporary Clerical Staff.....	889
Employment Contractor - Temporary College Or School Staff	895
Employment Contractor - Temporary Department Store Staff	877
Employment Contractor - Temporary Electrical Wiring (Within Buildings) Staff	695

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A28**

Employment Contractor - Temporary Electronic Component Mfg. Staff	497
Employment Contractor - Temporary Excavation Staff	691
Employment Contractor - Temporary Food Sundries Mfg., N.O.C. Staff	185
Employment Contractor - Temporary Hardware Store - Wholesale - Staff.....	881
Employment Contractor - Temporary Marketing Staff	949
Employment Contractor - Temporary Medical Staffing	946
Employment Contractor - Temporary Packaging - Contract - Non-Crating - Staff	879
Employment Contractor - Temporary Paint Or Colors Mfg. Staff	587
Employment Contractor - Temporary Plastic Articles Mfg. - Injection Molding Staff	275
Employment Contractor - Temporary Plastic Articles Mfg., N.O.C. Staff	276
Employment Contractor - Temporary Printing Staff.....	297
Employment Contractor - Temporary Retail Store, N.O.C. Staff	883
Employment Contractor - Temporary Rolling, Drawing Or Extruding Nonferrous Metals Staff	491
Employment Contractor - Temporary Staff - Heavy Service - See The Employment Contractor Temporary Staff R & I	937
Employment Contractor - Temporary Staff - Maintenance Or Service - See Employment Contractor Temporary Staff R & I ..	947
Employment Contractor - Temporary Staff - Manufacturing Or Light Industrial Operations	544
Employment Contractor - Temporary Staff - Retail Or Wholesale Store Businesses.....	929
Employment Contractor - Temporary Staffing - Construction Or Erection Operations	682
Employment Contractor - Temporary Warehousing Staff	867
Enamel Paint Mfg.	563
Enamel Ware Mfg.	454
Enameled Cast Iron Ware Mfg.....	425
Engine Mfg., Internal Combustion	461
Engineering Consulting Firm - All Types Of Engineering	955
Engraving Or Plate Printing	281
Ensilage Cutting By Contractor	007
Entertainer	967
Envelope Mfg.....	265
Environmental Cleanup Services	995
Environmental Control Systems Mfg./Assembly.....	476
Equipment Dealer - Mobile, Self-Propelled - Factory, Farm Or Construction.....	814
Eraser Mfg.	225
Escalator Installation, By Contractor	675
Escalator Mfg.	465
Excavation - Street Or Road - Including Rock Excavation	602
Excavation - Temporary Staff.....	691
Excavation, N.O.C.....	609
Executive Secretary, Boy Or Girl Scout Council	951
Exercise Club.....	884
Exhibit Booth Erection	646

DELAWARE WORKERS COMPENSATION MANUAL
SECTION 5
EFFECTIVE DATE: JUNE 1, 2004

UNDERWRITING GUIDE - ALPHABETIC

Page A29

Exhibition - Outdoor	969
Exhibition Garden	969
Explosives Distributor.....	4777
Explosives Hauling By Contractor Or Delivery By Manufacturer	811
Explosives Or Ammunition Mfg., N.O.C.....	4771
Explosives Or Ammunition Mfg., N.O.C. - Nonrateable Catastrophe Element	0771
Exterminator	971
Extruded Products Mfg. - Nonferrous Metals	403
Eyelet Mfg.	459
Fabric Coating, N.O.C.	139
Fabric Shop	916
Fabrics, Rubberized	225
Facsimile Equipment Mfg.	483
Fair - Permanently Sited	969
Fair - Traveling	939
False Work Erection For Concrete Construction	654
Farm Machinery Dealer	814
Farm Machinery Operation By Contractor.....	007
Farm, Berry	0016
Farm, Chicken	0034
Farm, Dairy	0036
Farm, Egg Producer	0034
Farm, Fish	0034
Farm, Fruit	0016
Farm, Grain	0006
Farm, Livestock	0083
Farm, Mushroom	0008
Farm, N.O.C.....	0006
Farm, Poultry	0034
Farm, Tobacco	0006
Farm, Tree	0013
Farm, Vegetable	0006
Farm, Vineyard	0016
Farrier (Horse Shoeing By Specialist Contractor).....	801
Fast-Food Restaurant	897
Feather Assembly - Sewn, On Wire Frames Decorated For Costumes/Band Plumes	163
Feather Dyeing	139
Feather Pillow Mfg.	163
Feather Washing, Steaming, Cleaning And Renovating	142
Feed Dealer - Wholesale.....	924

Feed Mfg. - Preparation Of Cereal Or Compound Feeds For Livestock Or Poultry	101
Felt Mfg. - Unwoven	130
Felt Mfg. - Woven	132
Fence Erection - Metal	658
Fence Erection - Wood	651
Fence Erection, Highway Barriers By Paving Contractor.....	601
Fence Mfg. - Wire	457
Fence Mfg. - Wood, Shop Only.....	305
Fence Or Fence Post Mfg. - Ornamental Iron Or Steel	413
Fender Repairing, Automobile.....	815
Fertilizer (Except Humus Or Manure) Dealer	924
Fertilizer Application To Soil By Contractor	007
Fertilizer Blending Or Mixing	573
Fertilizer Mfg.	573
Fetal Monitor Mfg.....	488
Fiber Furniture Mfg.	323
Fiber Goods Mfg.	255
Fiber Mfg.	255
Fiber Preparation For Spinning Or Weaving	132
Fiber Tube Mfg.	255
Fiberboard Mfg.	255
Fiberboard Products Mfg.	261
Fibrous Glass Mfg.....	535
File Cabinet Mfg.	456
File Folder Mfg.	265
File Jacket Mfg.	265
File, Tool (Non-Forged) Mfg.....	441
Film Exchange.....	928
Filter Mfg. - Air	259
Finished Hardwood Floor Installation	648
Finisher Of Broad Woven Fabrics	139
Finishing New Textile Goods	139
Fire Alarm Siren Mfg.	473
Fire Alarm System Installation	660
Fire Clay Digging	055
Fire Department - Paid	985
Fire Department, N.O.C.	----
Governing Class	
Fire Door Installation	658
Fire Door Mfg.	413

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A31**

Fire Escape Installation By Contractor - Outside.....	655
Fire Escape Installation, Inside	658
Fire Escape Mfg.	413
Fire Extinguisher - Sales And/Or Service - Wholesale	926
Fire Patrol Or Protective Corp. - Independent - Paid	985
Fire Resistant Glove Mfg.	509
Fire Truck Body Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis	451
Fire, Smoke And/Or Water Damage Clean-Up - By Contractor	971
Firearms Sale - Wholesale	924
Firemen - Not Volunteer.....	985
Fireplace Installation	653
Fireproof Equipment Mfg. - Metal	456
Fireproof Shutter Erection	658
Fireproof Tile Setting	653
Fireworks Exhibitor	4777
Fireworks Mfg.	4771
Fish Curing/Processing	865
Fish Dealer - Wholesale - No Cutting, Filleting Or Processing Whatsoever	924
Fish Dealer (Including Cutting Or Filleting) - Wholesale	865
Fish Grower	0034
Fish Hatchery	0034
Fish Oil Mfg.....	114
Fish, Meat Or Poultry Store - Retail	915
Fishing Pond, Public	969
Fishing Rod Mfg. - Classify According To Materials Used	----
Fitness Club	884
Five And Ten Cent Store.....	928
Fixture Installation: Partitions Or Counters	646
Flag And Bunting Erection From Floor Or Ladder	670
Flag Mfg., Shop Only	163
Flag Or Bunting Erection From Scaffolding	681
Flagmen - Provided By Specialist Contractor.....	601
Flagpole - Erection	658
Flagpole Mfg. - Metal	413
Flare Mfg.	4771
Flashlight Mfg., Or Assembling	445
Flat Cement Work Contractor	608
Flat Glass Mfg.	535
Flavoring Extract Mfg.	104
Flavoring Syrups Blending	104

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A32**

Flax Spinning And Weaving	132
Flea Market Or Swap Meet Operators	971
Flint Or Feldspar Grinding, Not Done By Quarry	059
Flood Debris Cleanup (Except Building Demolition) - By Contractor	995
Floodlight Erection - Permanent	656
Floodlight Erection, Temporary - By Contractor	661
Floor Cleaning/Waxing Machine Mfg.	473
Floor Coverings - Installation Of Linoleum, Asphalt Or Rubber Tiling - Not Ceramic Tile Installation	670
Floor Coverings Dealer - Retail Or Wholesale - Carpet, Rug, Linoleum.....	922
Floor Installation - Ceramic Tile.....	668
Floor Installation - Not Concrete, Ceramic Or Wood	670
Floor Installation - Portable - Wood	648
Floor Laying - Linoleum, Asphalt, Rubber Or Composition Tiling, Not Ceramic	670
Floor Laying, Finished Hardwood	648
Floor Sanding Or Scraping - Wood	648
Floor Waxing Or Polishing - By Building Owner, Lessee, Management Agency Or Contractor	971
Flooring Mfg. - Open Steel Grating	413
Flooring Mfg. - Wood	305
Florist Store - Fresh Cut Flowers - Retail Or Wholesale	919
Florist Store Supplies Dealer - Wholesale	919
Flour Dealer - Wholesale	911
Flour Milling.....	101
Flour Mixing And Blending, No Milling	104
Flow Controller Mfg.	488
Flower Assembling - Artificial Or Dried	924
Flower Dealer - Artificial Or Dried - Wholesale	924
Flower Dealer Or Store - Fresh Cut Flowers (No Flower Or Plant Raising) - Retail And/Or Wholesale	919
Flower Growing	0011
Flowmeter Mfg.	488
Flue Mfg., Stove Or Furnace - By Specialist Contractor	454
Flying Field.....	7428
Foam Rubber Mfg.	225
Folding Box Mfg.	257
Food And/Or Beverage Concession - By Specialist Contractor.....	898
Food Product Machinery Mfg.	464
Food Sundries Mfg., N.O.C. - No Cereal Milling	104
Food Sundries Mfg., N.O.C. - Temporary Staff	185
Football Mfg.....	205
Football Player, Coach, Manager Or Referee - Professional Or Semiprofessional	970
Footwear Mfg. - Not Rubber	204

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A33**

Footwear Mfg. - Rubber	225
Foreign Currency Exchange	988
Forest Fire Fighting, N.O.C.	----
Governing Class	
Forest Ranger - Not State Employees	980
Forging - Nonferrous Metals Only	403
Forging, N.O.C.	431
Forklift Service And/Or Repair - By Specialist Contractor (Shop Or At Customer's Location)	814
Forklift Truck Dealer - Rental, Sales Or Service (In Shop Or At Customer's Location)	814
Forklift Truck Mfg.	463
Formal Wear Rental Or Sales	916
Foundation Excavation	609
Foundry - Nonferrous, N.O.C.....	447
Foundry Sand Cores Mfg. - By Contractor	513
Foundry, Iron, N.O.C.	425
Foundry, Malleable Iron.....	427
Foundry, Steel	421
Fracturing (Fracing) Of Gas Wells - By Contractor	607
Frame Straightening On Automobiles	815
Franklin Stove Assembly.....	445
Fraternal Organization (e.g., VFW Post, The Elks)	896
Fraternity/Sorority House	896
Freezer Mfg., Commercial Or Household	456
Freight Car Icing	855
Freight Car Mfg.	416
Freight Handling On Piers Or Terminals Or Adjoining Piers.....	7366F
French Drain Installation	663
Front Or Interlining Mfg. - Coat	161
Frozen Food Dealer - Wholesale	911
Frozen Fruit, Fruit Juice, Processing	113
Frozen Or Frosted Food Products Mfg.	----
See Rulings And Interpretations	
Fruit And Vegetable Juice, Canned, Bottled Or Bulk	113
Fruit Dealer - Wholesale	907
Fruit Evaporating	113
Fruit Farm	0016
Fruit Juice Dealer - Wholesale	911
Fruit Juice Mfg.	113
Fruit Juice Mfg. - From Purchased Concentrates Only	104
Fruit Packing, By Grower	0016

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A34**

Fruit Picking	0016
Fruit Preserving	113
Fuel Oil Distributor	809
Fuel Pump Mfg., Automobile	461
Fuel Service - Aircraft, By Contractor.....	809
Fuel Yard	809
Fumigating - Not Agricultural - By Contractor	971
Funeral Director	997
Funeral Escort Service (Motorcycle)	817
Fungicide Mfg.	551
Fur Bearing Animal Raising	0034
Fur Clothing - Cleaning, Tumbling, Glazing, Combing And Ironing.....	142
Fur Clothing Mfg. (Preparation Of Skins To Be Separately Rated).....	161
Fur Dressing Or Dyeing	201
Fur Mfg. - Synthetic	132
Fur Plate Mfg.	161
Fur Pointing	161
Furnace - Hot Water Or Steam - Installation, Service Or Repair	663
Furnace Cleaning - Hot Forced Air.....	664
Furnace Cleaning - Hot Water Or Steam	663
Furnishing Goods Installation	670
Furnishing Goods Mfg. - Canvas Or Burlap	166
Furnishing Goods Mfg. - Not Canvas Or Burlap	163
Furniture Assembling - Wood, By A Furniture Manufacturer, Including Woodworking	323
Furniture Assembly - From Prefabricated Parts Or Pieces Only - No Woodworking	319
Furniture Cleaning Or Polishing On Customers' Premises	141
Furniture Frame Mfg. - Wood	323
Furniture Installation, Portable, By Dealer.....	922
Furniture Mfg. - Metal	456
Furniture Mfg. - Wood	323
Furniture Mfg. - Wrought Iron	413
Furniture Moving And/Or Storage	806
Furniture Or Fixture Installation - Portable - In Offices Or Stores	646
Furniture Polish And Wax Mfg.	571
Furniture Rental - Chairs, Coat Racks, Dishes, Etc.	922
Furniture Stock Mfg. - Non-Turned - By Specialist Contractor	305
Furniture Store - Retail Or Wholesale	922
Furniture Stripping - Incidental To Assembling Or Refinishing Operations Only	319
Furniture Stripping, No Woodworking - By Specialist Contractor	319
Furniture Turned Stock Mfg. - By Specialist Contractor	306

Furniture Upholstering	327
Furrier Repairing Or Remodeling Fur Garments	916
Fuse Mfg. - Electrical	473
Fuse Mfg., Explosive	4771
Galvanizing Works - Hot Dip	402
Garage	815
Garage Operated As A Subordinate Accommodation	----
Governing Class	
Garbage Or Rubbish Removal	995
Garbage Works - Reduction Or Incineration - Municipal.....	980
Garbage Works - Reduction Or Incineration - Private	995
Garden - Open To Public Exhibition	969
Garden Center - Retail	928
Garden Equipment Store	925
Garden Supplies Dealer	924
Garden Supplies Store - Retail	928
Gardener.....	012
Gardening Tools Mfg.	433
Garland Mfg.	259
Garlic Dealer - Wholesale	907
Garment Rack Mfg. - Metal	456
Garment Sewing Contractor	161
Gas And Electric Fixtures Mfg.	445
Gas Detection Monitor Mfg.	488
Gas Distribution, Bottled Or Bulk.....	809
Gas Holder Erection	655
Gas Main Construction - Local Distribution Systems - All Work To Completion Except Tunneling	617
Gas Meter Mfg.	488
Gas Meter Reader	951
Gas Mfg.....	553
Gas Or Oil Pipeline Construction - Cross-Country.....	609
Gas Or Oil Pipeline Operation	752
Gas Pipefitting, Indoor.....	663
Gas Production	028
Gas Tank Mfg. - Metal Plate	415
Gas Utility	751
Gas Well Drilling	607
Gas Well Operation.....	028
Gas Well Service Contractor	607
Gas, Steam Or Hot Water Apparatus Supplies Dealer - Wholesale	885

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A36**

Gas, Steam Or Water Main Repair - By Contractor - All Work To Completion Except Tunneling	617
Gasket Mfg. - Rubber	225
Gasoline Blending Plant.....	581
Gasoline Dealer, Wholesale	809
Gasoline Station - Retail - Including Repair Work	----
See Rulings And Interpretations	
Gasoline Station Equipment Installation (Including Excavation) Or Repair	675
Gasoline Station, Retail - Exclusively Gasoline Sales.....	816
Gate Mfg. - Ornamental Metal.....	413
Gear Mfg. Or Grinding	461
Gelatin Mfg.	113
General Construction - Commercial.....	651
Generator Mfg., Electric	474
Geophysical Exploration - Seismic Method	607
Geophysical Exploration, N.O.C.	607
Gilling Of Fibers	132
Glass Block Installation - Structural Use	653
Glass Container Mfg.	535
Glass Dealer - No Mfg., Glass Bending, Beveling, Grinding, Silvering Or Installation	926
Glass Door Installation.....	666
Glass Installer, Automobile	815
Glass Installer, Except Automobile	666
Glass Merchant - Bending, Beveling, Grinding Or Silvering Plate Glass By Separate Shop Crew	536
Glass Mfg., Stained	535
Glass Ornament Mfg. - From Purchased Glass	536
Glass Products Decorating Or Engraving By Specialist Contractor.....	281
Glassware Mfg.	535
Glazier, Away From Shop.....	666
Glazing	666
Glove Lining Mfg.	161
Glove Mfg. - Fire Resistant	509
Glove Mfg. - Knit	134
Glove Mfg. - Rubber	225
Glove Mfg., Except Fire Resistant, Industrial Use, Knit Or Rubber	161
Glove Mfg., Including Baseball, Boxing, Handball Or Punching Bag Glove (Except Rubber Gloves).....	205
Glucose Mfg.	107
Goat Farm	0083
Gold Leaf Mfg.	458
Gold Plating	449
Golf Cart - Rental, Sale And/Or Maintenance - By Specialist Contractor	814

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A37**

Golf Club Heads Or Shafts Mfg. - Wood	309
Golf Club Mfg. - Metal	456
Golf Course - Miniature.....	969
Golf Course - Pro Shop - Operated By Golf Course.....	944
Golf Course - Pro Shop - Operated By Specialist Contractor.....	928
Golf Course - Public Or Private	944
Golf Course Operated By Hotel	973
Golf Driving Range.....	969
Goodwill Stores	928
Grading	609
Grading Preparatory To Building Erection	609
Grain Dealer	924
Grain Elevator Operation	855
Grain Farm	0006
Grain Harvesting By Contractor	007
Grain Mill - Permanently Located Mill	101
Grain Mill, Portable, Operated By Contractor	007
Grandstand Or Bleacher Mfg. - Metal	413
Grandstand Or Bleacher, Erection By Contractor - Portable - Wood	651
Graphite Products Mfg.	507
Grass Cutting Along Highways By Specialist Contractor.....	012
Grass Cutting, Lawns, By Contractor	012
Grate Installation In Boilers, By Specialist Contractor	677
Grating Mfg. - Open Steel Flooring	413
Grave Digging - By Contractor	609
Gravel Crushing By Dealer	059
Gravel Or Sand Digging Or Excavation - Including Crushing	055
Gravure Printing	281
Grease And Tallow Mfg.	114
Grease Mfg., Animal	114
Grease Mixing Or Blending, Not Animal Or Vegetable	581
Greenhouse Erection	651
Greenhouse, Flower Or Vegetable Growing	0011
Greeting Card Publishing Or Printing	281
Greeting Card Shop.....	928
Grey Iron Foundry	425
Grinding Wheel Mfg.	513
Grindstone Mfg., No Quarrying	513
Grist Mill - Permanently Located	101
Grocery - Wholesale	911

Grocery Store - Retail	917
Grocery, Tea, Coffee Dealer - Retail	917
Ground Personnel - Aircraft And/Or Airport Operations	7428
Group Home - Developmentally Disabled (Not Intermediate Care Facility) - 8 Or Fewer Clients Per Facility	941
Group Home - Intermediate Care Facility For The Mentally Retarded - Regardless Of Client Count	940
Group Homes For The Mentally Ill	941
Grouting - Including Drilling - Placing Of Cement, Plastic Compounds Or Concrete, Or Pumping Of Fly Ash.....	654
Guardrail Or Metal Fence Erection - By Road Contractor	601
Guardrail Or Metal Fence Erection - By Specialist Contractor	658
Guards At Corr. Institutions, House Of Corr., Prisons Or Prison Farms - Not State Employees	985
Gun Forging, Iron And Steel	431
Gun Shop - Retail	928
Guniting.....	654
Gunstock Mfg., Finished.....	309
Gunstock Mfg., Unfinished Shapes	306
Gutter Installation - Metal	676
Gymnasium	884
Gymnastics Training	968
Hackling Of Fibers.....	132
Hair Dryer Mfg. - Hand-Held	473
Hair Processing (Excluding Dehairing Or Wig-Making)	132
Hairdressing Shop	977
Halfway House - Pre-Parole Or Probation	986
Ham - Boiled, Boneless Or Cured Mfg.	106
Hamburger Or Hamburger Patty Mfg.....	119
Hammock Mfg.	163
Hand Tool Mfg. - Electric - Portable	473
Hand Tools Mfg., Excluding Axes, Agricultural Tools, Sledgehammers And Wheelbarrows.....	441
Handbag (Women's) Store.....	928
Handbag, Mfg. - From All Materials	205
Handbill Distribution	951
Handicapped - Transportation Services For	817
Handkerchief Mfg.	161
Handle Mfg. - Wood.....	306
Hangar Operation	7428
Hardware Mfg. - Nonferrous - By Foundry Method	447
Hardware Mfg., N.O.C. Including Foundry	445
Hardware Store - Retail.....	925
Hardware Store - Wholesale	926
Hardware Store - Wholesale - Temporary Staff	881

Hardwood Dimension And Flooring Mill, No Sawmill Operation.....	305
Hardwood Floor Laying	648
Harness Or Saddle Mfg.	205
Harvesting By Contractor	007
Hat Block Mfg. - Wood	309
Hat Cleaner	977
Hat Frame Mfg., Ladies	161
Hat Lining Mfg.	161
Hat Mfg., Felt	161
Hat Mfg., N.O.C.	161
Hat Mfg., Safety - See Helmet	----
Hat Store - Cloth, Felt, Fur Or Straw	916
Hatchery - No Poultry Raising	924
Hatters' Fur Processing.....	130
Hauling Contractor, N.O.C.	811
Hay Baling, By Contractor	007
Hay Dealer	924
Head Start Program.....	891
Headboard Mfg. - Wood (Upholstery Work If Conducted By A Sep. Crew In A Sep. Dept. Shall Be Separately Rated)	323
Health Club	884
Health Food Dealer - Wholesale	911
Health Food Store - Retail	917
Health Or Exercise Club.....	884
Health Spa	884
Hearing Aid - Sale And Service	920
Hearing Aid Ear Mold Mfg.	489
Hearing Aid Mfg.	485
Hearse Body Mfg.	451
Heart Scan Systems Mfg.....	488
Heater Or Radiator Mfg. - Cast Iron	425
Heating Equipment - Installation - Hot Water Or Steam.....	663
Heating Pad Mfg.	473
Heating Pad Mfg. - Fabric Covering Only	163
Heating Systems - Hot Forced Air, Repair Or Service - Cleaning, Oiling Or Adjusting.....	664
Heating Systems Installation, Except Electric, Hot Water Or Steam	664
Heating, Ventilating Or Air Conditioning Equipment Or Parts Dealer - Wholesale.....	885
Heat-Treating Of Metal	433
Heel Mfg. - Rubber.....	225
Helicopter Operation, N.O.C.	7424
Heliport Operation - Ground Personnel.....	7428

Helmet Mfg., Safety - Use Appropriate Plastics Molding Class	----
Hemp Spinning And Weaving	132
Herb Dealer - Wholesale.....	911
Herbicide Mfg.	551
Herbs - Blending, Grinding And Packing.....	104
Hide Dealer - Including Salting - Curing	924
High Explosives Mfg.	4771
High Voltage Maintenance - By Contractor	661
Highway Maintenance, Scraping, Paving Or Repaving By Contractor.....	601
Highway Operation - Toll Collector	951
Hobby Shop - Retail	928
Hockey Player, Coach, Manager Or Referee - Professional Or Semiprofessional	970
Hog Farm	0034
Hoist Installation.....	675
Hoisting Systems Mfg.	465
Home For Orphans	941
Home For Unwed Mothers - No Medical Services	986
Home Freezer Dealer - Retail Or Wholesale	922
Home Health Aide	943
Home Health Care Services - Nonprofessional Staff	943
Home Health Care Services - Professional Staff	942
Home Improvements And/Or Remodeling	652
Homemaker Service	943
Homeowners' Association	----
See Rulings And Interpretations	
Hone Or Oilstone Mfg.	855
Honeycomb Products Mfg.....	261
Hood Mfg., Range	454
Horse Breeding Farm Or Boarding/Training Stable	801
Horse Driven Carriage Tours Or Taxis	801
Horse Shoeing By Specialist Contractor.....	801
Horse Show	969
Horseshoe Mfg.	431
Hose Mfg. - Plastic	222
Hose Mfg. - Rubber.....	225
Hosiery Dyeing	135
Hosiery Finishing	135
Hosiery Mfg.	135
Hospice Care Performed In Client's Residence - Nonprofessional Staff.....	943
Hospice Care Performed In Client's Residence - Professional Staff	942

Hospital, All Employees.....	961
Hospital, Psychiatric	958
Hospital, Rehabilitation	958
Hospital, Veterinary	959
Hot Air Ballooning	7424
Hot House, Vegetable Growing	0011
Hot Water Tank - Installation, Service Or Repair.....	663
Hotel - All Other Employees.....	----
See Rulings And Interpretations	
Hotel Kitchen Equipment Mfg.....	454
Hotel Restaurant Employees	----
See Rulings And Interpretations	
House Cleaning By Contractor - Interior	882
House Furnishings Installation	670
House Furnishings Mfg. - From Textile Fabrics	163
House Moving - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2	----
House Of Correction Guards (Not State Employees).....	985
House Slippers Mfg.	204
Household Appliance Store, Small - Retail	925
Household Appliances Dealer, Major - Retail Or Wholesale	922
Household Appliances Dealer, Small - Wholesale	926
Household Bleach, Dry Or Liquid Mfg.	571
Household Cooking Utensil Mfg.	454
Household Furniture Dealer	922
Household Laundry Equipment Dealer	922
Household Linens, Bedspreads, Towels, Drapes Mfg.	163
Household Major Or Commercial Appliances, Electrical Or Gas - Service Or Repair	662
Household Refrigerator Dealer - Retail Or Wholesale	922
Household Vacuum Cleaner Dealer - Wholesale.....	926
Household Vacuum Cleaner Store, Small - Retail	925
Housing Authority	983
Humidifier Mfg.	473
Humus Dealer - No Excavation.....	855
Humus Digging And Bagging	609
Hydrant Mfg. Water - Cast Iron	425
Hydraulic Device Mfg. - e.g., Jacks, Auto Lifts	461
Hydraulic Stabilizer Mfg., For Trains	445
Hydrogen Mfg.....	553
Hydroponic Vegetable Production	0011
Ice Cream Cabinet Mfg.	456

Ice Cream Cone Mfg.	105
Ice Cream Dealer - Wholesale.....	911
Ice Cream Mfg.	110
Ice Cream, Store Or Street Vending - Retail.....	928
Ice Dealer - No Mfg.	855
Ice Mfg. - Not Dry Ice	104
Ice Mfg., Dry Ice	553
Ice Skating Rink - Indoor	968
Icing Of Refrigerator Cars	855
Impregnated Fabrics Mfg.	139
Incandescent Light Bulb Mfg.....	486
Incubator Mfg. - Metal	456
Index Card Mfg.	265
Industrial Boiler Mfg.	415
Industrial Caterer.....	898
Industrial Crane Installation	675
Industrial Gas Mfg.	553
Industrial Launderer	141
Industrial Locomotive And Parts Mfg.	416
Industrial Pattern - Cast-Metal, Mfg.....	----
See Appropriate Foundry Class	
Industrial Truck Mfg.	463
Infant Wear Service Laundry	141
Infrared Homing Systems Mfg.....	485
Injection Molding Of Plastics	221
Ink Mfg., Printing.....	563
Inorganic Pigment Mfg.	563
Inpatient Non-Hospital Detoxification Facility Licensed As Medical Or Social Setting Detoxification	958
Insecticide Mfg.	551
Inservants - Occasional	0908
Inservants, Excluding Office Employees	0913
Inspection Of Mercantile, Mfg. Or Risks For Insurance Or Valuation Purposes - By Independent Contractor.....	951
Inspection Of Mercantile, Mfg. Or Risks For Insurance Or Valuation Purposes - By Insurance Company.....	984
Installation Of Hod Hoists, Etc.	675
Installation Of Telephone, Telegraph Or Electric Pole Hardware	656
Installation Of Telephone, Telegraph Or Electric Transformers	656
Installation Or Dismantling Of Machinery And Industrial Equipment, By Contractor	675
Institutional Caterer	898
Instrument - Professional Or Scientific - Service Or Repair - Shop Or Field	952
Instrument Mfg., Professional, Scientific, Medical - Measuring	487

Insulated Clothing Mfg. - Thermal Type.....	161
Insulation (Asbestos) Encapsulation Or Removal (Including Pipe Insulation)	643
Insulation Dealer	855
Insulation Work, N.O.C.....	647
Insulation Work, Pipe (Except For Asbestos).....	663
Insulation Work, Pipe (Incl. Asbestos Encapsulation Or Removal).....	643
Insulation Work, Residential.....	647
Insurance Adjuster - By Independent Contractor	951
Insurance Company	984
Insurance Traveling Auditor - Independent Contractor	951
Integrated Circuit Mfg.....	472
Intercommunication System Installation, Within Buildings	660
Intercommunications Equipment Mfg.	485
Interior Decorator - No Installation Work - Classify Per Business Of The Employer	---
Interior Marble Installation.....	668
Interior Stripping/Gutting Of Buildings	651
Interior Tile Mosaic Work	668
Interior Trim Installation - Wood.....	648
Intermediate Care Facility For The Mentally Retarded - Regardless Of Client Count	940
Internal Combustion Engine Mfg.	461
Inventory Service - By Specialist Contractor	951
Investigative Agency	954
Investment Casting.....	445
Investment Castings Mfg. - Nonferrous Metals	447
Invisible Fence Installation.....	660
Iron Erection.....	655
Iron Erection, Ornamental Or Non-Structural Only.....	658
Iron Forging	431
Iron Foundry, N.O.C. (See Also Classes 427 And 445)	425
Iron Or Steel Erection, Structural	655
Iron Or Steel Merchant, New Materials Only	857
Iron Or Steel Scrap Dealer	858
Iron Recovery By Chemical Means	551
Iron Shutter Mfg.	413
Iron, Ornamental, Fabrication Shop	413
Irrigation Plant, Selling And Pipe-Distributing Water.....	753
Irrigation System Construction	609
Jalousie Or Jalousie Screen - Metal Or Glass, Erection Of	651
Jalousie Or Jalousie Screen - Metal Or Glass, Erection Of - Residential	652
Jalousie Or Jalousie Screen Mfg. - Metal Or Glass	456

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A44**

Jam Mfg.....	113
Janitor Contractor.....	971
Janitorial Supply Dealer - Wholesale	926
Jelly Mfg.	113
Jetty Construction - State Coverage Only	611
Jewel Setting And Mounting	458
Jeweler, Findings And Materials Dealer.....	920
Jewelry Mfg.	458
Jewelry Polishing	458
Jewelry Store - Wholesale Or Retail	920
Jockey - Employed By A Horse Breeding Farm Or Boarding/Training Stable	801
Jockey - Employed By A Race Track.....	969
Juice Mfg. - Fruit.....	113
Jukebox Operation, Service Or Repair	933
Junk Dealer	860
Jute Spinning And Weaving	132
Kaolin Excavation Or Surface Mining - Including Milling Or Washing	055
Kaolin Milling Or Washing By Other Than Producer.....	059
Karate Or Other Martial Arts Institute.....	968
Keg Mfg. - Wood	305
Kerosene Distribution	809
Kerosene Mfg.....	581
Ketchup Mfg.	113
Kiddie Rides - All Operations - Permanently Sited	969
Kiddie Rides - Traveling	939
Kiln Drying Of Lumber - By Sawmill	301
Kindergarten, Not Operated In Conjunction With Grade School	891
Kitchen And/Or Bath Fixture Dealer	885
Kitchen Cabinet Installation - Wood	648
Kitchen Equipment Exhaust Duct Cleaning - By Specialist Contractor	971
Kitchen Equipment Installation - (Commercial)	646
Kite Mfg.	163
Knapsack Mfg.....	166
Knit Glove Mfg.	134
Knit Goods Mfg., N.O.C.....	134
Knitting Mill, Hosiery	135
Label Mfg. - Metal.....	441
Label Mfg., Woven Labels	132
Label Printing	281
Labor Union	903

Laboratory Animal Breeding Or Raising (Rats, Mice, Guinea Pigs, Rabbits, Etc.).....	959
Laboratory Glassware Mfg. - From Purchased Glass.....	536
Lace Mfg.	134
Lacquer Mfg.	563
Lacrosse Player, Coach, Manager Or Referee - Professional Or Semiprofessional	970
Ladder Mfg. - Metal	456
Ladder Mfg. - Wood.....	305
Laminated Glass Products Mfg. - From Purchased Glass	536
Laminated Wood Building Beam And Column Mfg.	305
Laminating - Paper.....	263
Lamp (Floor Or Table) Assembly Only - No Metal Or Wood Fabricating	319
Lamp Or Portable Lantern Mfg.	445
Lamp Post Mfg. - Metal	413
Lamp Shade Frame Mfg.	457
Lamp Shade Mfg. (Excluding Frame Manufacturing)	163
Landfill Operation.....	609
Landfill Operations By A Rubbish Or Garbage Removal Contractor	995
Landscape Architectural Firm, No Construction Work	955
Landscape Contractor	012
Lapidary.....	458
Laser Printer Cartridge Mfg. Or Remanufacture	483
Laser Printing By Contractor.....	932
Last Block Mfg.	305
Last Form Mfg. - Wooden.....	441
Last Mfg. - Cast Metal.....	----
See Appropriate Foundry Class	
Latex, Foamed Mfg.....	225
Lath Mfg. - Wood	306
Lathing	669
Launderer, Industrial	141
Laundry - Coin-Operated - Self-Service.....	928
Laundry Collection By Dry Cleaner.....	142
Laundry Collection By Launderer	141
Laundry Collector Without Laundry (Excluding Contract Hauler)	928
Laundry Equipment Installation, Service Or Repair - Industrial	675
Laundry, Hand.....	141
Laundry, N.O.C.	141
Laundry, Waste Cloth, Operated By Dealers In Used Materials	862
Law Firm.....	956
Lawn Care Service Company - Including Lawn Cutting, Maintenance Or Spraying	012

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A46**

Lawn Mower Sale Or Service (Including Riding Type)	925
Lawn Sprinkler Installation	663
Lead Mfg., Red Or White	402
Lead Paint Removal (From A Pipe Surface) - By Contractor	663
Lead Paint Removal (From Any Non-Pipe Surface) - By Contractor	651
Lead Pencil Mfg.	309
Lead Scrap Dealer	859
Lead Sheet, Pipe And Shot Mfg.	402
Lead Smelting	402
Lead Smelting And Refining, Primary	402
Leaf Spring Mfg.	435
Leash Mfg.	205
Leather (Imitation) Mfg.	227
Leather Belting Mfg.	205
Leather Clothing Mfg.	161
Leather Dealer	201
Leather Dressing	201
Leather Embossing	205
Leather Finishing	201
Leather Goods Mfg., N.O.C. (See Also Gloves, Hats, Shoes)	205
Leather Skiving	205
Leather Tanning	201
Levee Construction	609
Library - Public	890
Licorice Extract Mfg.	104
Life Care Community - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher	960
Life Care Community - With Less Than 50 Pct. Of Beds Licensed As Intermediate Care Or Higher	974
Life Jacket Mfg. - Inflatable Rubberized Fabric	225
Life Jacket Or Preserver Mfg.	166
Life Raft Mfg. - Rubber	225
Light Emitting Diode Mfg.	472
Light Industrial Or Manufacturing Business Operations - Temporary Staff	544
Lighting Fixture And Supplies Store	925
Lighting Fixtures And Supplies Dealer	886
Lighting Fixtures Mfg.	445
Lime Spreading By Contractor	007
Limousine Services	817
Linen Cloth Weaving	132
Linen Mfg. - House Furnishings	163
Linen Thread Mfg.	132

Linens Shop	916
Lingerie Mfg.....	161
Lining For Casket Interiors Mfg. - No Casket Mfg. Or Upholstery Work.....	163
Lining Mfg. - Hat	161
Linings, Sewing Into Coats By Hand	161
Linoleum Laying	670
Linoleum Mfg.....	227
Linotype Or Hand Compositor	281
Liquefied Petroleum Gas Dealer And Distributor	809
Liquid Crystal Display Mfg.	472
Liquid Oxygen Tank Mfg. - Metal Plate	415
Liquid Waste Treatment Plant.....	753
Liquor Or Wine Store - Retail	928
Liquor/Wine Dealer.....	924
Lithograph Mounting And Finishing.....	281
Lithographic Stones Engraving	281
Lithographing.....	281
Livestock (Excluding Dairy Or Horses) Farm - Animal Raising In Fields/Pastures	0083
Livestock Commission Merchant	801
Livestock Dealer	801
Livestock Tattooing, By Contractor	959
Locker Mfg. - Metal	456
Locks, Installation In New Buildings	648
Locksmith - Including Shop	925
Locomotive And Parts Mfg.	416
Logging - All Methods	009
Logging - Railroad Or Trucking To Sawmill	009
Logging Of Oil And/Or Gas Wells	607
Logging Tools Mfg.....	433
Long Term Care Facility - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher	960
Loose-Leaf Ledger Or Notebook Mfg.	265
Lubricant, Blending	581
Lubricating Oil And Grease Mfg., Excluding Animal And Vegetable Products	581
Luggage Mfg., Excluding Trunks	205
Luggage Store - Retail	928
Lumber And Building Material Dealer - Store Employees - For Use In Conjunction With Class 855 Only.....	935
Lumber Cutting, Incidental Cutting To Size, By Lumber Yards	855
Lumber Dealer, No Lumber Fabricating Or Handling Of Used Lumber.....	855
Lumber Yard, Secondhand Material	860
Lumbering - All Methods.....	009

DELAWARE WORKERS COMPENSATION MANUAL
SECTION 5
EFFECTIVE DATE: JUNE 1, 2004

UNDERWRITING GUIDE - ALPHABETIC

Page A48

Luncheon Meats Mfg.	106
Luncheonette	897
Macaroni, Spaghetti, Vermicelli Or Noodles Mfg.	105
Machine Belting Installation Or Repair.....	675
Machine Guard Mfg. - Sheet Metal	454
Machine Shop, N.O.C.	461
Machine Tools And Accessories Mfg.	441
Machine Tools Mfg. - Metal - Cutting Or Forming Types.....	441
Machine-Painting Shade Cloth.....	139
Machinery Erection, Not By Manufacturer	675
Machinery Or Industrial Equipment Installation, Service Or Repair Or Dismantling, By Contractor	675
Machinery Reconditioning (Excluding Conveyors) - Shop Operations Only	464
Magazine Publishing Or Printing	282
Magnesium Metal Mfg. - Electrolysis Of Fused Magnesium Chloride Process	551
Magnesium Metal Mfg. - Ferro-Silicon Process	551
Magnesium Metal Mfg., N.O.C.....	551
Magnetic Resonance Imaging (MRI) Mfg.	488
Maid Service Contractor - Interior	882
Mail Delivery - Under Contract To United States Postal Service	812
Mail Order House - Use Appropriate Wholesale Store Classification	----
Mail Order Pharmacy	927
Mail Sorting Service - By Specialist Contractor	948
Mailing Lists - Compiling/Selling - Risk's Only Operation	953
Mailing Or Addressing Company Including Incidental Printing	948
Mailing Tube Mfg.	259
Main Construction - Gas, Steam Or Water - Local Distribution Systems - All Work To Completion Except Tunneling	617
Maintenance Of Buses, By Bus-Operating Company	817
Maintenance Of Buses, By Public Garage.....	815
Maintenance Of Premises, Not Tenanted Buildings.....	----
Governing Class	
Malleable Iron Foundry	427
Malt Liquors Mfg. And Distribution	108
Malted Milk Mfg. - From Powdered Milk, Sugar, Malt And Cocoa	104
Malted Milk Powder Mfg., Including Dehydration Of Milk	109
Manhole Cover Mfg. - Cast Iron	425
Manicuring Shop	977
Manufactured Gas Utility	751
Manufacturing Or Light Industrial Operations - Temporary Staff	544
Manure Dealer.....	855
Map Mfg. Relief, Made Of Plaster	502

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A49**

Marble Cutting Or Polishing	855
Marble Products Mfg. - Artificial.....	222
Marble Setting, Exterior Only	653
Marble Setting, Interior Only	668
Marina - State Coverage Only.....	716
Marina - With Federal Coverage	6826F
Marine Appraiser Or Surveyor.....	951
Marine Plumber, Not Boat Or Shipbuilding	6872F
Marine Railway Operator	6872F
Marketing Staff - Temporary Staff.....	949
Martial Arts (Including Karate) Institute	968
Mask Mfg. - Costume - Cloth	161
Masonry, N.O.C.	653
Match Mfg. - Paper.....	259
Material Yard, Secondhand, When Not On Demolition Sites	860
Maternity Apparel Shop	916
Maternity Home - No Medical Services	986
Mattress Mfg.....	165
Mausoleums And Monuments In Cemeteries, Erection Only.....	608
Mayonnaise Mfg.	104
Meals On Wheels	898
Measuring Or Dispensing Pump Mfg.....	461
Measuring Tape Mfg. - Cloth - Sewing Type	163
Meat Chopper Mfg.	445
Meat Dealer - Wholesale - Including Cutting Or Deboning Of Fresh Meat	910
Meat Dealer - Wholesale - No Processing Whatsoever	924
Meat Packing Plant - Wholesale, Including Slaughtering	111
Meat Products Mfg., N.O.C.	119
Meat Slicers Or Grinders - Counter Type - Service Or Repair	952
Meat, Fish Or Poultry Store - Retail	915
Mechanical Consulting Engineering Firm.....	955
Mechanical Pencil Mfg.	459
Medical Diagnostic Lamp Mfg.....	486
Medical Equipment Mfg., Electronic - Diagnostic Or Treatment	488
Medical Service - Temporary Help	946
Medical Supply Store - Retail	928
Medicinal Extract Mfg.	104
Medicine Ball Mfg.....	205
Medicine Mfg.....	555
Megetron Device Mfg. (Specialty Electron)	486

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A50**

Melting Of Nonferrous Scrap Metals	402
Men's Clothing & Furnishings Store	916
Mental Health Center - Outpatient Services Only	957
Mercerizing Of New Goods	139
Merchandise Warehouse - Cold Or General Merchandise	813
Merchandise Warehouse - Furniture - Including Moving	806
Mercury Switch Mfg.	473
Messenger (Not Employed By A Messenger Or Courier Service Company)	951
Messenger Service - On Foot, By Bicycle Or Motor Vehicle	808
Metal Anodizing	449
Metal Arches Mfg., For Buildings	413
Metal Can Mfg., Seamed	454
Metal Can Mfg., Seamless	403
Metal Ceiling Installation	676
Metal Furniture Mfg.	456
Metal Furring, By Contractor.....	655
Metal Lath Mfg.	413
Metal Partition, Shelving, Locker, Office And Store Fixture Installation	646
Metal Polish Mfg.	563
Metal Salvaging, From Slag Dumps	055
Metal Service Center (Ferrous Or Nonferrous Metals)	857
Metal Shipping Barrels, Drums, Kegs Or Pails - Used, Dealer	454
Metal Spinnings Mfg.	454
Metal Stampings Mfg.	454
Metal Storm Sash Installation	651
Metal Storm Sash Installation - Residential.....	652
Metal, Sheet Goods Mfg., N.O.C.	454
Metallizing Of Fabrics	227
Meter Maid - Employed By A Municipality	980
Meters - Electric, Installing, Repairing And Testing, Including Shop - By Contractor	661
Microfilming	928
Micrometer Mfg.	487
Microphone Mfg.	485
Microwave Communication Equipment Mfg.....	485
Military Tank Hull Mfg.....	415
Milk Hauling - By Contractor.....	805
Milk Or Milk Products Dealer - Wholesale	911
Milk Processor - Fluid	109
Milk Producer - Fluid Only	0036
Milk Products Mfg., N.O.C. (Excluding Ice Cream Mfg.).....	109

Milking Equipment Installation	663
Millinery And Straw Hat Mfg.....	161
Millinery Mfg., Felt	161
Millinery Store	916
Milling - Wet Corn.....	107
Milling Of Grain - Permanently Located.....	101
Milling Of Grain, With Portable Mills	007
Millwork Plant	305
Millwork, Hand Assembling Or Glazing, Not Performed By A Millwork Plant	855
Millwrighting.....	675
Mine Car Mfg.....	416
Mine Shaft Sinking, By Contractor.....	615
Mineral Color Mfg.....	563
Mineral Milling	059
Mineral Water, Carbonated - Bottled Or Canned	112
Mineral Wool Mfg. - Including Spinning And Weaving	513
Miniature Golf Course	969
Miniature Tube Mfg. - From Ferrous Metals	407
Miniature Tube Mfg. - From Nonferrous Metals	403
Miniature Valve And Fitting Mfg.	459
Mining Consulting Engineering Firm	955
Mink Farm	0034
Mirror Installation	666
Mirror Mfg. - From Purchased Glass	536
Missile Guidance Equipment Mfg.	485
Mixed Gas Utility	751
Mobile Catering	898
Mobile Crane & Hoisting Operations, By Rigging Contractor	657
Mobile Crane Leasing Or Rental - With Operators By Specialist Contractor	811
Mobile Crane Repair, By Specialist Contractor	814
Mobile Equipment Dealer - Factory, Farm Or Construction	814
Mobile Home - Setup Or Warranty Service - By Specialist Contractor	818
Mobile Home Dealer.....	818
Mobile Home Mfg. - Non Self-Propelled	451
Mobile Home Park - Operation Or Maintenance By Contractor (Not Recreational Vehicle Campground)	971
Mobile Home Park Maintenance.....	971
Model Or Pattern Mfg. - Wood Or Metal, Shop Only, Excluding Castings.....	441
Modem Mfg.	483
Modular Home Erection, Remodeling Or Repair.....	652
Modular Home Mfg.	305

Molasses Mfg.....	107
Mold Mfg., Excluding Castings	441
Monorail System Installation (Except For Public Transportation).....	675
Monument Or Memorial (Cemetery) Cutting, Engraving And/Or Polishing	855
Mop Head Mfg., From Cotton Waste, No Other Operations.....	132
Mop Mfg.....	309
Mortar Mfg., No Construction Work.....	855
Mosaic Tile Installation	668
Mosquito Netting - No Mfg. Of Net.....	163
Moss Ginning	132
Motel, Motor Court, Etc. - All Other Employees	----
See Rulings And Interpretations	
Motion Picture Production	936
Motion Picture Theater	967
Motion Pictures, Development Of Films, No Other Operations.....	928
Motor Controller Assembly	476
Motor Oil (Used) - Collection By Specialist Contractor	809
Motor Vehicle Parts And Accessory Dealer	934
Motorcycle Dealer	818
Motorcycle Funeral Escort Service.....	817
Motorcycle Mfg.	463
Mover - Household Or Office Furniture - With Or Without Storage Facility	806
Mucilage Mfg.....	563
Multiplexer Mfg.	485
Municipal Or County Employees, N.O.C.	980
Museum - All Types.....	887
Mushroom Bed Filling With Compost - By Contractor	007
Mushroom Dealer - Wholesale	907
Mushroom Raising	0008
Mushroom Spawn Production	0008
Musical Instrument Mfg. - Metal	458
Musical Instrument Mfg. - Wood	323
Musical Instrument Rental - Except Pianos And Organs	928
Musical Instruments Rental - Pianos And Organs	922
Musician, Independent Contractor	967
Mustard (Prepared) Mfg.....	104
Nail Mfg. - Wire	457
Nail Mfg., Not Wire	445
Nailhead Ornamentation Attaching Nailheads Or Similar Articles To Textile Fabrics By Means Of Foot Presses	161
Naphtha Distribution	809

Naphtha Mfg. In Petroleum Refinery	581
Napkin Mfg. - Cloth	163
Napkin Mfg. - Paper	259
Narrow Fabric Mill - Cotton, Wool, Silk Or Man-Made Fibers.....	132
Natural Gas Production	028
Natural Gas Utility	751
Navigational Instruments Mfg.	485
Necktie Mfg., From Fabric	161
Necktie Mfg., Knitted	134
Needle, Pin, Hook Or Eye Mfg.	459
Neighborhood Homes - 5 Or Fewer Residents	941
Neighborhood Homes For The Mentally Disabled - 5 Or Fewer Residents Per Facility	941
Neon Sign Mfg. - Shop Only, No Installation, Service Or Repair	486
Neon Sign Mfg., Installation Or Repair.....	673
Net Mfg. - Classify According To Materials Used.....	----
Netting - Mosquito - No Mfg. Of Net	163
News Agent Or Magazine Distributor - Retail.....	928
News Agent Or Magazine Distributor - Wholesale	924
Newspaper Publishing Or Printing	282
Newspaper Reporter Or Photographer	951
Nightclub	899
Nitroglycerin Mfg.	4771
Non-Contact Sports Athletic Team, Professional Or Semiprofessional	991
Non-Destructive Testing - All Kinds - By Specialist Contractor	955
Nonferrous Metals Foundry	447
Notepad Mfg.	265
Nurse - Private Duty	942
Nurse - RN And LPN Including Aides - Temporary Help	946
Nurses - Visiting Patients In Private Homes.....	942
Nursing Home - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher	960
Nut Or Bolt Mfg.	445
Nuts - Cleaning And Shelling.....	104
Nuts (Edible) Dealer	924
Nylon Mfg.	581
Nylon Spinning And Weaving	132
Office Furniture Mfg. - Metal	456
Office Machine Dealer - Wholesale.....	924
Office Machine Mfg.	483
Office Machine Repair - Shop Or Field	952
Office Machine Store - Retail	928

Office Supply Dealer - Wholesale	924
Office Supply Store - Retail.....	928
Offset Duplicating.....	932
Offset Printing	281
Oil Blending - Not Animal Or Vegetable.....	581
Oil Distributing, Retail And Wholesale.....	809
Oil Field Machinery Or Equipment Mfg. - Classify According To Materials Used	----
Oil Field Tank Painting.....	655
Oil Lease Operation	028
Oil Mfg., Animal	114
Oil Mfg., Vegetable	551
Oil Or Coal Dock Operation - Waterfront	7313F
Oil Or Gas Geologist	607
Oil Or Gas Pipeline Construction - Cross-Country.....	609
Oil Or Gas Pipeline Operation	752
Oil Or Gas Well Drilling, By Contractor, N.O.C.	607
Oil Production	028
Oil Refining, Petroleum.....	581
Oil Re-Refining, Used Motor Oil	581
Oil Rig Or Derrick Erecting And Dismantling.....	655
Oil Spill Cleanup	995
Oil Still Erection.....	655
Oil Still Pipe Insulation	663
Oil Storage Tank Mfg. - Metal Plate	415
Oil Well Casing Installation.....	607
Oil Well Cementing, By Contractor.....	607
Oil Well Cleaning	607
Oil Well Equipment Dealer	926
Oil Well Operation.....	028
Oil Well Service Contractor	607
Oil Well Shooting	607
Oil Well Tools Mfg.	433
Oilcloth Mfg.....	227
Olive Handling	104
Opening Of Fibers	132
Optical Instrument Or Lens Mfg.	487
Optical Store, Including Lens Grinding And Optometrists	920
Optometrist Office.....	957
Orchard Or Fruit Farm	0016
Orchard Or Vineyard	0016

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A55**

Orchard Work, Fumigating Or Pruning By Contractor	005
Orchestra	967
Ore Dock Operation	7313F
Ore Milling	059
Organ Building - Including Installation	323
Organ Tuning - Away From Shop	952
Organ, Electronic - Mfg.	483
Ornamental Brass Erection	658
Ornamental Brass Goods Mfg.	413
Ornamental Bronze Erection	658
Ornamental Iron Door Erection	658
Ornamental Iron Grill Erection	658
Ornamental Iron Railing Erection	658
Ornamental Or Architectural Metal Work Mfg.....	413
Orphanage	941
Orthopedic, Prosthetic And Surgical Appliances And Supply Dealer - Wholesale	924
Orthopedic, Prosthetic, And Surgical Appliances And Supply Store - Retail.....	928
Oscillator Mfg.	472
Osteopath Office	957
Ostrich Farm.....	0034
Outboard Motor Mfg.	461
Outservant - Occasional - Including Occasional Private Chauffeurs	0909
Outservant, Including Private Chauffeurs	0912
Oven (Conveyor) Installation, Service Or Repair	675
Oven Mfg. - Metal Industrial Drying Ovens	456
Overhead Crane Mfg.	465
Overhead Door Installation	675
Oxygen Or Hydrogen Mfg.....	553
Package Liquor Store	928
Packaging - Contract - Non-Crating - Temporary Staff	879
Packaging Machinery Mfg. - Including Automatic Filling Type Machinery (Not Bottling)	464
Packaging, Contract - Crating - In Shop	305
Packaging, Contract - Non-Crating.....	923
Packing Case Mfg.	305
Packing House - Wholesale, Including Slaughtering	111
Packing House Distributing Station	910
Padding And Upholstery Filling Mfg.	130
Paint Brush Cleaner Mfg.	563
Paint Dealer - Wholesale	926
Paint Mfg., No Red Or White Lead Mfg.	563

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A56**

Paint Or Colors Mfg. - Temporary Staff.....	587
Paint Remover Mfg.....	563
Paint Store - Retail	925
Paint, Varnish, Lacquer Or Enamel Mfg.....	563
Painting Lines On Highways Or Roads	601
Painting Lines On Parking Lots Or Tennis Courts	608
Painting Of: Bridges, Oil Field Tanks, Steel Structures Or Tanks	655
Painting Or Powder Coating Metal Parts - Shop - By Specialist Contractor	445
Painting Ship Hulls	6872F
Painting, Including Shop	665
Pallet Mfg.	305
Panel Mfg. - Soft Wood Or Plywood.....	305
Panel Or Partition Mfg. - Sheet Metal	456
Paper Bag Mfg.	259
Paper Box Mfg.	257
Paper Coating And Glazing - By Paper Mill	255
Paper Dealer, Used.....	862
Paper Dish Or Plate Mfg.	259
Paper Dress Pattern Making	281
Paper Finishing - By Paper Mill	255
Paper Finishing - By Specialist Contractor	263
Paper Industry Machinery Mfg.	464
Paper Laminating	263
Paper Mfg.	255
Paper Mfg. - Asbestos	509
Paper Mill	255
Paper Or Cardboard Mailing Tube Mfg.	259
Paper Or Foil Goods Mfg.	259
Paper Or Paper Products Dealer	924
Paper Products Mfg., N.O.C.	259
Paper Sheeting, Slitting Or Winding	263
Paper Towel Mfg.	259
Paper Twine Mfg.	132
Paperhanging	667
Papier-Mâché Goods Mfg.....	259
Parachute Mfg. (Hardware Mfg. To Be Separately Rated).....	166
Paratransit Service	817
Parcel Delivery Company - See Section 2 Class Footnote	808
Park, N.O.C.	969
Parking Areas.....	825

Parking Garage Construction - Concrete.....	654
Parking Meter Installation, Service Or Repair	933
Parquet Floor Laying	648
Parquet Flooring Mfg. - Hardwood	311
Particle Board Mfg.	255
Partition Installation	646
Partition Mfg. - Ornamental Iron	413
Party Favors Mfg.	259
Pattern Mfg. - Paper	281
Pattern Or Model Mfg. - Wood Or Metal, Shop Only, Excluding Castings.....	441
Pavers (Decorative Brick Or Stone) Installation	653
Paving Mixtures Mfg.	855
Paving Or Repaving, Road And Street	601
Paving, Driveway - Blacktop Or Cement	608
Paving, Wood Block, Interior.....	648
Pawn Shop	928
Peanut Butter Mfg.....	104
Peanut Handling	104
Peat Digging	609
Peg Or Skewer Mfg. - Wood	306
Pen Or Pen Point Mfg.	459
Pencil Stock Mfg. - Wood	306
Pencil, Penholder Or Crayon Pencil Mfg. - Wood	309
Pendant Jewelry Mfg.	458
Pennant Mfg.	163
Perforated Metal Mfg.	454
Perfume, Cosmetic Or Other Toilet Preparations Mfg.	571
Perfumery Extract Mfg.	571
Periodical Publishing Or Printing.....	282
Personal Care Home.....	979
Personal Computer Store - Retail	928
Personal Leather Goods Mfg.	205
Pest Strip Mfg.	551
Pesticide Mfg.	551
Pet Food Mfg. - Canned - Non Farm Domestic	113
Pet Grooming - By Specialist Concern	928
Pet Shop - Retail	928
Petroleum Broker	809
Petroleum Bulk Stations And Terminals - Including Blending And Mixing	809
Petroleum Refining.....	581

Pharmaceutical Or Surgical Goods Dealer, N.O.C.	924
Pharmaceutical Preparation Mfg.	555
Pharmacy - Retail	927
Phonograph Record Dealer - Retail.....	928
Photocopy Machines - Service Or Repair - Shop Or Field	952
Photocopy Shop	932
Photoengraving	281
Photoflash Cube Mfg.	486
Photograph Studio, Not Producing Motion Pictures, Including Retouching And Outside Work	928
Photographer	928
Photographer - Aerial	7424
Photographic Equipment And Supplies Store - Retail	928
Photographic Equipment Or Supplies Dealer - Wholesale.....	924
Photographic Film And Dry Plate Mfg.	255
Physical Therapy - By Specialist Contractor.....	957
Physician Office	957
Piano Mover	806
Piano Or Organ Store	922
Piano Or Player Piano Mfg.	323
Piano Tuning	952
Picking Of Fibers	132
Pickle Mfg.	113
Picture Frame Mfg. - Wood	311
Piggery.....	0034
Pigment Color Mfg.....	563
Pile Driving - State Coverage Only	611
Pillow Cover Mfg.	163
Pillow Mfg.	163
Pin Or Needle Mfg.....	459
Pinball Games - Service Or Repair By Vending Machine Operator	933
Pipe Bending - Fabrication Shop	413
Pipe Cleaner Mfg.	132
Pipe Cleaning - Interiors Of Sewer Or Water Mains By Hydraulic Method	995
Pipe Connection, For Boilers.....	677
Pipe Covering Installation (Except For Asbestos).....	663
Pipe Insulation - Asbestos Encapsulation Or Removal	643
Pipe Laying For House Or Service Connections, By Plumbing Contractor.....	663
Pipe Merchant, Including Cutting, New Materials Only - All Types And Sizes	885
Pipe Mfg. - Brass, Copper Or Aluminum	403
Pipe Mfg. - Cast Iron, N.O.C.	425

Pipe Mfg. - Concrete	511
Pipe Mfg. - Plastic	222
Pipe Mfg. - Terra-Cotta.....	512
Pipe Mfg., Fiber	255
Pipe Mfg., Tobacco - Wooden	309
Pipe Or Tube Mfg. - Iron Or Steel.....	407
Pipefitting - House Connections	663
Pipefitting, Installation Of Apparatus Or Machinery Outside Of Buildings	675
Pipeline Construction, Oil Or Gas - Cross-Country	609
Pipeline Reclamation, Oil Or Gas	609
Piston, Piston Pin Or Piston Ring Mfg.....	461
Pitch And Putt Golf Course	969
Pizza Assembly - No Baking Operation	104
Pizza Shop - Retail	897
Planing Mill	305
Plant Food Mfg. - Mixed.....	573
Plantscaper - Interior	919
Plaster Block Erection	653
Plaster Block Mfg.....	511
Plaster Form Mfg.	502
Plaster Mill	501
Plaster Statuary Mfg.	502
Plasterboard Installation	645
Plastering, N.O.C.....	669
Plastic Articles Mfg. - Injection Molding - Temporary Staff	275
Plastic Articles Mfg., Injection Molding	221
Plastic Articles Mfg., N.O.C. - All Plastic Molding Techniques Except Injection Molding	222
Plastic Articles Mfg., N.O.C. - Temporary Staff	276
Plastic Bag Mfg.	222
Plastic Composite Products Mfg.	227
Plastic Material, Synthetic Resin, Or Nonvulcanizable Elastomer Mfg.....	581
Plastic Mfg., Sheets And Rods	222
Plastic, Molded Products Mfg. N.O.C.	222
Plastics Dealer - Scrap.....	862
Plate Glass Installation	666
Plate Glass Mfg.	535
Plate Steel Mfg. - By Specialist Contractor.....	406
Plate Work, Fabricated	415
Plating Of Metal Articles	449
Platinum Group Metals - Rolling, Drawing And/Or Extruding	403

Playground Equipment Mfg.	445
Playing Cards Mfg.....	281
Pleating, Stitching Or Tucking - Dress Fabrics Or Trimmings - Not Clothing Mfg.	136
Plumbers' Fittings Mfg.....	445
Plumbers' Supplies Mfg., N.O.C.	445
Plumbers' Supplies Store - Retail.....	925
Plumbing Fixture Fittings And Trim (Brass Goods) Mfg. - Cast	447
Plumbing Supplies Dealer - Wholesale	885
Plumbing, N.O.C.	663
Plush Or Velvet Mfg.	132
Plywood Container Mfg.	305
Plywood Dealer	855
Plywood Mfg., Including Veneer Mfg.	305
Pocketbook Frame Mfg.	457
Pocketbook Mfg. - From All Materials	205
Police Deputies	985
Police, Special School Police	985
Policemen And Detectives	985
Polish Or Leather Dressing Mfg.	563
Polished Plate Glass Mfg.	535
Polishing And Buffing, Small Articles, Shop Only, No Mfg.	445
Polishing Cloth Mfg.	163
Polishing Wheel Mfg. - Cloth Or Felt - No Metal Parts.....	163
Polishing, Cleaning Or Sanitation Preparations Mfg.	571
Polyurethane Foam Products Mfg.	222
Pony Rides	969
Pool Mfg. - Swimming - Inflatable Kiddie-Type Pools	163
Pool Room	968
Pool Table Dealer	922
Popcorn Mfg.	107
Porcelain Electrical Product Mfg.....	513
Porcelain Mfg.	513
Porch Enclosure Mfg.	305
Pork Products Mfg. - Pickled, Cured, Salted And Smoked	106
Portable Lamp Or Lantern Mfg.	445
Portable Toilet Leasing/Serviceing.....	992
Porters For Condominiums	880
Post Construction Clean-Up - New Homes - By Specialist Contractor	971
Postage Stamp And/Or Coin Dealer - Retail Or Wholesale	920
Potato Chip Dealer.....	924

Potato Chip Mfg.	104
Potato Dealer - Wholesale	907
Potato Flour Mfg.	101
Pottery Mfg., Glazed	513
Pottery Mfg., N.O.C. - No Brick, Tile, Sewer Pipe Or Gas Retorts	513
Pottery Mfg., N.O.C. - Supplemental Dust Disease Loading	0176
Poultry Dealer - Wholesale - No Processing Whatsoever.....	924
Poultry Dealer (Including Cutting Or Deboning) - Wholesale.....	865
Poultry Or Egg Producer	0034
Poultry Or Small Game Dressing (To Kill And Prepare For Market).....	865
Poultry Vaccination, Debeaking And Sexing, By Contractor	959
Poultry, Fish Or Meat Store - Retail	915
Powder Coating Of Parts (Electrostatic Spray Application) - By Contractor.....	445
Powder Metal Products Mfg.	506
Powder Mfg. - Atomizing Molten Nonferrous Metal	403
Power Controller Assembly	476
Power Line Construction.....	656
Power Pipe Fabrication	413
Precious Metal Refining, Primary	402
Precious Stone Cutting, Polishing Or Setting	458
Precision Machined Parts Mfg., N.O.C.	441
Precision Tool Mfg.	441
Prefabricated Building Mfg. - Wood, Shop Work	305
Prefabricated Wooden Building And Structural Member Erection	651
Pre-School - Early Education Services - By Independent Contractor	891
Preserving Or Canning Of Food	113
Presort Bureau - Mail Sorting - By Specialist Contractor	948
Press Forging.....	431
Pressed Or Blown Glass Mfg.	535
Pressure Vessel Mfg. - Industrial Metal Plate	415
Pressure-Sensitive Labels Or Paper Mfg.	263
Pretzel Mfg.	105
Pretzel Shop - Heating/Baking On The Premises	918
Primary Smelting And Refining Of Nonferrous Metals, N.O.C.....	402
Primer, Paint, Mfg.	563
Printed Circuit Board Mfg. - By Specialist Contractor.....	471
Printed Circuit Board Stuffing By Contractor	471
Printers' Finisher.....	281
Printers' Roller Mfg.	225
Printing.....	281

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A62**

Printing - By Laser Method - By Contractor	932
Printing - Temporary Staff	297
Printing Ink Mfg.	563
Printing Of Fabrics	139
Printing Trade Machinery Or Equipment Mfg.	464
Prison Cell Erection - Steel.....	658
Prison Farm Guards (Not State Employees)	985
Prison Guards (Not State Employees)	985
Private Duty Nurse.....	942
Private Electric Utility	755
Pro Shop - Golf Course - Operated By Specialist Contractor.....	928
Process Control Systems Mfg./Assembly	476
Processed Meat Products Mfg.....	106
Processed Waste And Recovered Fibers And Flock Mfg.	130
Produce Dealer - Wholesale	907
Produce Store - Retail	917
Professional Or Semiprofessional Athletic Team: Contact Sports	970
Professional Or Semiprofessional Athletic Team: Non-Contact Sports	991
Projectile Loading	4771
Projectile Or Shell Casing Mfg.: Forging - Separately Rate Loading Or Testing With Explosives.....	431
Projectile Or Shell Casing Mfg.: Secondary Machining - Separately Rate Loading Or Testing With Explosives	461
Propane Gas Dealer.....	809
Psychiatric Hospital	958
Psychiatrist Office	957
Psychologist (M.A. or Ph.D.) Office	957
Public Accounting Firm	962
Public Address Systems Installation - Including Loudspeakers	660
Public Health Nurse	942
Public Library	890
Public Weighers And Samplers Of Steamship Agency - State Coverage Only	709
Publishing Or Printing - Books Or Greeting Cards.....	281
Pulley Block Mfg. - Wood	306
Pulp (Paper) Mfg.	255
Pump Installation, Service Stations	675
Pump Installation, Water	663
Pump Mfg.	461
Pump, Air And Gas Compressor, And Pumping Equipment - Installation	675
Punch Mfg., For Marking Metal	441
Purse Mfg. - From All Materials	205
Putty, Caulking Compound, And Allied Product Mfg.	563

Pyrometer Mfg.	488
Pyroxylin Mfg., Not For Use In Explosive Mfg.	551
Quarry, Cement - Operated By Manufacturer	501
Quarry, Gravel Or Slag Excavation - Including Crushing	055
Quartz Crystal Culturing	472
Quick Printers	932
Quilt Or Comforter Mfg.....	163
Quilted Cloth Manufacturing Contractor - For Garments Or Household Furnishings.....	136
R.E.A. Cooperative.....	755
Rabbits - Slaughtering, Dressing And Packing For The Trade.....	865
Race Track Operation	969
Race Track, Pari-Mutuel Clerks	953
Racing Stable.....	801
Racing Sulky Mfg.	413
Racquetball Club	968
Radar Devices Mfg.....	485
Radiation Exposure, Supplemental Loading	9985
Radiator Cabinet Or Shield Mfg. - Metal	456
Radiator Mfg., Auto	454
Radiator Or Heater Mfg. - Cast Iron	425
Radio & Television Tube Mfg.....	486
Radio And Television Tower, Fabrication	411
Radio Broadcasting Station	936
Radio Or Television Parts And Accessories Store - Retail	925
Radio Or Television Transmitting, Signaling Or Detection Equipment Or Apparatus Mfg.	485
Radio, Television Or Audio Equipment Store - Retail	925
Radio, Television, Stereophonic Or High Fidelity Equipment, Parts Or Accessories Dealer - Wholesale	926
Radon Mitigation	664
Railing Mfg.	413
Railing Or Stair Mfg. - Wood.....	305
Railroad Car Mfg.	416
Railroad Car Or Locomotive Spring Mfg.....	435
Railroad Construction, By Contractor	605
Railroad Maintenance Of Way, By Contractor	605
Railroad Operation - Street, Including Shop.....	817
Railroad, N.O.C. - Including Shop.....	721
Railway Maintenance Car Mfg.....	416
Raincoat And Other Waterproof Outer Garments Mfg.	161
Rattan Or Fiber Furniture Mfg.	323
Rayon Mfg.	581

Rayon Spinning And Weaving	132
Razor Blade Mfg. - Safety	459
Razor Mfg. Or Repair - Electric	473
Ready-Mixed Concrete Dealer	855
Real Estate Agency - Clerical Workers In Office	953
Real Estate Agency - Outside Salespersons	951
Receivers - Radio Communication Mfg.	485
Receiving Station - Dry Cleaner - No Dry Cleaning At Same Or Contiguous Location	928
Receiving Station - Laundry - No Laundering At Same Or Contiguous Location	928
Reclaiming Rubber	225
Recording Devices Mfg.	485
Recording Studio	936
Recovery Of Usable Automobile Parts	861
Recreational Facility Or Amusement Devices, Indoor - See Entry By Topical Name.....	968
Recreational Facility Or Amusement Devices, Outdoor - See Entry By Topical Name	969
Recreational Vehicle Dealer	818
Red Lead Mfg.....	402
Refractory Products Mfg.	512
Refrigerated Showcase Mfg. - Wood.....	311
Refrigeration Or Central Air Conditioning Units Installation Or Service	664
Refrigeration System Parts And/Or Accessories Dealer - Wholesale	885
Refrigerator Car Icing Or Re-Icing	855
Refrigerator Car Mfg.	416
Refrigerator Car, Pre-Cooling	855
Refrigerator Mfg., Commercial Or Household	456
Refrigerator, Household - Service Or Repair.....	662
Refrigerator, Stove Or Washing Machine Store	922
Refuse Container Or Dumpster Mfg. - From Metal Plate	415
Rehabilitation Hospital.....	958
Reinforcing Rod Setting - Including By Specialist Contractor	654
Reinforcing Rods Or Bars Dealer	857
Relish Mfg. - Fruit Or Vegetable	104
Rental Service Stores And Yards - Classify On The Basis Of Principal Merchandise Rented.....	----
Repair Of Roofs By Contractor	659
Repaving - Street Or Road	601
Research And Development (Including Prototypes) - By Specialist Contractor	955
Research Or Development - Testing By Manufacturers - For Own Products	----
Governing Class	
Residential Child Care Service - (Neglected, Deprived Or Abused)	941
Residential Cleaning Services - By Contractor	882

Residential Facility For The Elderly - Non Medical	979
Resin Coated Fabric Mfg.	227
Resistor Mfg. - Less Than 1 H.P.	472
Resort Hotel - All Other Employees	----
See Rulings And Interpretations	
Respirator Equipment Mfg.	488
Rest (Residential) Home.....	979
Restaurant Kitchen Equipment Mfg.....	454
Restaurant Or Bar Supply Dealer (Other Than Beverages, Groceries Or Meat).....	924
Restaurant, N.O.C.....	975
Retail Bakery - No Baking On Premises	918
Retail Bakery - Selling Purchased Bakery Products	918
Retail Store, N.O.C.	928
Retail Store, N.O.C. - Temporary Staff.....	883
Retaining Wall Construction - Concrete.....	654
Retaining Wall Construction (Excluding Concrete).....	653
Retinning Of Metal Not Done In Rolling Mill.....	402
Retirement Community - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher.....	960
Retirement Community - With Less Than 50 Pct. Of Beds Licensed As Intermediate Care Or Higher.....	974
Reupholstering	327
Ribbon Mfg., Textile Fabrics.....	132
Riding Academy	801
Rigging - Non Ship.....	657
Rigging, Ship	6872F
Ringed Binder Mfg.....	265
Rivet Mfg.	459
Road Construction - Paving Or Repaving.....	601
Road Maintenance By Municipal Employees	980
Robe And Dressing Gown Mfg.	161
Rock Excavation, Not Quarry, By Road Contractor	602
Rock Excavation, Not Quarry, Not By Road Contractor	609
Rock Wool Installation	647
Rock Wool Mfg. - Including Spinning And Weaving	513
Rolled Glass Mfg.	535
Roller Bearing Mfg.	467
Roller Derby Player, Coach, Manager Or Referee - Professional Or Semiprofessional	970
Roller Mfg. - Covered Sleeves Only	163
Roller Skating Rink - Indoor.....	968
Rolling Mill - Ferrous Metals - By Specialist Contractor	406
Rolling, Drawing Or Extruding Nonferrous Metals - Temporary Staff	491

Roof Repairing By Contractor.....	659
Roof Spraying, Painting Or Coating By Contractor.....	659
Roofing Compound Mfg., No Refining	563
Roofing Installation - All Kinds	659
Roofing Paper Or Roofing Felt Mfg.	255
Room Divider Mfg.	311
Rooming House Or Boarding House - All Other Employees	----
See Rulings And Interpretations	
Rope Mfg. - Wire	457
Rope Mfg., Including Fiber Preparation.....	132
Rubber Band Mfg.	225
Rubber Coating	227
Rubber Garment Mfg., No Rubber Mill	161
Rubber Products Mfg., N.O.C.....	225
Rubber Reclaiming	225
Rubber Stamp Mfg.	281
Rubber Stock Dealer, Used	862
Rubber Tile Installation	670
Rubber Tire Dealer, Retail	815
Rubber Tire Mfg.	225
Rubber Tire Retreading	225
Rubberized Fabrics Mfg.....	225
Rubbish Or Garbage Removal	995
Rug And Carpet Cleaning And Storage	971
Rug Mfg.....	132
Rust Proofing (Hot Dipping) Of Metals	402
Saddle Mfg.	205
Saddle Soap Mfg.	571
Sadiron Mfg.	445
Safe Installation	675
Safe Mfg.	461
Safe Moving	657
Safety Belt Mfg. - Automobile - No Hardware Mfg.....	163
Sail Making	166
Salad Dressing Mfg.	104
Salad Preparation - Cole Slaw, Egg, Potato, Etc.....	104
Sales Stable	801
Salesperson - Outside	951
Salesperson, Delivering Goods By Automobile	----
Governing Class	

Salesperson, Door-To-Door	----
Governing Class	
Salt Refining.....	551
Salvage Operations And Incidental Wrecking - See Wrecking Or Demolition Or Building Moving Project - Section 2	----
Sand Or Gravel Digging Or Excavation - Including Crushing	055
Sandblasting The Outside Of Buildings	653
Sandpaper Mfg.	255
Sandwich Or Other Food Preparation By Vending Machine Operators.....	897
Sandwich Shop.....	897
Sandwich Spread Mfg. - Salad Dressing Base	104
Sandwich Steak Mfg.	119
Sanitary Company (Septic Tank, Cesspool Or Chemical Portable Toilet Cleaning)	992
Sanitary Food Container Mfg. - Paper	259
Sanitary Napkin Mfg.	259
Sash Mfg. - Wood	305
Sash, Door Or Assembled Millwork Mfg.	305
Sash, Door Or Finished Millwork Dealer.....	855
Sauces Mfg.	104
Sauerkraut Mfg.	113
Sausage Casings Dealer - Natural - Including Cleaning.....	910
Sausage Or Other Prepared Meat Products Mfg.	106
Savings And Loan	988
Saw Blade Mfg.	441
Sawdust Dealer	855
Sawmill	301
Scaffold Sale, Rental Or Erection, By Specialist Contractor	675
Scale Adjustment, Service Or Repair, Counter Type	952
Scale And Balance Mfg.	445
Scale Installation Or Adjustment, Coin-Operated Type, By Vending Machine Operator	933
Scale Installation Or Adjustment, Platform Or Beam Type	675
Scenery - Theatrical - Curtain And Drapery Mfg.	163
School Bus Operation, By Contractor	804
School Crossing Guard	980
School District - Public, Private Or Parochial	965
School, Aircraft, All Employees Except Flight Crew	965
School, Aircraft, Flight Employees	7424
School, Trade Or Vocational	965
Scoreboard Mfg., Installation Or Repair - Electric	673
Scouring Compound Mfg.	571
Scouring Of Natural Or Synthetic Fibers	132

Scout Camp	978
Scrap Metal Dealer - Ferrous Metals	858
Scrap Metal Dealer - Nonferrous Metals.....	859
Scrapple Mfg.....	106
Screen Mfg., Window - Wood	305
Screw Machine Products	445
Screw Mfg.	445
Seafood Market - Retail.....	915
Sealing Wax Mfg.	571
Seasonal Hotel - All Other Employees	----
See Rulings And Interpretations	
Seasoning - Prepared Sauces - Vegetable	104
Secondary Smelting, Refining, And Alloying Of Nonferrous Metal And Alloys.....	402
Secondhand Building Material Dealer	860
Secondhand/Used Material Dealer (Including Scrap Metals)	860
Security Check, Airport Passenger Screening, By Contractor.....	954
Security Or Investigative Agency	954
Seed Merchant.....	924
Self-Service Gasoline Station - Retail	----
See Rulings And Interpretations	
Semiconductor Refining - Silicon Wafers	472
Semiconductor Test Equipment Mfg.....	488
Semiprofessional Or Professional Athletic Team: Contact Sports	970
Semiprofessional Or Professional Athletic Team: Non-Contact Sports	991
Senior Citizens Center	976
Separating Of Natural Or Synthetic Fibers	132
Septic Tank Cleaner	992
Septic Tank Installation, By Specialist Contractor	609
Septic Tank Mfg. - Concrete	511
Serum Mfg.	555
Service Connections, Electrical Contractor	661
Setting Of Telephone Or Telegraph Poles	656
Set-Up Box Mfg.	257
Sewage Disposal Plant, Municipal	980
Sewage Disposal Plant, Private	753
Sewer Cleaning - Interiors Of Sewer Or Water Mains By Hydraulic Method	995
Sewer Cleaning, House Connections, Using Portable Equipment	663
Sewer Construction, All Work To Completion Except Tunneling, See Class 615	603
Sewer Construction, Tunneling	615
Sewing Contractor - Garment	161

Sewing Machine - Service Or Repair	483
Sewing Machine Dealer - Wholesale.....	926
Sewing Machine Mfg.	483
Sewing Machine Store - Retail	925
Sewing, Hand	161
Shade Roller Mfg. - Wood	306
Shaft Sinking.....	615
Shale Digging Or Excavation In Open Pits	055
Shampoo Mfg.	571
Sheepmen	0083
Sheepskin Pickling.....	201
Sheet Glass Or Sheet Window Glass Mfg.....	535
Sheet Metal Aircraft Parts Mfg.	456
Sheet Metal Products Fabrication, N.O.C., Shop Only	454
Sheet Metal Roofing	659
Sheet Rock Installation - Within Buildings	645
Sheet Rolling, Cold Rolling - By Specialist Contractor	406
Sheet Stock Or Coil Stock Distributor	857
Sheeting - Rubber Or Rubberized Fabric.....	225
Shell Case Loading	4771
Shellac Mfg.	563
Shelter For The Homeless	986
Sheltered Workshop.....	964
Shelters For Victims Of Domestic Abuse.....	986
Shelving And Store Fixture Installation	646
Shelving Mfg. - Metal	456
Sheriff And Sheriff's Deputies	985
Shingle Mfg. - Wood, Including In Shop Staining	305
Shingle Staining, In Shop, No Off-Premises Work	305
Shingle Staining, On Structures, Including Shop Work	665
Ship Building, Iron Or Steel Including Naval	6843F
Ship Chandler.....	926
Ship Cleaning	6872F
Ship Repair	6872F
Ship Scaling.....	6872F
Shoddy Mfg.	130
Shoe Findings Mfg.....	204
Shoe Form Mfg. - Wood	441
Shoe Mfg.	204
Shoe Ornament Mfg. - Fabric	163

Shoe Polish Mfg.	563
Shoe Repairing	204
Shoe Shining Or Polishing Cloth Mfg.	163
Shoe Stock Mfg., No Tanning Or Leather Dressing	204
Shoe Store - Wholesale Or Retail	916
Shook Mfg.	305
Shooting Gallery - Indoor	968
Shooting Gallery - Outdoor	969
Shopping Cart Mfg.....	457
Shoulder Pad Or Coat Front Mfg.	161
Shoulder Strap For Lingerie Mfg. - Fabric	161
Showcase Erection And Installation, No Mfg.....	646
Showcase Mfg. - Metal	456
Showcase Mfg. - Wood	311
Shower Cap Mfg. - Plastic	161
Shower Curtain Mfg. - Cloth, Plastic, Vinyl.....	163
Shredding Of Agricultural Products By Contractor.....	007
Shuttle Mfg.	305
Siding Installation (Aluminum, Vinyl Or Wood) - Commercial Structures	651
Siding Installation (Aluminum, Vinyl Or Wood) - Residential	652
Sign Erection, Removal Or Repair, Not Outdoor Advertising Company	673
Sign Mfg. - Metal, Shop Only - No Erection	454
Sign Or Sign Letter Mfg. - Wood, Shop Only, No Erection	309
Sign Painting Or Lettering In Or Upon Buildings Or Structures	679
Silica Gel Mfg.	551
Silicon Chip Mfg.	472
Silk Screen Processing (Including Printing On Finished Textile Articles) - By Specialist Contractor	281
Silk Spinning And Weaving	132
Silk Thread Or Yarn Mfg.	132
Silk Throwing And Weaving	132
Silo Building - Concrete, Shop Only	511
Silo Building - Metal, Shop Only	454
Silo Erection - Concrete	654
Silo Erection - Masonry Or Tile	653
Silo Erection - Metal Or Fiberglass	----
See Rulings And Interpretations	
Silo Erection - Wood	651
Silo Mfg. - Fiberglass, Shop Only.....	222
Silo Mfg. - Wood, Shop Only	305
Silver Plating	449

Silverware And Plated Ware Mfg.	458
Sisal Garnetting	130
Skate Mfg.	445
Skating Rink - Ice Or Roller - Indoor	968
Skating Rink - Outdoor	969
Skee-Ball Alley	968
Skelp Rolling.....	407
Ski Mfg. - Metal	456
Ski Mfg. - Wood	309
Slag Digging Or Excavation - Including Crushing	055
Slaughterhouse - Wholesale, Including Processing.....	111
Sledgehammer Mfg.	433
Sleeping Bag Mfg.	163
Slipcover Installation	670
Slipcover Mfg.	163
Slipper Mfg.	204
Slot Machine Gambling	981
Slot Machine Mfg.	483
Slum Clearance Projects - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2.....	----
Slurry Blasting Agents Mfg.....	4777
Small Arms Mfg.	445
Small Game Dressing And Packing	865
Smelting Of Nonferrous Metals, N.O.C.	402
Smokeless Powder Mfg.	4771
Smokestack Or Chimney Lining - Industrial	655
Snack Food Dealer - Wholesale	924
Snow Fence Mfg., Cutting Lath From Logs	301
Snow Fence Mfg., Wire Twisting	457
Snow Plowing Or Removal By Contractor - Road Or Off-Road	601
Snuff Mfg.	115
Soap Dispenser Installation And Servicing	952
Soap Or Other Detergent Mfg.....	571
Soapstone Or Soapstone Products Mfg.	855
Soccer Player, Coach, Manager Or Referee - Professional Or Semiprofessional	991
Social Caterer	898
Society For Prevention Of Cruelty To Animals	959
Sod Farm	0013
Soda Bicarbonate Mfg.	551
Soda Dispensers - Installation And Repair	663
Soda Fountain Mfg.....	456

Soda Fountain Or Counter Installation - Plumbing Or Electrical Wiring To Be Separately Rated	646
Sodium Silicate Mfg.	535
Soft Drink Distributing - Wholesale	821
Soft Drinks (Carbonated) Mfg. - Bottled Or Canned	112
Solar Control Film Installation In Window	667
Solar Panel Installation	663
Solvents Dealer	924
Sonar Equipment Mfg.	485
Sorority/Fraternity House	896
Sound Insulation Installation	647
Sound System Installation	660
Soup Kitchen	898
Soup Mfg.	104
Speaker Mfg.	485
Speech Therapy - By Specialist Contractor	957
Speedometer Mfg.	488
Spice Dealer - Wholesale	911
Spice Grinding	104
Spice Store - Retail	917
Spice, Cutlery Or Wine Racks Mfg. - Wood	309
Spike Mfg.	445
Spinning Of Fibers.....	132
Spirituous (Distilled) Liquor Bottling By Distiller	113
Splined Shaft Mfg.....	461
Sponge Rubber And Sponge Rubber Products Mfg.	225
Spool Mfg. - Wood	306
Sporting Goods - Knapsack Mfg.	166
Sporting Goods Dealer - Wholesale.....	924
Sporting Goods Mfg. - Classify By Materials Used	----
Sporting Goods Store - Retail	928
Sports (e.g., Basketball, Ice Hockey Or Boxing) Training Facility - Not Organized Athletics	968
Spray Painting - In Shop Only	445
Spring Mfg. - Hot Wound.....	435
Spring Mfg., Cold Wound.....	457
Spring Water Bottling And/Or Distribution	924
Sprinkler Installation	663
Sprinkler Mfg., Automatic	445
Stabilizer Mfg., Hydraulic For Trains	445
Stable	801
Stage Scenery - Theatrical - Curtain And Drapery Mfg.....	163

Stained Glass Mfg.....	535
Stained Glass Products Including Window Mfg. - From Purchased Stained Glass	536
Stainless Steel Mfg.	404
Stains - Varnish, Oil And Wax, Mfg.	563
Stair Building (Wooden) Erection	648
Staircase And Stair Mfg. - Wood	305
Staircase Or Stair Railing Mfg. - Metal	413
Stamp (Postage) And/Or Coin Dealer - Retail Or Wholesale	920
Starch Mfg. - By Wet Corn Milling.....	107
Stationery Dealer - Wholesale	924
Stationery Products Mfg.	265
Stationery Store - Retail	928
Statistical Report Publishing Or Printing	282
Stave Mfg. - Wood	305
Steam Heating Company	753
Steam Main Construction - All Work To Completion Except Tunneling	617
Steam Packing Mfg. - Classify According To Materials Used.....	----
Steam Pressure Gauge Mfg.	488
Steamship Lines Port Employees	8726F
Steel Alloy Castings Mfg.	421
Steel And Steel Alloy Scrap Dealer (Including Stainless Steel)	858
Steel Barrel Or Drum Mfg.	454
Steel Curtain Wall Erection	676
Steel Curtain Wall Mfg.....	413
Steel Drum Or Barrel Dealer, Secondhand	454
Steel Erection, N.O.C.	655
Steel Fabrication, Bridge And Structural Shops	411
Steel Foundry.....	421
Steel Frame Structure Erection	655
Steel Mfg.	404
Steel Or Iron Merchant, New Materials Only	857
Steel Pipe And Tube Mfg.	407
Steel Spring Mfg. - Except Wire (Cold Wound) Springs	435
Steel Structures Painting	655
Steel Tank Erector.....	655
Steel Tower Erection For Cross-Country Electric, Telephone Or Telegraph Lines	655
Steel Wire Drawing.....	406
Steel Work In Connection With Boilers	677
Steel Works, Structural.....	411
Step Mfg. - Prefabricated Concrete	511

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A74**

Stereo Equipment Mfg.	485
Stereophonic Or High Fidelity Equipment Dealer - Wholesale.....	926
Stereophonic Or High Fidelity Equipment Store - Retail	925
Stereotyping	281
Stevedoring - Explosives Materials - Assign The Appropriate Stevedoring Class.....	----
Stevedoring Containers.....	7327F
Stevedoring Tallymen	8709F
Stevedoring, By Hand Or Hand Truck Exclusively	7317F
Stevedoring, N.O.C.	7309F
Still Mfg. - Pressure Metal Plate.....	415
Stockyard	801
Stoker Installation Or Repair	663
Stoker Mfg.	461
Stone Crushing By Other Than Producer Or Road Contractor	059
Stone Crushing, By Road Contractor As Part Of Road Project - Assign Appropriate Quarry Class.....	----
Stone Cutting Or Polishing - Not By A Mine Or Quarry Operator	855
Stone Setting - Non-Structural	668
Stone Setting - Structural	653
Stonework Erection By Contractor	653
Stopper Mfg. - Rubber	225
Storage - Cold Or General Merchandise	813
Storage - Self-Service	971
Storage Battery Mfg.	475
Storage Warehouse, Public	813
Store Businesses - Retail Or Wholesale - Temporary Staff	929
Store, Florist - Fresh Cut Flowers - Retail Or Wholesale	919
Store, Furniture - Retail Or Wholesale.....	922
Store, Retail, N.O.C.	928
Store, Wholesale, N.O.C.	924
Storm Drain Construction	603
Storm Window Or Door Mfg. - Metal Or Vinyl	454
Storm Window Or Storm Door Installation - Wood Or Metal - Residential	652
Storm Window Or Storm Door, Installation - Wood Or Metal	651
Stove Mfg. - Cast Iron	425
Stove Mfg. - Sheet Metal, Commercial Or Household	456
Stoves, Household Or Commercial, Electric Or Gas - Service Or Repair.....	662
Strap Mfg. - From Leather, Simulated Leather Or Plastic	205
Street Or Road Construction Or Maintenance - Scraping, Paving Or Repaving.....	601
Street Or Road Landscape Planting And Maintenance - By Specialist Contractor	012
Street Or Road Rock Excavation	602

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A75**

Street Railroad Operation	817
Street Sweeping - By Contractor	995
Stringing Of Electric, Telephone Or Telegraph Lines	656
Structural Clay Products Mfg.	512
Structural Glass Block Installation, Interior	653
Structural Members, Laminated Wood - Arches, Trusses, Timbers	305
Structural Steel Fabrication.....	411
Stucco Wall Coating	653
Stuffed Toy Mfg. - Cloth	163
Stuffing Printed Circuit Boards, Adding Wiring And Chassis By Contractor Per Customer Design	471
Stunt Flying.....	7424
Substitute Teachers - Temporary College Or School Staff	895
Sub-Surface Work - Road Or Street Construction	602
Subway Construction - Use Appropriate Contracting Classes.....	----
Suede Clothing Mfg.	161
Sugar Cane Milling.....	107
Sugar Refining	107
Sugar Repacking, Mixing, Blending Only.....	104
Suit, Skirt, And Coat Mfg.	161
Sulfate Mfg.	551
Sulfonated Oil And Assistant Mfg.....	581
Sulky Mfg., Racing.....	413
Summer Camp	978
Sump Pump Installation	663
Supercharger Mfg.	461
Supermarket	917
Supplemental Dust Disease Loading - Class 512	0175
Supplemental Radiation Exposure Loading	9985
Surfacing Or Resurfacing Of Road Or Street	601
Surgical Instrument Mfg.	487
Surveying - By Specialist Contractor	955
Surveying Equipment Mfg.	487
Suspender Mfg. - No Buckles, Webbing Or Leather Parts Mfg.....	161
Sweeping Of Parking Lots - Shopping Areas And Similar Areas, By Specialty Contractor	971
Swim Club - Indoor.....	968
Swim Club - Outdoor	969
Swimming Pool Cleaning Or Maintenance - By Specialty Contractor.....	971
Swimming Pool Installation - All Types Except Iron Or Steel - All Work To Completion	674
Swimming Pool Installation - Iron Or Steel	655
Swimming Pool Liner Installation - Vinyl, By Swimming Pool Installation Contractor	674

Swimming Pool Liner Installation - Vinyl, By Swimming Pool Maintenance Contractor	971
Swimming Pool Supply Store	925
Swimming Pool, Public Or Private - Outdoor	969
Swiss Screw Machine Shop	459
Switch Mfg. - Household.....	473
Switchgear Or Switchboard Apparatus Mfg.	474
Switching Locomotive And Parts Mfg.	416
Synagogue	963
Synthetic Rubber Intermediates Mfg.	581
Synthetic Rubber Mfg.	581
Syrup Mfg., For Soda Fountains	113
Syrup Or Molasses Refining	107
Table Cloth Mfg.	163
Table Pad Mfg. - From Cardboard And Fabric	163
Tachometer Mfg.	488
Tack Mfg.	459
Tag Printing	281
Tailor Shop - No Dry Cleaning	916
Talc Mill	059
Tallymen - State Coverage Only	709
Tank Building - Wood, Shop Only	305
Tank Cleaning - Including Bulk Storage Type By Contractor	995
Tank Erection - Steel	655
Tank Erection - Wooden	651
Tank Freight Car Mfg.	416
Tank Installation, Gas Stations	675
Tank Mfg. - Pressurized Or Non-Pressurized, Including For Tank Trucks - From Metal Plate.....	415
Tank Painting.....	655
Tank, Seat Or Cabinet Mfg. - Toilet - Wood	323
Tanning Extract Mfg.	551
Tanning Salon.....	977
Tanning, Leather	201
Tape Mfg. - Asbestos	509
Tape Mfg. - Mending - Fabric.....	163
Tape Recorder Mfg.....	485
Taping And Seaming Of Wallboard	645
Tar Refining	551
Tattooing, Livestock, By Contractor	959
Tavern	899
Tavern Supply Dealer (Other Than Beverages, Groceries Or Meat)	924

Tax Preparation Service.....	962
Taxicab Company	803
Taxidermist	922
Taximeter Installation Or Repair	815
Taximeter Mfg.	488
Tea - Blending And Mixing Including Packing Into Teabags	104
Tea Dealer - No Blending Or Mixing - Wholesale	911
Telecommunications Company	757
Telegraph Operation	757
Telemetering Equipment Mfg.	485
Telephone - Coin-Operated - Installation, Service Or Repair By A Specialist Business Or Contractor.....	933
Telephone And Telegraph Apparatus Installation, By Contractor	660
Telephone Company	757
Telephone Dealer - Wholesale.....	924
Telephone Or Radio Installation - Automobile	966
Telephone Or Telegraph Apparatus Mfg.	485
Telephone Or Telegraph Line Construction By Contractor	656
Telephone Or Telegraph Operator	953
Telephone Service Or Repair By Specialist Crew Of A Contractor Or Other Than By Telecommunications Company	952
Telephone Store - Retail	928
Telephone Wiring Installation Within Buildings - By Specialist Contractor.....	660
Telescope Mfg.	487
Television Broadcasting Station	936
Television Tube Mfg.	486
Television, Cable - Installation Of New Systems, Except Towers	759
Television, Radio, Stereophonic Or High Fidelity Equipment Dealer - Wholesale	926
Television, Video And/Or Audio Equipment Service Or Repair, Including Installation Of Antenna.....	966
Television, Video And/Or Audio Equipment Store - Retail	925
Temporary Apparel Mfg. Staff.....	191
Temporary Automobile, Truck Or Trailer Body Mfg. Staff	495
Temporary Battery Mfg. Staff.....	499
Temporary Candy, Chocolate Or Chewing Gum Mfg. Staff	187
Temporary Carpentry, N.O.C. Staff.....	693
Temporary Clerical Staff	889
Temporary College Or School Staff.....	895
Temporary Department Store Staff	877
Temporary Electrical Wiring (Within Buildings) Staff	695
Temporary Electronic Component Mfg. Staff	497
Temporary Excavation Staff	691
Temporary Food Sundries Mfg., N.O.C. Staff	185

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A78**

Temporary Hardware Store - Wholesale - Staff	881
Temporary Marketing Staff	949
Temporary Medical Staffing	946
Temporary Packaging - Contract - Non-Crating Staff	879
Temporary Paint Or Colors Mfg. Staff	587
Temporary Plastic Articles Mfg. - Injection Molding Staff	275
Temporary Plastic Articles Mfg., N.O.C. Staff	276
Temporary Printing Staff	297
Temporary Retail Store, N.O.C. Staff	883
Temporary Rolling, Drawing Or Extruding Nonferrous Metals Staff.....	491
Temporary Staff - Construction Or Erection Operations.....	682
Temporary Staff - Heavy Service - See The Employment Contractor Temporary Staff Ruling And Interpretation	937
Temporary Staff - Maintenance Or Service - See The Employment Contractor Temporary Staff Ruling & Interpretation	947
Temporary Staff - Manufacturing Or Light Industrial Operations	544
Temporary Staff - Retail Or Wholesale Store Businesses	929
Temporary Warehousing Staff	867
Tender Mfg., Locomotive.....	416
Tennis Club - Indoor	968
Tennis Club - Outdoor	969
Tennis Court, Public - Outdoor	969
Tennis Racquet Mfg. - Metal	456
Tent Installation	681
Tent Mfg.	166
Termite Control - By Contractor	971
Terra-Cotta Mfg.	512
Terrazzo Floor Laying	668
Testing - Non-Destructive - All Kinds - By Specialist Contractor	955
Textile Bag Mfg. - Canvas Or Burlap	166
Textile Bleaching And Dyeing.....	139
Textile Machinery Installation	675
Textile Machinery Mfg.	464
Textile Mending, Invisible Weaving Of Wearing Apparel	161
Textile Mfg. - Asbestos.....	509
Textile Piece Goods Dealer	916
Textile Printing	139
Textile Weaving	132
Theater (Including Drive-In).....	967
Theatrical Productions	967
Theatrical Scenery - Curtain And Drapery Mfg.	163
Thermocouple Mfg.	488

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A79**

Thermometer Mfg.	488
Thermostat Mfg.	488
Thread Mill	132
Threshing By Contractor.....	007
Tie Mfg. - Neckwear	161
Tiffany Lamp Shade Mfg. - From Purchased Stained Glass	536
Tile Floor Laying - Ceramic Or Mosaic	668
Tile Floor Laying, Not Ceramic Or Mosaic	670
Tile Mfg., Decorative	513
Tile Mfg., Roofing, Structural Or Terra-Cotta	512
Tile Wainscoting Installation	668
Timber Cruiser (Exclusive Duties).....	951
Time Clocks, Recording Employee Time - Service Or Repair	952
Tin Foil Mfg.....	403
Tin Plating	449
Tin Smelting And Refining	402
Tinsel Mfg.	259
Tire And Inner Tube Mfg.	225
Tire Cord And Fabric Mfg.	132
Tire Dealer - Used.....	862
Tire Dealer - Wholesale - No Installation, Service Or Repair	934
Tire Dealer, Retail	815
Tire Recapping Or Retreading.....	225
Tissue Paper Products Mfg. - Facial Or Toilet	259
Tobacco (Chewing And Smoking) And Snuff Mfg.	115
Tobacco Auction Sales Warehouses	924
Tobacco Farm.....	0006
Tobacco Product Dealer - Wholesale	924
Tobacco Rehandling.....	115
Tobacco Stemming And Redrying	115
Tomato Dealer (Fresh) - Wholesale.....	907
Tomato Paste Mfg.	113
Tomato Products Dealer - Wholesale	911
Toner (Dry) Mfg.	563
Tool Mfg. - Forged.....	433
Tool Mfg., N.O.C.	441
Tool Sharpening, Industrial Tools.....	441
Toothpick Mfg.	309
Topsoil Or Humus Dealer - No Excavation	855
Torsion Bar Spring Mfg.....	435

Tour Guide	951
Towel Mfg. - Paper.....	259
Towel Mfg., Disposable	259
Towel Mfg., Textile Fabrics (Except For Disposable Towel Mfg.)	163
Towel Or Toilet Supply Dealer - Not Connected With Laundry.....	916
Towel Supply Service By Launderer.....	141
Tower, Transmission, Fabrication	411
Town Employees, N.O.C.	980
Township Employees, N.O.C.	980
Toy Mfg. - Rubber	225
Toy Mfg. - Stuffed Animals Or Other Cloth Stuffed Toys	163
Toy Mfg. - Wood	311
Trackless Trolley Operation	817
Tractor Dealer, Including Servicing And Repair	814
Tractor Mfg.	463
Trade Journal Publishing Or Printing	282
Trade School	965
Traffic Light Installation - By Contractor	661
Trailer Mfg.	451
Trains, Electric - Toy Or Model Mfg.	473
Transducer Mfg.	472
Transformer Mfg. - Less Than 1 H.P. Used In Electronic Devices	472
Transformer Mfg. (1 H.P. Or More).....	474
Transistor Mfg.	472
Transmitting, Industrial And Special Purpose Electron Tube Mfg.....	486
Transportation Services For The Elderly	817
Transportation Services For The Handicapped.....	817
Trash Compactor Mfg.	456
Trash Removal Including Containerized	995
Traveling Amusement Device Operator	939
Traveling Carnival.....	939
Traveling Circus	939
Traveling Insurance Auditor - Independent Contractor	951
Traveling Insurance Company Auditor	984
Traveling Orchestra	967
Tree Fumigating, Pruning, Repairing, Spraying Or Trimming By Contractor	005
Trellis Mfg. - Wood	305
Trimming Windows - By Independent Contractor	951
Trimmings Mfg., Fancy Trimmings Or Piping, Not Manufacturing Binding, Tape Or Ribbon	136
Trophy Store (Including Assembly And Nameplate Inscribing).....	928

Truck Body Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis	451
Truck Cab Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis.....	451
Truck Dealer - New And/Or Used Trucks	818
Truck Mfg.	463
Truck Rental - Without Drivers	818
Truck Stop	----
See Rulings And Interpretations	
Truck Washing Service, Mobile	815
Trucking Explosives - By Hauling Contractor Or Delivery By Manufacturer	811
Trucking, N.O.C.	811
Trunk Mfg. - Wood	323
Truss Mfg. - Wood	305
Truss Plate Mfg. - Metal	415
Tube Mfg. - Iron Or Steel	407
Tube Mfg. - Metal, Collapsible	445
Tube Mfg. - Nonferrous	403
Tubing - Rubber	225
Tuck Pointing.....	653
Tugboat Repair - State Coverage Only	718
Tunneling	615
Turkeys - Slaughtering, Dressing And Packing For The Trade.....	865
Tutoring Service By Independent Provider	965
Twine Mfg., Including Fiber Preparation	132
Type Foundry	447
Typesetting	281
Typesetting Machinery Mfg.	464
Typewriter Mfg.	483
Typewriter Repair - Shop Or Field.....	952
Typewriter Ribbon Mfg.	139
Ultrasound Imager Mfg.	488
Umbrella Handle Mfg. - Wood	306
Umbrella Mfg.....	163
Undertaker	997
Uniform Mfg.	161
Uniform Supply Service By Launderer	141
Union Trade School.....	965
University	965
Upholstering - Away From Shop	670
Upholstering Car Seats	327
Upholstering Shop Only, No Furniture Assembling	327

Upholstery Cleaning On Customers' Premises	971
Upset Forging.....	431
Used Clothing Dealer - Wholesale	924
Used Motor Oil Collection - By Specialist Contractor	809
Used Tire Dealer	862
Vacuum Cleaner - Service Or Repair	473
Vacuum Cleaner Dealer - Wholesale.....	926
Vacuum Cleaner Mfg.	473
Vacuum Cleaner Store (Household) - Retail	925
Vacuum Furnace, Kiln Or Drying Oven Mfg.	474
Vacuum Tank Mfg. - Metal Plate	415
Vacuum Tube Mfg.	486
Valve Actuator Mfg.	488
Valve And Pipe Fitting Mfg., Except Cast Plumbers' Brass Goods	445
Valve Mfg.	445
Valve Mfg. - Miniature	459
Van Conversion Or Customizing	815
Vanities Assembly - Marble	855
Vanities Mfg. - Wood (Architectural Or Bathroom).....	311
Vanity Mfg. - Resin Poured Or Cast Type/Artificial Marble Product	222
Varnish Mfg.	563
Vat Mfg. - Metal Plate	415
Veal Calf Raising.....	0034
Veal Patty Mfg. - Plain Or Breaded	119
Vegetable And Fruit Juice - Canned, Bottled Or Bulk	113
Vegetable Canning	113
Vegetable Dealer - Wholesale.....	907
Vegetable Farm	0006
Vegetable Growing, Hot House	0011
Vegetable Oil Mill.....	551
Vegetable Packing - Not Cannery	907
Vegetable Processing, N.O.C.....	104
Vegetable Sauce Mfg.	104
Vegetables - TV Dinner Type, Cooking, Packing And Freezing.....	104
Velvet Mfg.	132
Vending Machine Dealer - Wholesale	924
Vending Machine Installation.....	933
Vending Machine Mfg.	483
Vending Or Coin-Operated Amusement Machine - Installation, Service Or Repair	933
Veneer Container Mfg.	305

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - ALPHABETIC****Page A83**

Veneer Mfg.	305
Veneer Products Mfg., N.O.C. - No Veneer Mfg.	309
Venetian Blind Installation, No Mfg.	670
Venetian Blind Mfg. - Aluminum	456
Venetian Blind Mfg. - Wood	323
Ventilating System Installation	664
Ventilating Systems Repair Or Service - Cleaning, Oiling Or Adjusting	664
Ventilation Equipment Mfg.	456
Ventilator Mfg. - Sheet Metal	454
Vermiculite Crushing And/Or Processing By Other Than Producer	059
Vestment Mfg.....	161
Veterinarian	959
Veterinary Hospital	959
Video Cassette Recorder And Video Camera Repair	966
Video Cassette Recorder Mfg.....	485
Video Duplicating, Editing And/Or Production Service	936
Video Game Arcade	968
Video Games - Service Or Repair By Vending Machine Operator	933
Video Tape Store - Rental Or Sale.....	928
Video/Audio Equipment Dealer - Wholesale	926
Video/Audio Equipment Service Or Repair	966
Video/Audio Equipment Store - Retail	925
Videographer	936
Villages Operation.....	980
Vinegar Mfg. - By Fermentation	113
Vinegar Mfg. - From Purchased Concentrates Only	104
Vineyard Or Orchard	0016
Vinyl Asbestos Floor Tile Mfg.	509
Vinyl Fence Installation	651
Vinyl Tile Installation.....	670
Visiting Nurse	942
Vital Signs Monitoring Equipment Mfg.	488
Vitamin Store - Retail	928
Vitreous China Plumbing Fixture Mfg.	513
Vitreous China Table And Kitchen Articles Mfg.	513
Vitreous Tile Mfg.....	513
Vitriol Mfg.	551
Vocational Educational Institution	965
Volleyball Mfg.	205
Volt Meter Mfg.	488

Voting Machine - Service Or Repair	952
Voting Machine Mfg.	483
Vulcanized Rubber Products Mfg.	225
Wafer (Semiconductor) Dicing Machine Mfg.	488
Wafer Cleaning Equipment	488
Wagon Body Mfg.	305
Wagon Repairing	815
Wallboard Installation	645
Wallet Mfg.	205
Wallpaper Dealer - Wholesale.....	924
Wallpaper Hanging	667
Wallpaper Mfg. - (Paper Mfg. To Be Separately Rated)	259
Wallpaper Store - Retail	928
Warehouse - Public, Furniture	806
Warehouse - Storage - Self-Service	971
Warehouse - Storage, Public	813
Warehousing - Other Than Furniture Moving And/Or Storage	813
Warehousing - Temporary Staff	867
Warm Air Heating System Installation	664
Warming Apron Paving, Airport	601
Washing Compound Mfg.	571
Washing Machine Mfg., Commercial Or Household	456
Washing Machines, Household Or Commercial, Electrical - Service Or Repair.....	662
Waste Paper Dealer.....	862
Waste Removal - Industrial And/Or Domestic	995
Waste Treatment Plant - Liquid	753
Watch Mfg.	458
Watch, Clock, And Parts Mfg.....	458
Watchman	----
Governing Class	
Water Bottling And/Or Bottled Water Distribution.....	924
Water Cooler - Installation, Service Or Repair	662
Water Ice Mfg.	110
Water Ice Store	928
Water Main Cleaning (Interiors Of) By Hydraulic Method	995
Water Main Construction, All Work To Completion Except Tunneling	617
Water Meter Installation - By Contractor	663
Water Meter Mfg.	488
Water Meter Reader.....	951
Water Paint Mfg.	563

Water Softener Installation And Service, Domestic	663
Water Supply System - Operated By A Municipality.....	980
Water Supply System, Private.....	753
Water Tank Painting	655
Water Well Cleaning	663
Water Well Drilling	607
Waterproofing Of Buildings	653
Waterworks	753
Wax Or Wax Products Mfg.	571
Wax Remover Mfg.	571
Waxed Paper - Coating Paper With Wax - No Paper Mfg.	263
Waxing Of Cloth	227
Weather Stripping Installation	647
Weather Stripping Mfg. - Felt	130
Weatherization Program	647
Weaving Of Textile Fibers	132
Webbing Mfg.	132
Weed Or Brush Spraying - By Contractor - Except Aerial Spraying.....	012
Weighers, Samplers Or Inspectors Of Merchandise On Vessels Or Docks.....	8709F
Welding - Structural Steel	655
Welding Equipment Or Supply Dealer	926
Welding Or Cutting Torch Tip Mfg.....	441
Welding Rod Mfg.	457
Welding Torch Mfg.....	445
Well Drilling.....	607
Well Driving	607
Well Operation - Oil Or Gas	028
Wet Corn Milling	107
Wet Suit Mfg. - Rubber	225
Wet Wafer Processing Equipment	488
Wharf Building, Timber - State Coverage Only	611
Wheel Alignment On Automobiles	----
Governing Class	
Wheel Mfg. - Cloth - Buffing And Polishing - No Metal Parts	163
Wheelbarrow Mfg. - Metal	454
Whiskey Mfg.	113
White Lead Mfg.	402
Whitewashing, By Contractor	665
Whiting Mfg.	563
Wholesale Store, N.O.C.....	924

Wig Mfg. - Synthetic Materials	163
Willow Ware Mfg.	323
Windmill Erection - Metal	655
Window (Sheet) Glass Mfg.	535
Window Caulking	653
Window Caulking - As A Part Of A Weatherization Program	647
Window Cleaning	971
Window Or Door Distributor	855
Window Sash Mfg. - Aluminum Or Vinyl	454
Window Screen Or Screen Door Installation - Metal Or Wood	651
Window Screen Or Screen Door Installation - Metal Or Wood - Residential	652
Window Shade Installation	670
Window Shade Mfg. - No Roller Mfg.	163
Window Shade Roller Mfg. - Wood	306
Window Trimming, By Contractor	951
Wine Or Liquor Store - Retail	928
Wine/Liquor Dealer.....	924
Winery	113
Wire Brush Mfg.	457
Wire Cloth Weaving (Wire Drawing To Be Separately Rated By Code 406, Rolling Mill, N.O.C.)	132
Wire Drawing	406
Wire Fence Mfg.	457
Wire Glass Installation.....	666
Wire Glass Mfg.	535
Wire Goods Mfg.	457
Wire Insulating - Includes Incidental Wire Stranding - Wire Drawing To Be Separately Rated	222
Wire Insulating - Rubber	225
Wire Mfg.	406
Wire Mfg. - Nonferrous	403
Wire Rope Or Cable Dealer, Including Splicing	857
Wire Rope Or Cable Mfg.....	457
Wirebound Box And Crate Mfg.....	305
Women's Clothing & Accessories Store	916
Women's Handbag Or Purse Mfg.	205
Women's Handbag Store	928
Women's, Misses', And Juniors' Outerwear Mfg., N.O.C.....	161
Women's, Misses', Children's, And Infants' Underwear And Nightwear Mfg.	161
Wood Alcohol Mfg. - Natural	551
Wood Carving - By Hand Or Machine.....	441
Wood Chips Mfg.	301

Wood Dealer, Kindling And Firewood	855
Wood Distillation	551
Wood Filler And Sealer Mfg.	563
Wood Floor Mfg.	305
Wood Household Or Office Furniture Mfg.	323
Wood Preserving	855
Wood Stain Mfg.	563
Wood Turned Products Mfg.	306
Wooden Barrel Mfg.....	305
Wooden Box Mfg., Except Cigar Boxes	305
Wooden Coffin Mfg.....	323
Wooden Frames Or Seats Mfg. - For Furniture.....	306
Wooden Musical Instruments Mfg.	323
Wooden Tobacco Pipe Mfg.	309
Woodenware Mfg., N.O.C.....	309
Woodworking Machinery Mfg.	464
Wool Combing Or Scouring	132
Wool Merchant.....	924
Wool Pulling	201
Wool Reworking	130
Wool Spinning And Weaving	132
Word Processor - Service Or Repair - Shop Or Field	952
Work Clothing Mfg.....	161
Worm Raising	959
Woven Carpet And Rug Mfg.	132
Wreath Assembly - Artificial - Plastic And Fabrics	319
Wrecking Of Buildings Or Structures - See Wrecking Or Demolition Or Building Moving Project - Section 2	----
X-Ray Equipment Mfg.	473
X-Ray Equipment Repair Or Service.....	952
X-Ray Service - Non-Hospital.....	957
X-Ray Tube Mfg.	486
Y.M.C.A., Y.M.H.A., Y.W.C.A., Y.W.H.A., Etc.	976
Yacht Basin - State Coverage Only.....	716
Yacht Club	944
Yarn Dyeing Or Finishing	139
Yarn Mfg. - Wool	132
Yarn Mill, Wool, Including Carpet And Rug Yarn	132
Yarn Or Thread Mfg. - Cotton.....	132
Yarn Shop	916
Yarn Spinning Mill, Cotton, Man-Made Fibers And Silk	132

Yarn Throwing, Twisting, And Winding Mill, Cotton, Man-Made Fibers And Silk	132
Yarn, Plastic Coated - Made From Purchased Yarn	227
Yeast Mfg.	104
Yogurt Mfg.	109
Zinc Castings Mfg.....	447
Zinc Die Castings Mfg.	429
Zinc Smelting And Refining, Primary	402
Zinc, Recovery Of - By Chemical Means	551
Zipper Mfg.	459
Zoo	969

DELAWARE WORKERS COMPENSATION MANUAL
SECTION 5
EFFECTIVE DATE: JUNE 1, 2004

UNDERWRITING GUIDE - NUMERIC

Page B1

Clearing Of Right-Of-Way, For Telephone, Telegraph Or Electric Lines.....	005
Orchard Work, Fumigating Or Pruning By Contractor	005
Tree Fumigating, Pruning, Repairing, Spraying Or Trimming By Contractor	005
Farm, Grain	0006
Farm, N.O.C.....	0006
Farm, Tobacco	0006
Farm, Vegetable	0006
Grain Farm	0006
Tobacco Farm.....	0006
Vegetable Farm	0006
Compost Filling Of Mushroom Beds - By Contractor.....	007
Ensilage Cutting By Contractor	007
Farm Machinery Operation By Contractor.....	007
Fertilizer Application To Soil By Contractor	007
Grain Harvesting By Contractor	007
Grain Mill, Portable, Operated By Contractor	007
Harvesting By Contractor	007
Hay Baling, By Contractor	007
Lime Spreading By Contractor.....	007
Milling Of Grain, With Portable Mills	007
Mushroom Bed Filling With Compost - By Contractor	007
Shredding Of Agricultural Products By Contractor.....	007
Threshing By Contractor.....	007
Farm, Mushroom	0008
Mushroom Raising	0008
Mushroom Spawn Production	0008
Bark Peeling Contractor, For Pulp Wood.....	009
Bark Peeling, In Connection With Logging	009
Logging - All Methods	009
Logging - Railroad Or Trucking To Sawmill	009
Lumbering - All Methods.....	009
Flower Growing	0011
Greenhouse, Flower Or Vegetable Growing	0011
Hot House, Vegetable Growing	0011
Hydroponic Vegetable Production	0011
Vegetable Growing, Hot House	0011
Artificial Turf Installation - By Contractor	012
Brush Or Weed Spraying - By Contractor - Except Aerial Spraying.....	012
Gardener.....	012
Grass Cutting Along Highways By Specialist Contractor.....	012

DELAWARE WORKERS COMPENSATION MANUAL
SECTION 5
EFFECTIVE DATE: JUNE 1, 2004

UNDERWRITING GUIDE - NUMERIC

Page B2

Grass Cutting, Lawns, By Contractor	012
Landscape Contractor	012
Lawn Care Service Company - Including Lawn Cutting, Maintenance Or Spraying	012
Street Or Road Landscape Planting And Maintenance - By Specialist Contractor	012
Weed Or Brush Spraying - By Contractor - Except Aerial Spraying.....	012
Christmas Tree Raising.....	0013
Farm, Tree	0013
Sod Farm	0013
Berry Or Fruit Farm	0016
Cranberry Grower	0016
Farm, Berry	0016
Farm, Fruit	0016
Farm, Vineyard	0016
Fruit Farm	0016
Fruit Packing, By Grower	0016
Fruit Picking	0016
Orchard Or Fruit Farm	0016
Orchard Or Vineyard	0016
Vineyard Or Orchard	0016
Gas Production	028
Gas Well Operation.....	028
Natural Gas Production	028
Oil Lease Operation	028
Oil Production	028
Oil Well Operation.....	028
Well Operation - Oil Or Gas	028
Animal Raising - Egg Production, Fish Hatcheries, Hogs, Poultry Or Veal	0034
Calf Raising For Veal	0034
Chinchilla Farm	0034
Farm, Chicken	0034
Farm, Egg Producer	0034
Farm, Fish	0034
Farm, Poultry	0034
Fish Grower	0034
Fish Hatchery	0034
Fur Bearing Animal Raising	0034
Hog Farm	0034
Mink Farm	0034
Ostrich Farm.....	0034
Piggery.....	0034

DELAWARE WORKERS COMPENSATION MANUAL
SECTION 5
EFFECTIVE DATE: JUNE 1, 2004

UNDERWRITING GUIDE - NUMERIC

Page B3

Poultry Or Egg Producer	0034
Veal Calf Raising.....	0034
Dairy Farm	0036
Farm, Dairy	0036
Milk Producer - Fluid Only	0036
Clay Digging In Open Pits	055
Dredging Of Materials On Non-Navigable Waters With Incidental Shore Operations.....	055
Fire Clay Digging	055
Gravel Or Sand Digging Or Excavation - Including Crushing	055
Kaolin Excavation Or Surface Mining - Including Milling Or Washing	055
Metal Salvaging, From Slag Dumps	055
Quarry, Gravel Or Slag Excavation - Including Crushing	055
Sand Or Gravel Digging Or Excavation - Including Crushing	055
Shale Digging Or Excavation In Open Pits	055
Slag Digging Or Excavation - Including Crushing	055
Emery Works - Crushing Or Grinding	059
Flint Or Feldspar Grinding, Not Done By Quarry	059
Gravel Crushing By Dealer	059
Kaolin Milling Or Washing By Other Than Producer.....	059
Mineral Milling	059
Ore Milling	059
Stone Crushing By Other Than Producer Or Road Contractor	059
Talc Mill	059
Vermiculite Crushing And/Or Processing By Other Than Producer	059
Breeding Farm - Cattle, Sheep Or Goats	0083
Cattle Farm	0083
Farm, Livestock	0083
Goat Farm	0083
Livestock (Excluding Dairy Or Horses) Farm - Animal Raising In Fields/Pastures	0083
Sheepmen	0083
Breakfast Cereal Mfg.	101
Feed Mfg. - Preparation Of Cereal Or Compound Feeds For Livestock Or Poultry	101
Flour Milling.....	101
Grain Mill - Permanently Located Mill	101
Grist Mill - Permanently Located	101
Milling Of Grain - Permanently Located.....	101
Potato Flour Mfg.	101
Baking Powder Mfg.....	104
Cake Mix Mfg. - Dry Blending.....	104
Cat Food Mfg. - Dry/Bagged - No Cereal Milling	104

Chinese Food Mfg.	104
Coconut Shredding Or Drying	104
Coffee Grinding And Roasting.....	104
Corn Chip Mfg.	104
Dog Food Mfg. - Dry/Bagged - No Cereal Milling	104
Flavoring Extract Mfg.	104
Flavoring Syrups Blending	104
Flour Mixing And Blending, No Milling	104
Food Sundries Mfg., N.O.C. - No Cereal Milling	104
Fruit Juice Mfg. - From Purchased Concentrates Only	104
Herbs - Blending, Grinding And Packing.....	104
Ice Mfg. - Not Dry Ice	104
Licorice Extract Mfg.	104
Malted Milk Mfg. - From Powdered Milk, Sugar, Malt And Cocoa	104
Mayonnaise Mfg.	104
Medicinal Extract Mfg.	104
Mustard (Prepared) Mfg.....	104
Nuts - Cleaning And Shelling.....	104
Olive Handling	104
Peanut Butter Mfg.....	104
Peanut Handling	104
Pizza Assembly - No Baking Operation	104
Potato Chip Mfg.	104
Relish Mfg. - Fruit Or Vegetable	104
Salad Dressing Mfg.	104
Salad Preparation - Cole Slaw, Egg, Potato, Etc.....	104
Sandwich Spread Mfg. - Salad Dressing Base	104
Sauces Mfg.	104
Seasoning - Prepared Sauces - Vegetable	104
Soup Mfg.	104
Spice Grinding	104
Sugar Repacking, Mixing, Blending Only.....	104
Tea - Blending And Mixing Including Packing Into Teabags	104
Vegetable Processing, N.O.C.....	104
Vegetable Sauce Mfg.	104
Vegetables - TV Dinner Type, Cooking, Packing And Freezing.....	104
Vinegar Mfg. - From Purchased Concentrates Only	104
Yeast Mfg.	104
Bakery - Wholesale.....	105
Cracker Mfg.	105

DELAWARE WORKERS COMPENSATION MANUAL
SECTION 5
EFFECTIVE DATE: JUNE 1, 2004

UNDERWRITING GUIDE - NUMERIC

Page B5

Doughnut Mfg. - By Wholesale Bakery	105
Ice Cream Cone Mfg.	105
Macaroni, Spaghetti, Vermicelli Or Noodles Mfg.	105
Pretzel Mfg.	105
Bacon (Side And/Or Sliced) Mfg.	106
Cured Meats - Brined, Dried And Salted.....	106
Dehydration Of Meat	106
Ham - Boiled, Boneless Or Cured Mfg.	106
Luncheon Meats Mfg.	106
Pork Products Mfg. - Pickled, Cured, Salted And Smoked	106
Processed Meat Products Mfg.....	106
Sausage Or Other Prepared Meat Products Mfg.	106
Scrapple Mfg.....	106
Beet Sugar Mfg.	107
Candy Mfg.	107
Cane Sugar Refining	107
Chewing Gum Mfg.	107
Chocolate Mfg.	107
Cocoa Mfg.	107
Confectionery Mfg.....	107
Corn Starch Mfg.	107
Glucose Mfg.	107
Milling - Wet Corn.....	107
Molasses Mfg.....	107
Popcorn Mfg.	107
Starch Mfg. - By Wet Corn Milling.....	107
Sugar Cane Milling.....	107
Sugar Refining	107
Syrup Or Molasses Refining	107
Wet Corn Milling	107
Brewery, Including Distributing Stations	108
Malt Liquors Mfg. And Distribution	108
Butter Or Cheese Mfg.	109
Cheese Mfg.	109
Condensed Milk Mfg.	109
Creamery.....	109
Dairy Products Mfg. (Except Ice Cream Mfg.).....	109
Dehydration Of Milk	109
Malted Milk Powder Mfg., Including Dehydration Of Milk	109
Milk Processor - Fluid	109

Milk Products Mfg., N.O.C. (Excluding Ice Cream Mfg.).....	109
Yogurt Mfg.	109
Ice Cream Mfg.	110
Water Ice Mfg.	110
Butchering - Wholesale, Not Stockyards.....	111
Meat Packing Plant - Wholesale, Including Slaughtering	111
Packing House - Wholesale, Including Slaughtering	111
Slaughterhouse - Wholesale, Including Processing.....	111
Alcoholic Beverage Bottling - Carbonated	112
Beverage Mfg., Carbonated - Bottled Or Canned	112
Bottling Or Canning Of Carbonated Beverages.....	112
Canning Or Bottling Of Carbonated Beverages.....	112
Carbonated Beverage Mfg. - Bottled Or Canned	112
Mineral Water, Carbonated - Bottled Or Canned	112
Soft Drinks (Carbonated) Mfg. - Bottled Or Canned	112
Alcoholic Beverage Distilling	113
Apple Cider Or Juice Mfg.	113
Applesauce Mfg.	113
Canning Or Preserving Of Food	113
Catsup Mfg.	113
Dehydration Of Food - Except Dehydration Of Meat Or Milk	113
Distilling Of Alcoholic Liquors	113
Dog Or Cat Food Mfg. - Canned	113
Eggs, Dehydrated	113
Eggs, Powdered	113
Frozen Fruit, Fruit Juice, Processing	113
Fruit And Vegetable Juice, Canned, Bottled Or Bulk	113
Fruit Evaporating	113
Fruit Juice Mfg.	113
Fruit Preserving	113
Gelatin Mfg.	113
Jam Mfg.....	113
Jelly Mfg.	113
Juice Mfg. - Fruit.....	113
Ketchup Mfg.	113
Pet Food Mfg. - Canned - Non Farm Domestic	113
Pickle Mfg.	113
Preserving Or Canning Of Food	113
Sauerkraut Mfg.	113
Spirituos (Distilled) Liquor Bottling By Distiller	113

Syrup Mfg., For Soda Fountains	113
Tomato Paste Mfg.	113
Vegetable And Fruit Juice - Canned, Bottled Or Bulk	113
Vegetable Canning	113
Vinegar Mfg. - By Fermentation	113
Whiskey Mfg.	113
Winery	113
Animal And Marine Fat And Oil Mfg.	114
Animal Oil Mfg.	114
Animal Rendering Works, N.O.C.	114
Cod Liver Oil Mfg.....	114
Fish Oil Mfg.....	114
Grease And Tallow Mfg.	114
Grease Mfg., Animal	114
Oil Mfg., Animal	114
Cigar Mfg.	115
Cigarette Mfg.	115
Snuff Mfg.	115
Tobacco (Chewing And Smoking) And Snuff Mfg.	115
Tobacco Rehandling.....	115
Tobacco Stemming And Redrying	115
Hamburger Or Hamburger Patty Mfg.....	119
Meat Products Mfg., N.O.C.	119
Sandwich Steak Mfg.	119
Veal Patty Mfg. - Plain Or Breaded	119
Cotton Batting Mfg.	130
Cotton Waste Mfg.	130
Felt Mfg. - Unwoven	130
Hatters' Fur Processing.....	130
Padding And Upholstery Filling Mfg.	130
Processed Waste And Recovered Fibers And Flock Mfg.	130
Shoddy Mfg.	130
Sisal Garnetting	130
Weather Stripping Mfg. - Felt	130
Wool Reworking	130
Artificial Silk Spinning And Weaving	132
Carbonizing Of Hair Or Wool	132
Carding Of Fibers	132
Carpet Mfg.	132
Chenille Products Weaving	132

Combing Of Fibers	132
Cordage Mfg., Including Fiber Preparation	132
Cotton Gin Operation	132
Cotton Spinning And Weaving	132
Curled Hair Mfg.	132
Felt Mfg. - Woven	132
Fiber Preparation For Spinning Or Weaving	132
Flax Spinning And Weaving	132
Fur Mfg. - Synthetic	132
Gilling Of Fibers	132
Hackling Of Fibers.....	132
Hair Processing (Excluding Dehairing Or Wig-Making)	132
Hemp Spinning And Weaving	132
Jute Spinning And Weaving	132
Label Mfg., Woven Labels	132
Linen Cloth Weaving	132
Linen Thread Mfg.	132
Mop Head Mfg., From Cotton Waste, No Other Operations.....	132
Moss Ginning	132
Narrow Fabric Mill - Cotton, Wool, Silk Or Man-Made Fibers.....	132
Nylon Spinning And Weaving	132
Opening Of Fibers	132
Paper Twine Mfg.	132
Picking Of Fibers	132
Pipe Cleaner Mfg.	132
Plush Or Velvet Mfg.	132
Rayon Spinning And Weaving	132
Ribbon Mfg., Textile Fabrics.....	132
Rope Mfg., Including Fiber Preparation.....	132
Rug Mfg.....	132
Scouring Of Natural Or Synthetic Fibers	132
Separating Of Natural Or Synthetic Fibers	132
Silk Spinning And Weaving	132
Silk Thread Or Yarn Mfg.	132
Silk Throwing And Weaving	132
Spinning Of Fibers.....	132
Textile Weaving	132
Thread Mill	132
Tire Cord And Fabric Mfg.	132
Twine Mfg., Including Fiber Preparation	132

Velvet Mfg.	132
Weaving Of Textile Fibers	132
Webbing Mfg.	132
Wire Cloth Weaving (Wire Drawing To Be Separately Rated By Code 406, Rolling Mill, N.O.C.)	132
Wool Combing Or Scouring	132
Wool Spinning And Weaving	132
Woven Carpet And Rug Mfg.	132
Yarn Mfg. - Wool	132
Yarn Mill, Wool, Including Carpet And Rug Yarn	132
Yarn Or Thread Mfg. - Cotton.....	132
Yarn Spinning Mill, Cotton, Man-Made Fibers And Silk	132
Yarn Throwing, Twisting, And Winding Mill, Cotton, Man-Made Fibers And Silk	132
Braid And Fringe Mfg.	134
Glove Mfg. - Knit	134
Knit Glove Mfg.	134
Knit Goods Mfg., N.O.C.....	134
Lace Mfg.	134
Necktie Mfg., Knitted	134
Hosiery Dyeing	135
Hosiery Finishing	135
Hosiery Mfg.	135
Knitting Mill, Hosiery	135
Emblem Mfg.	136
Embroidery Mfg.	136
Pleating, Stitching Or Tucking - Dress Fabrics Or Trimmings - Not Clothing Mfg.	136
Quilted Cloth Manufacturing Contractor - For Garments Or Household Furnishings.....	136
Trimmings Mfg., Fancy Trimmings Or Piping, Not Manufacturing Binding, Tape Or Ribbon	136
Bleaching, Fabrics.....	139
Cloth Printing	139
Coating New Fabrics, Except Rubberized Fabrics Or Oilcloth.....	139
Dyeing	139
Fabric Coating, N.O.C.	139
Feather Dyeing	139
Finisher Of Broad Woven Fabrics	139
Finishing New Textile Goods	139
Impregnated Fabrics Mfg.	139
Machine-Painting Shade Cloth.....	139
Mercerizing Of New Goods	139
Printing Of Fabrics	139
Textile Bleaching And Dyeing.....	139

Textile Printing	139
Typewriter Ribbon Mfg.	139
Yarn Dyeing Or Finishing	139
Diaper Service - Laundry	141
Furniture Cleaning Or Polishing On Customers' Premises	141
Industrial Launderer	141
Infant Wear Service Laundry	141
Launderer, Industrial	141
Laundry Collection By Launderer	141
Laundry, Hand.....	141
Laundry, N.O.C.	141
Towel Supply Service By Launderer.....	141
Uniform Supply Service By Launderer	141
Cleaning And Dyeing, Except Rug Cleaning By Dry Cleaner	142
Cloth Sponging (Shrinking), Inspection Or Mending - By Specialist Contractor	142
Drapery Dry Cleaning Plant	142
Dry Cleaning Plant, Except Rug Cleaning	142
Dyeing And Cleaning, Except Rug Cleaning By Dry Cleaner	142
Feather Washing, Steaming, Cleaning And Renovating	142
Fur Clothing - Cleaning, Tumbling, Glazing, Combing And Ironing.....	142
Laundry Collection By Dry Cleaner.....	142
Academic Costumes Mfg. - Caps Or Gowns.....	161
Apparel Mfg.	161
Bathing Suit Mfg. - Knitting To Be Separately Rated	161
Belt Mfg. - Cloth - Wearing Apparel Only - No Buckles, Webbing Or Leather Parts Mfg.	161
Beret Mfg.	161
Burial Garment Mfg.	161
Cap Mfg. - Graduation Caps And Gowns	161
Cap Mfg. - Headwear	161
Cloth Cutting By Contractor - Garment Fabrics	161
Clothing Mfg.....	161
Coat - Front Or Interlining Mfg.	161
Collar Mfg.	161
Costume Mfg. - Masquerade Or Theatrical	161
Diaper Mfg. - Cloth	161
Dress Mfg.	161
Front Or Interlining Mfg. - Coat	161
Fur Clothing Mfg. (Preparation Of Skins To Be Separately Rated).....	161
Fur Plate Mfg.	161
Fur Pointing	161

Garment Sewing Contractor	161
Glove Lining Mfg.	161
Glove Mfg., Except Fire Resistant, Industrial Use, Knit Or Rubber	161
Handkerchief Mfg.	161
Hat Frame Mfg., Ladies	161
Hat Lining Mfg.	161
Hat Mfg., Felt	161
Hat Mfg., N.O.C.	161
Insulated Clothing Mfg. - Thermal Type.....	161
Leather Clothing Mfg.	161
Lingerie Mfg.....	161
Lining Mfg. - Hat	161
Linings, Sewing Into Coats By Hand	161
Mask Mfg. - Costume - Cloth	161
Millinery And Straw Hat Mfg.....	161
Millinery Mfg., Felt	161
Nailhead Ornamentation Attaching Nailheads Or Similar Articles To Textile Fabrics By Means Of Foot Presses	161
Necktie Mfg., From Fabric	161
Raincoat And Other Waterproof Outer Garments Mfg.	161
Robe And Dressing Gown Mfg.	161
Rubber Garment Mfg., No Rubber Mill	161
Sewing Contractor - Garment	161
Sewing, Hand	161
Shoulder Pad Or Coat Front Mfg.	161
Shoulder Strap For Lingerie Mfg. - Fabric	161
Shower Cap Mfg. - Plastic	161
Suede Clothing Mfg.	161
Suit, Skirt, And Coat Mfg.	161
Suspender Mfg. - No Buckles, Webbing Or Leather Parts Mfg.....	161
Textile Mending, Invisible Weaving Of Wearing Apparel	161
Tie Mfg. - Neckwear	161
Uniform Mfg.	161
Vestment Mfg.....	161
Women's, Misses', And Juniors' Outerwear Mfg., N.O.C.....	161
Women's, Misses', Children's, And Infants' Underwear And Nightwear Mfg.	161
Work Clothing Mfg.....	161
Accordion Door Mfg. - Fabric Or Plastic - No Woodworking	163
Air Conditioner Cover Mfg.	163
Baby Blanket, Crib Linen Mfg.	163
Ball Mfg. - Sporting Goods - Inflatable Plastic Beach Type.....	163

Banner Mfg.	163
Bedding Mfg. - Blanket, Sheet, Pillowcase	163
Bedspread Mfg.	163
Belt Mfg. - Industrial Use - From Premanufactured Textile Fabric	163
Bias Bindings Mfg.....	163
Bindings Mfg. - Bias And Straight.....	163
Blanket Mfg.	163
Blanket, Sheet, Pillowcase - Bedding Mfg.	163
Buffing And Polishing Wheel Mfg. - Made From Cloth - No Metal Parts	163
Bunting Mfg., Shop Only.....	163
Casket Or Coffin Lining Mfg. - No Casket Mfg. Or Upholstery Work	163
Chenille Products Mfg. From Chenille Cloth	163
Coffin Or Casket Lining Mfg. - No Casket Mfg. Or Upholstery Work	163
Comforter Or Quilt Mfg.....	163
Cover Mfg. - Air Conditioner.....	163
Curtain Mfg.	163
Door Mfg., Accordion - Plastic Or Fabric - No Woodworking	163
Drapery Or Curtain Mfg.....	163
Feather Assembly - Sewn, On Wire Frames Decorated For Costumes/Band Plumes	163
Feather Pillow Mfg.	163
Flag Mfg., Shop Only	163
Furnishing Goods Mfg. - Not Canvas Or Burlap	163
Hammock Mfg.	163
Heating Pad Mfg. - Fabric Covering Only	163
House Furnishings Mfg. - From Textile Fabrics	163
Household Linens, Bedspreads, Towels, Drapes Mfg.	163
Kite Mfg.	163
Lamp Shade Mfg. (Excluding Frame Manufacturing)	163
Linen Mfg. - House Furnishings	163
Lining For Casket Interiors Mfg. - No Casket Mfg. Or Upholstery Work.....	163
Measuring Tape Mfg. - Cloth - Sewing Type	163
Mosquito Netting - No Mfg. Of Net.....	163
Napkin Mfg. - Cloth	163
Netting - Mosquito - No Mfg. Of Net	163
Pennant Mfg.	163
Pillow Cover Mfg.	163
Pillow Mfg.	163
Polishing Cloth Mfg.	163
Polishing Wheel Mfg. - Cloth Or Felt - No Metal Parts.....	163
Pool Mfg. - Swimming - Inflatable Kiddie-Type Pools	163

Quilt Or Comforter Mfg.....	163
Roller Mfg. - Covered Sleeves Only	163
Safety Belt Mfg. - Automobile - No Hardware Mfg.....	163
Scenery - Theatrical - Curtain And Drapery Mfg.	163
Shoe Ornament Mfg. - Fabric	163
Shoe Shining Or Polishing Cloth Mfg.	163
Shower Curtain Mfg. - Cloth, Plastic, Vinyl.....	163
Sleeping Bag Mfg.	163
Slipcover Mfg.	163
Stage Scenery - Theatrical - Curtain And Drapery Mfg.....	163
Stuffed Toy Mfg. - Cloth	163
Table Cloth Mfg.	163
Table Pad Mfg. - From Cardboard And Fabric	163
Tape Mfg. - Mending - Fabric.....	163
Theatrical Scenery - Curtain And Drapery Mfg.	163
Towel Mfg., Textile Fabrics (Except For Disposable Towel Mfg.)	163
Toy Mfg. - Stuffed Animals Or Other Cloth Stuffed Toys	163
Umbrella Mfg.....	163
Wheel Mfg. - Cloth - Buffing And Polishing - No Metal Parts	163
Wig Mfg. - Synthetic Materials	163
Window Shade Mfg. - No Roller Mfg.	163
Mattress Mfg.....	165
Automobile Convertible Top Mfg. - Fabric Or Vinyl, No Installation	166
Automobile Seat Cover Mfg. - No Installation	166
Awning Mfg. - Cloth	166
Awning Or Tent Mfg.	166
Bag Mfg. - Fabric Or Bulk Materials	166
Bag Renovating, Textile Fabrics	166
Burlap Goods Mfg.	166
Canvas Products Mfg.	166
Cloth Bag Mfg.	166
Cloth Bag Repairing	166
Furnishing Goods Mfg. - Canvas Or Burlap	166
Knapsack Mfg.....	166
Life Jacket Or Preserver Mfg.	166
Parachute Mfg. (Hardware Mfg. To Be Separately Rated).....	166
Sail Making	166
Sporting Goods - Knapsack Mfg.	166
Tent Mfg.	166
Textile Bag Mfg. - Canvas Or Burlap	166

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - NUMERIC****Page B14**

Supplemental Dust Disease Loading - Class 512	0175
Pottery Mfg., N.O.C. - Supplemental Dust Disease Loading	0176
Employment Contractor - Temporary Food Sundries Mfg., N.O.C. Staff	185
Food Sundries Mfg., N.O.C. - Temporary Staff	185
Temporary Food Sundries Mfg., N.O.C. Staff	185
Candy, Chocolate Or Chewing Gum Mfg. - Temporary Staff	187
Employment Contractor - Temporary Candy, Chocolate Or Chewing Gum Mfg. Staff	187
Temporary Candy, Chocolate Or Chewing Gum Mfg. Staff	187
Apparel Mfg. - Temporary Staff	191
Employment Contractor - Temporary Apparel Mfg. Staff	191
Temporary Apparel Mfg. Staff.....	191
Degreasing Skins	201
Fur Dressing Or Dyeing	201
Leather Dealer	201
Leather Dressing	201
Leather Finishing	201
Leather Tanning	201
Sheepskin Pickling.....	201
Tanning, Leather	201
Wool Pulling	201
Boot And Shoe Mfg.....	204
Counter, Heel Or Sole Mfg. - Leather	204
Footwear Mfg. - Not Rubber	204
House Slippers Mfg.	204
Shoe Findings Mfg.....	204
Shoe Mfg.	204
Shoe Repairing	204
Shoe Stock Mfg., No Tanning Or Leather Dressing	204
Slipper Mfg.	204
Bag Mfg., Traveling	205
Baseball Mfg.....	205
Basketball Mfg.	205
Dog Collar Mfg.	205
Football Mfg.....	205
Glove Mfg., Including Baseball, Boxing, Handball Or Punching Bag Glove (Except Rubber Gloves).....	205
Handbag, Mfg. - From All Materials	205
Harness Or Saddle Mfg.	205
Leash Mfg.	205
Leather Belting Mfg.	205
Leather Embossing	205

Leather Goods Mfg., N.O.C. (See Also Gloves, Hats, Shoes)	205
Leather Skiving	205
Luggage Mfg., Excluding Trunks	205
Medicine Ball Mfg.....	205
Personal Leather Goods Mfg.	205
Pocketbook Mfg. - From All Materials	205
Purse Mfg. - From All Materials	205
Saddle Mfg.	205
Strap Mfg. - From Leather, Simulated Leather Or Plastic	205
Volleyball Mfg.	205
Wallet Mfg.	205
Women's Handbag Or Purse Mfg.	205
Injection Molding Of Plastics	221
Plastic Articles Mfg., Injection Molding	221
Artificial Marble Products Mfg.	222
Bag Mfg. - Plastic.....	222
Cable Mfg. - Insulated Electrical - Wire Drawing To Be Separately Rated	222
Hose Mfg. - Plastic	222
Marble Products Mfg. - Artificial.....	222
Pipe Mfg. - Plastic	222
Plastic Articles Mfg., N.O.C. - All Plastic Molding Techniques Except Injection Molding	222
Plastic Bag Mfg.	222
Plastic Mfg., Sheets And Rods	222
Plastic, Molded Products Mfg. N.O.C.	222
Polyurethane Foam Products Mfg.	222
Silo Mfg. - Fiberglass, Shop Only.....	222
Vanity Mfg. - Resin Poured Or Cast Type/Artificial Marble Product	222
Wire Insulating - Includes Incidental Wire Stranding - Wire Drawing To Be Separately Rated	222
Balloon Mfg. - Rubber - Advertising And Toy.....	225
Bathing Cap Mfg. - Rubber	225
Boot And Shoe Mfg. - Rubber	225
Bottle Mfg. - Rubber	225
Elastic Mfg.	225
Eraser Mfg.	225
Fabrics, Rubberized	225
Foam Rubber Mfg.	225
Footwear Mfg. - Rubber	225
Gasket Mfg. - Rubber	225
Glove Mfg. - Rubber	225
Heel Mfg. - Rubber.....	225

Hose Mfg. - Rubber.....	225
Latex, Foamed Mfg.....	225
Life Jacket Mfg. - Inflatable Rubberized Fabric	225
Life Raft Mfg. - Rubber.....	225
Printers' Roller Mfg.	225
Reclaiming Rubber	225
Rubber Band Mfg.	225
Rubber Products Mfg., N.O.C.....	225
Rubber Reclaiming	225
Rubber Tire Mfg.	225
Rubber Tire Retreading	225
Rubberized Fabrics Mfg.....	225
Sheeting - Rubber Or Rubberized Fabric.....	225
Sponge Rubber And Sponge Rubber Products Mfg.	225
Stopper Mfg. - Rubber	225
Tire And Inner Tube Mfg.	225
Tire Recapping Or Retreading.....	225
Toy Mfg. - Rubber	225
Tubing - Rubber	225
Vulcanized Rubber Products Mfg.	225
Wet Suit Mfg. - Rubber	225
Wire Insulating - Rubber	225
Artificial Leather Mfg.....	227
Coating New Fabrics, Rubberized Or Oilcloth.....	227
Cork Carpet Mfg.	227
Leather (Imitation) Mfg.	227
Linoleum Mfg.....	227
Metallizing Of Fabrics	227
Oilcloth Mfg.....	227
Plastic Composite Products Mfg.	227
Resin Coated Fabric Mfg.	227
Rubber Coating	227
Waxing Of Cloth	227
Yarn, Plastic Coated - Made From Purchased Yarn	227
Abrasive Paper Or Cloth Preparation	255
Bark Peeling, In Paper Mill	255
Building And Roofing Paper Mfg.	255
Building Paper Mfg.	255
Cardboard Mfg.	255
Emery Cloth Mfg.	255

Fiber Goods Mfg.	255
Fiber Mfg.	255
Fiber Tube Mfg.	255
Fiberboard Mfg.	255
Paper Coating And Glazing - By Paper Mill	255
Paper Finishing - By Paper Mill	255
Paper Mfg.	255
Paper Mill	255
Particle Board Mfg.	255
Photographic Film And Dry Plate Mfg.	255
Pipe Mfg., Fiber	255
Pulp (Paper) Mfg.	255
Roofing Paper Or Roofing Felt Mfg.	255
Sandpaper Mfg.	255
Box Mfg. - Paper (Non-Corrugated).....	257
Coating And/Or Glazing - By Specialist Contractor	257
Folding Box Mfg.	257
Paper Box Mfg.	257
Set-Up Box Mfg.	257
Air Filter Mfg.	259
Bag Mfg. - Paper	259
Can Mfg. - Paper	259
Cardboard Or Paper Mailing Tube Mfg.	259
Coffee Pot Filter Mfg. - Paper	259
Coin Wrapper Mfg.	259
Cup Mfg. - Paper	259
Diaper Mfg. - Disposable	259
Disposable Diaper Mfg.	259
Disposable Towel Mfg.	259
Drinking Straw Mfg. - Paper	259
Filter Mfg. - Air	259
Garland Mfg.	259
Mailing Tube Mfg.	259
Match Mfg. - Paper.....	259
Napkin Mfg. - Paper	259
Paper Bag Mfg.	259
Paper Dish Or Plate Mfg.	259
Paper Or Cardboard Mailing Tube Mfg.	259
Paper Or Foil Goods Mfg.	259
Paper Products Mfg., N.O.C.	259

Paper Towel Mfg.	259
Papier-Mâché Goods Mfg.....	259
Party Favors Mfg.	259
Sanitary Food Container Mfg. - Paper	259
Sanitary Napkin Mfg.	259
Tinsel Mfg.	259
Tissue Paper Products Mfg. - Facial Or Toilet	259
Towel Mfg. - Paper.....	259
Towel Mfg., Disposable	259
Wallpaper Mfg. - (Paper Mfg. To Be Separately Rated)	259
Box Mfg. - Corrugated	261
Corrugated Paper And/Or Corrugated Products Mfg.....	261
Fiberboard Products Mfg.	261
Honeycomb Products Mfg.....	261
Carbon Paper Mfg.	263
Coating And/Or Glazing Of Paper Or Plastic - By Specialist Contractor	263
Die Cutting - Paper, Paperboard Or Cardboard - By Contractor	263
Laminating - Paper.....	263
Paper Finishing - By Specialist Contractor	263
Paper Laminating	263
Paper Sheeting, Slitting Or Winding	263
Pressure-Sensitive Labels Or Paper Mfg.	263
Waxed Paper - Coating Paper With Wax - No Paper Mfg.	263
Binder Mfg., Ringed	265
Computer Paper Mfg. (No Paper Mfg.)	265
Envelope Mfg.....	265
File Folder Mfg.	265
File Jacket Mfg.	265
Index Card Mfg.	265
Loose-Leaf Ledger Or Notebook Mfg.	265
Notepad Mfg.	265
Ringed Binder Mfg.....	265
Stationery Products Mfg.	265
Employment Contractor - Temporary Plastic Articles Mfg. - Injection Molding Staff	275
Plastic Articles Mfg. - Injection Molding - Temporary Staff	275
Temporary Plastic Articles Mfg. - Injection Molding Staff	275
Employment Contractor - Temporary Plastic Articles Mfg., N.O.C. Staff	276
Plastic Articles Mfg., N.O.C. - Temporary Staff	276
Temporary Plastic Articles Mfg., N.O.C. Staff	276
Book Publishing Or Printing	281

Bookbinding	281
Bottle Cap Printing	281
China Decorating - By Specialist Contractor With No China Mfg.	281
Cigar Band, Printing	281
Coin Wrapper, Printing - By Specialist Contractor	281
Commercial Printing	281
Dress Pattern Making	281
Electrotyping.....	281
Engraving Or Plate Printing	281
Glass Products Decorating Or Engraving By Specialist Contractor.....	281
Gravure Printing	281
Greeting Card Publishing Or Printing	281
Label Printing	281
Linotype Or Hand Compositor	281
Lithograph Mounting And Finishing.....	281
Lithographic Stones Engraving	281
Lithographing.....	281
Offset Printing	281
Paper Dress Pattern Making	281
Pattern Mfg. - Paper	281
Photoengraving	281
Playing Cards Mfg.....	281
Printers' Finisher.....	281
Printing.....	281
Publishing Or Printing - Books Or Greeting Cards.....	281
Rubber Stamp Mfg.	281
Silk Screen Processing (Including Printing On Finished Textile Articles) - By Specialist Contractor	281
Stereotyping	281
Tag Printing	281
Typesetting	281
Comic Book Publishing Or Printing.....	282
Magazine Publishing Or Printing	282
Newspaper Publishing Or Printing	282
Periodical Publishing Or Printing.....	282
Statistical Report Publishing Or Printing	282
Trade Journal Publishing Or Printing	282
Employment Contractor - Temporary Printing Staff.....	297
Printing - Temporary Staff	297
Temporary Printing Staff	297
Barking Mill	301

Kiln Drying Of Lumber - By Sawmill	301
Sawmill	301
Snow Fence Mfg., Cutting Lath From Logs	301
Wood Chips Mfg.	301
Assembled Millwork Mfg.....	305
Bark Peeling In Veneer Mill	305
Barrel Dealer, Including Repairing - Wood	305
Barrel Stock Mfg., No Sawmill Work	305
Basket Mfg. - Veneer	305
Box Or Box Shook Mfg.	305
Building Mfg., Portable - Wood	305
Carpentry Shop	305
Carriage Mfg.....	305
Contract Packaging - Crating - In Shop.....	305
Cooper	305
Crate Mfg. - Wood	305
Door Frame Or Sash Mfg. - Wood	305
Door Mfg. - Wood	305
Fence Mfg. - Wood, Shop Only.....	305
Flooring Mfg. - Wood	305
Furniture Stock Mfg. - Non-Turned - By Specialist Contractor	305
Hardwood Dimension And Flooring Mill, No Sawmill Operation.....	305
Keg Mfg. - Wood	305
Ladder Mfg. - Wood.....	305
Laminated Wood Building Beam And Column Mfg.	305
Last Block Mfg.	305
Millwork Plant	305
Modular Home Mfg.	305
Packaging, Contract - Crating - In Shop	305
Packing Case Mfg.	305
Pallet Mfg.	305
Panel Mfg. - Soft Wood Or Plywood.....	305
Planing Mill	305
Plywood Container Mfg.	305
Plywood Mfg., Including Veneer Mfg.	305
Porch Enclosure Mfg.	305
Prefabricated Building Mfg. - Wood, Shop Work	305
Railing Or Stair Mfg. - Wood.....	305
Sash Mfg. - Wood	305
Sash, Door Or Assembled Millwork Mfg.	305

Screen Mfg., Window - Wood	305
Shingle Mfg. - Wood, Including In Shop Staining	305
Shingle Staining, In Shop, No Off-Premises Work	305
Shook Mfg.	305
Shuttle Mfg.	305
Silo Mfg. - Wood, Shop Only	305
Staircase And Stair Mfg. - Wood	305
Stave Mfg. - Wood	305
Structural Members, Laminated Wood - Arches, Trusses, Timbers	305
Tank Building - Wood, Shop Only	305
Trellis Mfg. - Wood	305
Truss Mfg. - Wood	305
Veneer Container Mfg.	305
Veneer Mfg.	305
Wagon Body Mfg.	305
Wirebound Box And Crate Mfg.....	305
Wood Floor Mfg.	305
Wooden Barrel Mfg.....	305
Wooden Box Mfg., Except Cigar Boxes	305
Axe Handle Mfg.	306
Dowel Mfg. - Wood	306
Furniture Turned Stock Mfg. - By Specialist Contractor	306
Gunstock Mfg., Unfinished Shapes	306
Handle Mfg. - Wood.....	306
Lath Mfg. - Wood	306
Peg Or Skewer Mfg. - Wood	306
Pencil Stock Mfg. - Wood	306
Pulley Block Mfg. - Wood	306
Shade Roller Mfg. - Wood	306
Spool Mfg. - Wood	306
Umbrella Handle Mfg. - Wood	306
Window Shade Roller Mfg. - Wood	306
Wood Turned Products Mfg.	306
Wooden Frames Or Seats Mfg. - For Furniture.....	306
Bird House Or Feeder Mfg. - Wood	309
Bowling Pin Mfg. - Wood.....	309
Brush Mfg.	309
Cane Mfg.	309
Coat Hanger Mfg. - Wood.....	309
Cork Products Mfg.....	309

Crutches Mfg. - Wood	309
Golf Club Heads Or Shafts Mfg. - Wood	309
Gunstock Mfg., Finished.....	309
Hat Block Mfg. - Wood	309
Lead Pencil Mfg.	309
Mop Mfg.....	309
Pencil, Penholder Or Crayon Pencil Mfg. - Wood	309
Pipe Mfg., Tobacco - Wooden	309
Sign Or Sign Letter Mfg. - Wood, Shop Only, No Erection	309
Ski Mfg. - Wood	309
Spice, Cutlery Or Wine Racks Mfg. - Wood	309
Toothpick Mfg.	309
Veneer Products Mfg., N.O.C. - No Veneer Mfg.	309
Wooden Tobacco Pipe Mfg.	309
Woodenware Mfg., N.O.C.....	309
Bookcase Mfg. - Wood	311
Cabinet Works - Wood - With Power-Driven Machinery	311
Counter Top Mfg. - Wood.....	311
Parquet Flooring Mfg. - Hardwood	311
Picture Frame Mfg. - Wood	311
Refrigerated Showcase Mfg. - Wood.....	311
Room Divider Mfg.	311
Showcase Mfg. - Wood	311
Toy Mfg. - Wood	311
Vanities Mfg. - Wood (Architectural Or Bathroom).....	311
Broom Mfg. - Assembling Only - No Woodworking	319
Coffin Assembly - No Wood Or Metal Working	319
Furniture Assembly - From Prefabricated Parts Or Pieces Only - No Woodworking	319
Furniture Stripping - Incidental To Assembling Or Refinishing Operations Only	319
Furniture Stripping, No Woodworking - By Specialist Contractor	319
Lamp (Floor Or Table) Assembly Only - No Metal Or Wood Fabricating	319
Wreath Assembly - Artificial - Plastic And Fabrics	319
Billiard Table Mfg.	323
Cedar Chest Mfg.	323
Chair Mfg. - Wood	323
Coffin Mfg. - Wood.....	323
Fiber Furniture Mfg.	323
Furniture Assembling - Wood, By A Furniture Manufacturer, Including Woodworking	323
Furniture Frame Mfg. - Wood	323
Furniture Mfg. - Wood	323

Headboard Mfg. - Wood (Upholstery Work If Conducted By A Sep. Crew In A Sep. Dept. Shall Be Separately Rated)323
Musical Instrument Mfg. - Wood323
Organ Building - Including Installation323
Piano Or Player Piano Mfg.323
Rattan Or Fiber Furniture Mfg.323
Tank, Seat Or Cabinet Mfg. - Toilet - Wood323
Trunk Mfg. - Wood323
Venetian Blind Mfg. - Wood323
Willow Ware Mfg.323
Wood Household Or Office Furniture Mfg.323
Wooden Coffin Mfg.323
Wooden Musical Instruments Mfg.323
Automobile Seat Cover Installation And/Or Seat Upholstering327
Automobile Top Installation, Fabric Or Vinyl327
Coffin Or Casket Upholstery Work327
Furniture Upholstering327
Reupholstering327
Upholstering Car Seats327
Upholstering Shop Only, No Furniture Assembling327
Aluminum Ingots And Primary Production Shapes From Bauxite/Alumina402
Copper Smelting And Refining, Primary402
Galvanizing Works - Hot Dip402
Lead Mfg., Red Or White402
Lead Sheet, Pipe And Shot Mfg.402
Lead Smelting402
Lead Smelting And Refining, Primary402
Melting Of Nonferrous Scrap Metals402
Precious Metal Refining, Primary402
Primary Smelting And Refining Of Nonferrous Metals, N.O.C.402
Red Lead Mfg.402
Retinning Of Metal Not Done In Rolling Mill402
Rust Proofing (Hot Dipping) Of Metals402
Secondary Smelting, Refining, And Alloying Of Nonferrous Metal And Alloys402
Smelting Of Nonferrous Metals, N.O.C.402
Tin Smelting And Refining402
White Lead Mfg.402
Zinc Smelting And Refining, Primary402
Aluminum Extruded Products Mfg.403
Atomizing Molten Nonferrous Metal403
Can Mfg., Seamless403

Cold Rolling Or Drawing, Nonferrous Metals	403
Copper Pipe Or Tube Mfg. By Extruding And Drawing	403
Drawing - Nonferrous Metals	403
Extruded Products Mfg. - Nonferrous Metals	403
Forging - Nonferrous Metals Only	403
Metal Can Mfg., Seamless	403
Miniature Tube Mfg. - From Nonferrous Metals	403
Pipe Mfg. - Brass, Copper Or Aluminum	403
Platinum Group Metals - Rolling, Drawing And/Or Extruding	403
Powder Mfg. - Atomizing Molten Nonferrous Metal	403
Tin Foil Mfg.....	403
Tube Mfg. - Nonferrous	403
Wire Mfg. - Nonferrous	403
Blast Furnace Operation.....	404
Stainless Steel Mfg.	404
Steel Mfg.	404
Cold Rolling Or Drawing - Ferrous Metals	406
Cold-Rolled Sheet Mfg. - By Specialist Contractor	406
Corrugating Iron And Steel - Cold-Rolled - By Specialist Contractor	406
Doubling Process, Sheet Rolling - By Specialist Contractor.....	406
Plate Steel Mfg. - By Specialist Contractor.....	406
Rolling Mill - Ferrous Metals - By Specialist Contractor	406
Sheet Rolling, Cold Rolling - By Specialist Contractor	406
Steel Wire Drawing.....	406
Wire Drawing	406
Wire Mfg.	406
Miniature Tube Mfg. - From Ferrous Metals	407
Pipe Or Tube Mfg. - Iron Or Steel.....	407
Skelp Rolling.....	407
Steel Pipe And Tube Mfg.	407
Tube Mfg. - Iron Or Steel	407
Bridge Shop	411
Radio And Television Tower, Fabrication	411
Steel Fabrication, Bridge And Structural Shops	411
Steel Works, Structural.....	411
Structural Steel Fabrication.....	411
Tower, Transmission, Fabrication	411
Aluminum Railings Mfg.	413
Architectural Or Ornamental Iron Work Mfg.	413
Balcony Mfg.	413

Banister Mfg. - Metal	413
Fence Or Fence Post Mfg. - Ornamental Iron Or Steel	413
Fire Door Mfg.	413
Fire Escape Mfg.	413
Flagpole Mfg. - Metal	413
Flooring Mfg. - Open Steel Grating	413
Furniture Mfg. - Wrought Iron	413
Gate Mfg. - Ornamental Metal.....	413
Grandstand Or Bleacher Mfg. - Metal	413
Grating Mfg. - Open Steel Flooring	413
Iron Shutter Mfg.	413
Iron, Ornamental, Fabrication Shop	413
Lamp Post Mfg. - Metal	413
Metal Arches Mfg., For Buildings	413
Metal Lath Mfg.	413
Ornamental Brass Goods Mfg.	413
Ornamental Or Architectural Metal Work Mfg.....	413
Partition Mfg. - Ornamental Iron	413
Pipe Bending - Fabrication Shop	413
Power Pipe Fabrication	413
Racing Sulky Mfg.	413
Railing Mfg.	413
Staircase Or Stair Railing Mfg. - Metal	413
Steel Curtain Wall Mfg.....	413
Sulky Mfg., Racing.....	413
Autoclave Mfg., Industrial	415
Boiler Mfg., Shop Only	415
Buoy Mfg. - Metal	415
Casing Mfg., Boiler Metal Plate	415
Condenser Mfg., Steam	415
Culvert Mfg. - Metal Plate	415
Cylinder Mfg. - Pressure Metal Plate	415
Dumpster Or Refuse Container Mfg. - From Metal Plate	415
Gas Tank Mfg. - Metal Plate	415
Industrial Boiler Mfg.	415
Liquid Oxygen Tank Mfg. - Metal Plate	415
Military Tank Hull Mfg.....	415
Oil Storage Tank Mfg. - Metal Plate	415
Plate Work, Fabricated	415
Pressure Vessel Mfg. - Industrial Metal Plate	415

Refuse Container Or Dumpster Mfg. - From Metal Plate	415
Still Mfg. - Pressure Metal Plate.....	415
Tank Mfg. - Pressurized Or Non-Pressurized, Including For Tank Trucks - From Metal Plate.....	415
Truss Plate Mfg. - Metal	415
Vacuum Tank Mfg. - Metal Plate	415
Vat Mfg. - Metal Plate	415
Car Mfg., Rebuilding Or Repair, Railroad - All Kinds	416
Freight Car Mfg.	416
Industrial Locomotive And Parts Mfg.	416
Locomotive And Parts Mfg.	416
Mine Car Mfg.....	416
Railroad Car Mfg.	416
Railway Maintenance Car Mfg.....	416
Refrigerator Car Mfg.	416
Switching Locomotive And Parts Mfg.	416
Tank Freight Car Mfg.	416
Tender Mfg., Locomotive.....	416
Casting Foundry, Steel	421
Electric Steel Foundry	421
Foundry, Steel	421
Steel Alloy Castings Mfg.	421
Steel Foundry.....	421
Cast Iron Pipe Mfg.	425
Casting Foundry, Ductile Or Grey Iron	425
Ductile Iron Foundry	425
Enameled Cast Iron Ware Mfg.....	425
Foundry, Iron, N.O.C.	425
Grey Iron Foundry	425
Heater Or Radiator Mfg. - Cast Iron	425
Hydrant Mfg. Water - Cast Iron	425
Iron Foundry, N.O.C. (See Also Classes 427 And 445)	425
Manhole Cover Mfg. - Cast Iron	425
Pipe Mfg. - Cast Iron, N.O.C.	425
Radiator Or Heater Mfg. - Cast Iron	425
Stove Mfg. - Cast Iron	425
Casting Foundry, Malleable Iron	427
Foundry, Malleable Iron.....	427
Malleable Iron Foundry	427
Aluminum Die Castings Mfg.	429
Die Castings Mfg. - Aluminum, Brass, Bronze, Copper Or Zinc	429

Zinc Die Castings Mfg.	429
Anvil Mfg. - Forged	431
Forging, N.O.C.	431
Gun Forging, Iron And Steel	431
Horseshoe Mfg.	431
Iron Forging	431
Press Forging.....	431
Projectile Or Shell Casing Mfg.: Forging - Separately Rate Loading Or Testing With Explosives.....	431
Upset Forging.....	431
Agricultural Tools Mfg.....	433
Axe Mfg.....	433
Construction Tools Mfg.....	433
Gardening Tools Mfg.	433
Heat-Treating Of Metal	433
Logging Tools Mfg.....	433
Oil Well Tools Mfg.	433
Sledgehammer Mfg.	433
Tool Mfg. - Forged.....	433
Automobile Bumper Mfg.	435
Automobile Spring Mfg.	435
Chain Mfg.	435
Coiled Flat Spring Mfg.....	435
Leaf Spring Mfg.	435
Railroad Car Or Locomotive Spring Mfg.....	435
Spring Mfg. - Hot Wound.....	435
Steel Spring Mfg. - Except Wire (Cold Wound) Springs	435
Torsion Bar Spring Mfg.....	435
Aircraft Motor Precision Parts Mfg.	441
Aircraft Propeller Mfg. - Wood	441
Architectural Scale Model Mfg. - By Specialist Contractor	441
Cutlery Mfg. (Non-Forged)	441
Die Or Jig Mfg.	441
File, Tool (Non-Forged) Mfg.....	441
Hand Tools Mfg., Excluding Axes, Agricultural Tools, Sledgehammers And Wheelbarrows.....	441
Label Mfg. - Metal.....	441
Last Form Mfg. - Wooden.....	441
Machine Tools And Accessories Mfg.	441
Machine Tools Mfg. - Metal - Cutting Or Forming Types.....	441
Model Or Pattern Mfg. - Wood Or Metal, Shop Only, Excluding Castings.....	441
Mold Mfg., Excluding Castings	441

Pattern Or Model Mfg. - Wood Or Metal, Shop Only, Excluding Castings.....	441
Precision Machined Parts Mfg., N.O.C.	441
Precision Tool Mfg.	441
Punch Mfg., For Marking Metal	441
Saw Blade Mfg.	441
Shoe Form Mfg. - Wood	441
Tool Mfg., N.O.C.	441
Tool Sharpening, Industrial Tools.....	441
Welding Or Cutting Torch Tip Mfg.....	441
Wood Carving - By Hand Or Machine.....	441
Acetylene Torch Mfg.	445
Arms Mfg., Excluding Ammunition Mfg.	445
Automatic Screw Machine Products Mfg.	445
Automatic Sprinkler Mfg.	445
Bolt Mfg.	445
Bottle Cap Or Crown Mfg.	445
Brush Manufacture - Using Tinplate Not Wood.....	445
Builders Hardware Mfg.	445
Carburetor Mfg.	445
Cartridge Mfg., No Handling Of Explosives	445
Coating (By Electrostatic Powder Spray Application) Of Parts - By Contractor	445
Collapsible Tube Mfg.	445
Curtain Rod Mfg. - Metal	445
Electric Fixtures Mfg.	445
Flashlight Mfg., Or Assembling	445
Franklin Stove Assembly.....	445
Gas And Electric Fixtures Mfg.	445
Hardware Mfg., N.O.C. Including Foundry	445
Hydraulic Stabilizer Mfg., For Trains	445
Investment Casting.....	445
Lamp Or Portable Lantern Mfg.	445
Lighting Fixtures Mfg.	445
Meat Chopper Mfg.	445
Nail Mfg., Not Wire	445
Nut Or Bolt Mfg.	445
Painting Or Powder Coating Metal Parts - Shop - By Specialist Contractor	445
Playground Equipment Mfg.	445
Plumbers' Fittings Mfg.....	445
Plumbers' Supplies Mfg., N.O.C.	445
Polishing And Buffing, Small Articles, Shop Only, No Mfg.	445

Portable Lamp Or Lantern Mfg.	445
Powder Coating Of Parts (Electrostatic Spray Application) - By Contractor.....	445
Sadiron Mfg.	445
Scale And Balance Mfg.	445
Screw Machine Products	445
Screw Mfg.	445
Skate Mfg.	445
Small Arms Mfg.	445
Spike Mfg.	445
Spray Painting - In Shop Only	445
Sprinkler Mfg., Automatic	445
Stabilizer Mfg., Hydraulic For Trains	445
Tube Mfg. - Metal, Collapsible	445
Valve And Pipe Fitting Mfg., Except Cast Plumbers' Brass Goods	445
Valve Mfg.	445
Welding Torch Mfg.....	445
Aluminum Castings Mfg.	447
Aluminum Ware Mfg., Cast	447
Brass Castings Mfg.	447
Bronze Castings Mfg.	447
Bushing Or Bearing Mfg. - Nonferrous Metal - Cast	447
Casting Mfg. - Nonferrous Metals	447
Centrifugal Castings Mfg. - Nonferrous Metals	447
Copper Castings Mfg.	447
Foundry - Nonferrous, N.O.C.....	447
Hardware Mfg. - Nonferrous - By Foundry Method	447
Investment Castings Mfg. - Nonferrous Metals	447
Nonferrous Metals Foundry	447
Plumbing Fixture Fittings And Trim (Brass Goods) Mfg. - Cast	447
Type Foundry	447
Zinc Castings Mfg.....	447
Anodizing Metals	449
Chromium Plating	449
Detinning	449
Electroplating	449
Gold Plating	449
Metal Anodizing	449
Plating Of Metal Articles	449
Silver Plating	449
Tin Plating	449

Ambulance Body Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis.....	451
Automobile Body Mfg., Except Plastic Body Molding	451
Bus Body Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis	451
Fire Truck Body Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis	451
Hearse Body Mfg.	451
Mobile Home Mfg. - Non Self-Propelled	451
Trailer Mfg.	451
Truck Body Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis	451
Truck Cab Mfg. - Including Attaching Manufactured Body To A Customer Supplied Or Purchased Chassis.....	451
Agate Or Enamel Ware Mfg.	454
Aluminum Storm Sash Mfg.	454
Aluminum Ware Mfg. - From Sheet Aluminum	454
Automobile Parts Mfg., Miscellaneous Stamped Parts	454
Automobile Radiator Mfg.	454
Automobile Wheel Mfg.	454
Barrel Or Drum Mfg. - Metal	454
Barrel Or Drum Reconditioning Or Repairing - Metal	454
Bin Mfg. - Sheet Metal	454
Brass Products Mfg., N.O.C. - From Sheet Stock	454
Building Mfg., Portable - Metal, No Erection	454
Can Mfg., Seamed	454
Casing Mfg. - Sheet Metal	454
Chimney Flashing Mfg., No Installation Work.....	454
Cooking Utensil Mfg. - Steel Or Aluminum	454
Copper Products Mfg. - From Sheet Stock	454
Coppersmithing - Shop Only	454
Duct Fabrication - No Installation Work	454
Enamel Ware Mfg.	454
Flue Mfg., Stove Or Furnace - By Specialist Contractor	454
Hood Mfg., Range	454
Hotel Kitchen Equipment Mfg.....	454
Household Cooking Utensil Mfg.	454
Machine Guard Mfg. - Sheet Metal	454
Metal Can Mfg., Seamed	454
Metal Shipping Barrels, Drums, Kegs Or Pails - Used, Dealer	454
Metal Spinings Mfg.	454
Metal Stampings Mfg.	454
Metal, Sheet Goods Mfg., N.O.C.	454
Perforated Metal Mfg.	454
Radiator Mfg., Auto	454

Restaurant Kitchen Equipment Mfg.....	454
Sheet Metal Products Fabrication, N.O.C., Shop Only	454
Sign Mfg. - Metal, Shop Only - No Erection	454
Silo Building - Metal, Shop Only	454
Steel Barrel Or Drum Mfg.	454
Steel Drum Or Barrel Dealer, Secondhand	454
Storm Window Or Door Mfg. - Metal Or Vinyl	454
Ventilator Mfg. - Sheet Metal	454
Wheelbarrow Mfg. - Metal	454
Window Sash Mfg. - Aluminum Or Vinyl	454
Air Conditioner Mfg. Home Window Unit	456
Air Conditioner Or Air Conditioner Equipment Mfg. - Home Window Unit Or Central Air, Commercial Or Industrial	456
Aircraft Subassemblies Mfg. - Metal, By Contractor (e.g., Cowlings, Wings, Tabs Or Ailerons)	456
Aluminum Awning Mfg.	456
Aluminum Venetian Blind Mfg.....	456
Appliance Mfg., Major Household Or For Commercial Establishments, Kitchen Or Laundry	456
Awning Mfg. - Metal, No Erection	456
Bedstead Mfg. - Metal	456
Bookcase Mfg. - Metal	456
Brass Bed Mfg.	456
Cabinet Mfg. - Sheet Metal	456
Chair Mfg. - Metal.....	456
Clothes Dryer Mfg., Commercial Or Household.....	456
Coffin Mfg. - Metal	456
Display Showcase Mfg. - Metal	456
Door Mfg. - Metal	456
File Cabinet Mfg.	456
Fireproof Equipment Mfg. - Metal	456
Freezer Mfg., Commercial Or Household	456
Furniture Mfg. - Metal	456
Garment Rack Mfg. - Metal	456
Golf Club Mfg. - Metal	456
Ice Cream Cabinet Mfg.	456
Incubator Mfg. - Metal	456
Jalousie Or Jalousie Screen Mfg. - Metal Or Glass	456
Ladder Mfg. - Metal	456
Locker Mfg. - Metal	456
Metal Furniture Mfg.	456
Office Furniture Mfg. - Metal	456
Oven Mfg. - Metal Industrial Drying Ovens	456

Panel Or Partition Mfg. - Sheet Metal	456
Radiator Cabinet Or Shield Mfg. - Metal	456
Refrigerator Mfg., Commercial Or Household	456
Sheet Metal Aircraft Parts Mfg.	456
Shelving Mfg. - Metal	456
Showcase Mfg. - Metal	456
Ski Mfg. - Metal	456
Soda Fountain Mfg.....	456
Stove Mfg. - Sheet Metal, Commercial Or Household	456
Tennis Racquet Mfg. - Metal	456
Trash Compactor Mfg.	456
Venetian Blind Mfg. - Aluminum	456
Ventilation Equipment Mfg.	456
Washing Machine Mfg., Commercial Or Household	456
Artificial Christmas Tree Mfg.	457
Bed Spring Mfg. - Wire	457
Brush Mfg. - Wire	457
Cable Mfg. - Not Insulated Electrical Cable.....	457
Coat Hanger Mfg. - Metal	457
Cold Wound Wire Spring Mfg.	457
Fence Mfg. - Wire	457
Lamp Shade Frame Mfg.	457
Nail Mfg. - Wire	457
Pocketbook Frame Mfg.	457
Rope Mfg. - Wire	457
Shopping Cart Mfg.....	457
Snow Fence Mfg., Wire Twisting	457
Spring Mfg., Cold Wound.....	457
Welding Rod Mfg.	457
Wire Brush Mfg.	457
Wire Fence Mfg.	457
Wire Goods Mfg.	457
Wire Rope Or Cable Mfg.....	457
Clock Mfg.	458
Coin Minting	458
Costume Jewelry Mfg.	458
Diamond Cutter, Polisher, Setter	458
Gold Leaf Mfg.	458
Jewel Setting And Mounting	458
Jewelry Mfg.	458

Jewelry Polishing	458
Lapidary.....	458
Musical Instrument Mfg. - Metal	458
Pendant Jewelry Mfg.	458
Precious Stone Cutting, Polishing Or Setting	458
Silverware And Plated Ware Mfg.	458
Watch Mfg.	458
Watch, Clock, And Parts Mfg.....	458
Artificial Limb Mfg.	459
Ball Point Pen Mfg.	459
Button Mfg. - Metal	459
Electronic Terminal And Connector Mfg. - By Machining Or Stamping	459
Eyelet Mfg.	459
Mechanical Pencil Mfg.	459
Miniature Valve And Fitting Mfg.	459
Needle, Pin, Hook Or Eye Mfg.	459
Pen Or Pen Point Mfg.	459
Pin Or Needle Mfg.....	459
Razor Blade Mfg. - Safety	459
Rivet Mfg.	459
Swiss Screw Machine Shop	459
Tack Mfg.	459
Valve Mfg. - Miniature	459
Zipper Mfg.	459
Aircraft Engine Or Engine Part Mfg. Or Repair, Shop Only	461
Automobile Engine Mfg. Or Remanufacture	461
Automobile Jack Mfg.	461
Automotive Machine Shops - No Work On Cars - e.g., Cylinder Reboring, Valve Grinding Or Turning Down Brake Drums	461
Engine Mfg., Internal Combustion	461
Fuel Pump Mfg., Automobile	461
Gear Mfg. Or Grinding	461
Hydraulic Device Mfg. - e.g., Jacks, Auto Lifts	461
Internal Combustion Engine Mfg.	461
Machine Shop, N.O.C.	461
Measuring Or Dispensing Pump Mfg.....	461
Outboard Motor Mfg.	461
Piston, Piston Pin Or Piston Ring Mfg.....	461
Projectile Or Shell Casing Mfg.: Secondary Machining - Separately Rate Loading Or Testing With Explosives	461
Pump Mfg.	461
Safe Mfg.	461

Splined Shaft Mfg.....	461
Stoker Mfg.	461
Supercharger Mfg.	461
Automobile Mfg.	463
Automobile Truck Mfg.	463
Bicycle Mfg.	463
Forklift Truck Mfg.	463
Industrial Truck Mfg.	463
Motorcycle Mfg.	463
Tractor Mfg.	463
Truck Mfg.	463
Confectioners' Machinery Mfg.	464
Food Product Machinery Mfg.	464
Machinery Reconditioning (Excluding Conveyors) - Shop Operations Only	464
Packaging Machinery Mfg. - Including Automatic Filling Type Machinery (Not Bottling)	464
Paper Industry Machinery Mfg.	464
Printing Trade Machinery Or Equipment Mfg.	464
Textile Machinery Mfg.	464
Typesetting Machinery Mfg.	464
Woodworking Machinery Mfg.	464
Conveyor Mfg. - Or Reconditioning.....	465
Elevator Or Elevator Door Mfg.	465
Escalator Mfg.	465
Hoisting Systems Mfg.	465
Overhead Crane Mfg.	465
Ball Bearing Mfg.	467
Roller Bearing Mfg.	467
Automotive Wire Harness Assembly	471
Cable Connector Assembly	471
Electrical Wire Harness Assembly	471
Printed Circuit Board Mfg. - By Specialist Contractor.....	471
Printed Circuit Board Stuffing By Contractor	471
Stuffing Printed Circuit Boards, Adding Wiring And Chassis By Contractor Per Customer Design	471
Ceramic Capacitor Mfg. - Less Than 1 H.P.	472
Coils - Less Than 1 H.P.	472
Diode Mfg.	472
Integrated Circuit Mfg.....	472
Light Emitting Diode Mfg.	472
Liquid Crystal Display Mfg.	472
Oscillator Mfg.	472

Quartz Crystal Culturing	472
Resistor Mfg. - Less Than 1 H.P.	472
Semiconductor Refining - Silicon Wafers	472
Silicon Chip Mfg.	472
Transducer Mfg.	472
Transformer Mfg. - Less Than 1 H.P. Used In Electronic Devices	472
Transistor Mfg.	472
Automobile Horn Mfg., Electric	473
Automotive Alternator Or Generator Mfg. Or Repair	473
Automotive Lighting, Ignition Or Starting Apparatus Mfg.	473
Ballast Mfg. - Fluorescent Lights.....	473
Battery Charging Equipment Mfg.	473
Battery Mfg., Dry	473
Blender Mfg. - Household	473
Blinkerlight Mfg.	473
Centrifuge Mfg., Laboratory	473
Christmas Tree Light Cord Sets Mfg.	473
Dimmer Switch Mfg.....	473
Electric Blanket Mfg.	473
Electric Cord Assembly, Cable Mfg. To Be Separately Rated	473
Electric Fan Mfg.	473
Electric Heating Element Mfg.	473
Electric Housewares And Fan Mfg.	473
Electric Switches Mfg. - Household And Crossbar	473
Electric Wire Assembly - Cord	473
Electrical Apparatus Mfg.	473
Electrical Equipment For Internal Combustion Engines Mfg.	473
Electro-Physical Therapy Equipment Mfg.	473
Fire Alarm Siren Mfg.	473
Floor Cleaning/Waxing Machine Mfg.	473
Fuse Mfg. - Electrical	473
Hair Dryer Mfg. - Hand-Held	473
Hand Tool Mfg. - Electric - Portable	473
Heating Pad Mfg.	473
Humidifier Mfg.	473
Mercury Switch Mfg.	473
Razor Mfg. Or Repair - Electric	473
Switch Mfg. - Household.....	473
Trains, Electric - Toy Or Model Mfg.	473
Vacuum Cleaner - Service Or Repair	473

Vacuum Cleaner Mfg.	473
X-Ray Equipment Mfg.	473
Bus-bar Mfg.	474
Circuit Breaker Mfg.	474
Electric Power Equipment Mfg. For Utilities.....	474
Generator Mfg., Electric	474
Switchgear Or Switchboard Apparatus Mfg.	474
Transformer Mfg. (1 H.P. Or More).....	474
Vacuum Furnace, Kiln Or Drying Oven Mfg.	474
Automobile Battery Mfg.....	475
Battery Mfg., Storage	475
Storage Battery Mfg.	475
Environmental Control Systems Mfg./Assembly.....	476
Motor Controller Assembly	476
Power Controller Assembly	476
Process Control Systems Mfg./Assembly	476
Armature Mfg.....	477
Electric Motor Mfg. Or Repair - Shop Only	477
Adding Machine Mfg.	483
Calculator Mfg.	483
Cash Register Mfg.....	483
Cigarette Or Cigar Lighter Mfg.	483
Computer Mfg.....	483
Computer Peripheral Mfg.	483
Electronic Organ And Synthesizer Mfg.	483
Facsimile Equipment Mfg.	483
Laser Printer Cartridge Mfg. Or Remanufacture	483
Modem Mfg.	483
Office Machine Mfg.	483
Organ, Electronic - Mfg.	483
Sewing Machine - Service Or Repair	483
Sewing Machine Mfg.	483
Slot Machine Mfg.	483
Typewriter Mfg.	483
Vending Machine Mfg.	483
Voting Machine Mfg.	483
Aircraft Radio Or Transmitting Equipment Mfg.	485
Amplifier Mfg.	485
Antenna Mfg.	485
Depth Sounding Equipment Mfg.	485

Hearing Aid Mfg.	485
Infrared Homing Systems Mfg.....	485
Intercommunications Equipment Mfg.	485
Microphone Mfg.	485
Microwave Communication Equipment Mfg.....	485
Missile Guidance Equipment Mfg.	485
Multiplexer Mfg.	485
Navigational Instruments Mfg.	485
Radar Devices Mfg.....	485
Radio Or Television Transmitting, Signaling Or Detection Equipment Or Apparatus Mfg.	485
Receivers - Radio Communication Mfg.	485
Recording Devices Mfg.	485
Sonar Equipment Mfg.	485
Speaker Mfg.	485
Stereo Equipment Mfg.	485
Tape Recorder Mfg.....	485
Telemetering Equipment Mfg.	485
Telephone Or Telegraph Apparatus Mfg.	485
Video Cassette Recorder Mfg.....	485
Cathode Ray Picture Tube Mfg.	486
Electric Light Bulb Mfg.	486
Electron Tube Mfg.....	486
Incandescent Light Bulb Mfg.....	486
Medical Diagnostic Lamp Mfg.....	486
Megetron Device Mfg. (Specialty Electron)	486
Neon Sign Mfg. - Shop Only, No Installation, Service Or Repair	486
Photoflash Cube Mfg.	486
Radio & Television Tube Mfg.....	486
Television Tube Mfg.	486
Transmitting, Industrial And Special Purpose Electron Tube Mfg.....	486
Vacuum Tube Mfg.	486
X-Ray Tube Mfg.	486
Binocular Mfg.	487
Dental Drill Or Dental Tools Mfg.....	487
Drafting Equipment Mfg.....	487
Instrument Mfg., Professional, Scientific, Medical - Measuring	487
Micrometer Mfg.	487
Optical Instrument Or Lens Mfg.	487
Surgical Instrument Mfg.	487
Surveying Equipment Mfg.	487

Telescope Mfg.	487
Aircraft Instrument Mfg. (Not Radio Or Radar)	488
Altimeter Mfg.	488
Automatic Temperature Control Mfg.	488
Blood & Gas Analyzer Mfg.	488
CAT Scanner Mfg.	488
Defibrillator Mfg.....	488
Electric Measuring Instrument Or Test Equipment Mfg.	488
Electrocardiograph Equipment Mfg.....	488
Fetal Monitor Mfg.....	488
Flow Controller Mfg.	488
Flowmeter Mfg.	488
Gas Detection Monitor Mfg.	488
Gas Meter Mfg.	488
Heart Scan Systems Mfg.....	488
Magnetic Resonance Imaging (MRI) Mfg.	488
Medical Equipment Mfg., Electronic - Diagnostic Or Treatment	488
Pyrometer Mfg.	488
Respirator Equipment Mfg.	488
Semiconductor Test Equipment Mfg.....	488
Speedometer Mfg.	488
Steam Pressure Gauge Mfg.	488
Tachometer Mfg.	488
Taximeter Mfg.	488
Thermocouple Mfg.	488
Thermometer Mfg.	488
Thermostat Mfg.	488
Ultrasound Imager Mfg.	488
Valve Actuator Mfg.	488
Vital Signs Monitoring Equipment Mfg.	488
Volt Meter Mfg.	488
Wafer (Semiconductor) Dicing Machine Mfg.	488
Wafer Cleaning Equipment	488
Water Meter Mfg.	488
Wet Wafer Processing Equipment	488
Artificial Teeth Mfg.	489
Dental Laboratory	489
Hearing Aid Ear Mold Mfg.	489
Employment Contractor - Temporary Rolling, Drawing Or Extruding Nonferrous Metals Staff	491
Rolling, Drawing Or Extruding Nonferrous Metals - Temporary Staff	491

Temporary Rolling, Drawing Or Extruding Nonferrous Metals Staff.....	491
Automobile, Truck Or Trailer Body Mfg. - Temporary Staff	495
Employment Contractor - Temporary Automobile, Truck Or Trailer Body Mfg. Staff.....	495
Temporary Automobile, Truck Or Trailer Body Mfg. Staff	495
Electronic Component Mfg. - Temporary Staff.....	497
Employment Contractor - Temporary Electronic Component Mfg. Staff	497
Temporary Electronic Component Mfg. Staff	497
Battery Mfg. - Temporary Staff	499
Employment Contractor - Temporary Battery Mfg. Staff	499
Temporary Battery Mfg. Staff.....	499
Calcium Carbide Mfg.	501
Cement Mfg., Including Quarrying	501
Cement Quarry Operated By Manufacturer.....	501
Plaster Mill	501
Quarry, Cement - Operated By Manufacturer	501
Acrylic Embedments Mfg.....	502
Map Mfg. Relief, Made Of Plaster	502
Plaster Form Mfg.	502
Plaster Statuary Mfg.	502
Powder Metal Products Mfg.	506
Carbon Products Mfg.	507
Graphite Products Mfg.	507
Asbestos Cement Products Mfg.	509
Asbestos Goods Mfg.	509
Asbestos Paper Mfg.	509
Asbestos Spinning Or Weaving.....	509
Blanket Mfg., Insulating For Aircraft - Asbestos.....	509
Brake Lining Mfg. - Asbestos.....	509
Cloth Mfg. - Asbestos	509
Fire Resistant Glove Mfg.	509
Glove Mfg. - Fire Resistant	509
Paper Mfg. - Asbestos	509
Tape Mfg. - Asbestos	509
Textile Mfg. - Asbestos.....	509
Vinyl Asbestos Floor Tile Mfg.	509
Bathtub Mfg. - Concrete.....	511
Cast Stone Mfg. - Concrete	511
Cement Block Mfg.	511
Cinder Block Mfg.	511
Concrete Block Mfg.	511

Concrete Burial Vault Mfg.	511
Concrete Products Mfg.	511
Drain Tile Mfg. - Concrete	511
Pipe Mfg. - Concrete	511
Plaster Block Mfg.....	511
Septic Tank Mfg. - Concrete	511
Silo Building - Concrete, Shop Only	511
Step Mfg. - Prefabricated Concrete	511
Brick Mfg.	512
Pipe Mfg. - Terra-Cotta.....	512
Refractory Products Mfg.	512
Structural Clay Products Mfg.	512
Terra-Cotta Mfg.	512
Tile Mfg., Roofing, Structural Or Terra-Cotta	512
Abrasive Shape Mfg.	513
Abrasive Wheel Mfg.	513
Ceramic Mfg.	513
China Decorating - By A China Manufacturer	513
China Tableware Mfg.	513
Earthenware Mfg.	513
Foundry Sand Cores Mfg. - By Contractor	513
Grinding Wheel Mfg.	513
Grindstone Mfg., No Quarrying	513
Mineral Wool Mfg. - Including Spinning And Weaving	513
Porcelain Electrical Product Mfg.....	513
Porcelain Mfg.	513
Pottery Mfg., Glazed	513
Pottery Mfg., N.O.C. - No Brick, Tile, Sewer Pipe Or Gas Retorts	513
Rock Wool Mfg. - Including Spinning And Weaving	513
Tile Mfg., Decorative	513
Vitreous China Plumbing Fixture Mfg.	513
Vitreous China Table And Kitchen Articles Mfg.	513
Vitreous Tile Mfg.....	513
Cut Glass Mfg.	535
Fibrous Glass Mfg.....	535
Flat Glass Mfg.	535
Glass Container Mfg.	535
Glass Mfg., Stained	535
Glassware Mfg.	535
Plate Glass Mfg.	535

Polished Plate Glass Mfg.	535
Pressed Or Blown Glass Mfg.	535
Rolled Glass Mfg.	535
Sheet Glass Or Sheet Window Glass Mfg.....	535
Sodium Silicate Mfg.	535
Stained Glass Mfg.....	535
Window (Sheet) Glass Mfg.	535
Wire Glass Mfg.	535
Glass Merchant - Bending, Beveling, Grinding Or Silvering Plate Glass By Separate Shop Crew	536
Glass Ornament Mfg. - From Purchased Glass	536
Laboratory Glassware Mfg. - From Purchased Glass.....	536
Laminated Glass Products Mfg. - From Purchased Glass	536
Mirror Mfg. - From Purchased Glass	536
Stained Glass Products Including Window Mfg. - From Purchased Stained Glass	536
Tiffany Lamp Shade Mfg. - From Purchased Stained Glass	536
Employment Contractor - Temporary Staff - Manufacturing Or Light Industrial Operations	544
Light Industrial Or Manufacturing Business Operations - Temporary Staff	544
Manufacturing Or Light Industrial Operations - Temporary Staff	544
Temporary Staff - Manufacturing Or Light Industrial Operations	544
Acid Mfg.	551
Agricultural Chemical Mfg.	551
Agricultural Pesticide Mfg.	551
Alkali Mfg.	551
Alum Mfg.	551
Aniline Dye Mfg.	551
Bicarbonate Of Soda Mfg.	551
Charcoal Mfg.....	551
Chemical Processing Or Products Mfg., N.O.C.	551
Copper Recovery, Not Smelting	551
Cotton Seed Oil Mfg.	551
Creosote Mfg. - From Tar	551
Distillation, Wood.....	551
Dye Mfg.....	551
Fungicide Mfg.	551
Herbicide Mfg.	551
Insecticide Mfg.	551
Iron Recovery By Chemical Means	551
Magnesium Metal Mfg. - Electrolysis Of Fused Magnesium Chloride Process	551
Magnesium Metal Mfg. - Ferro-Silicon Process	551
Magnesium Metal Mfg., N.O.C.....	551

Oil Mfg., Vegetable	551
Pest Strip Mfg.	551
Pesticide Mfg.	551
Pyroxylin Mfg., Not For Use In Explosive Mfg.	551
Salt Refining.....	551
Silica Gel Mfg.	551
Soda Bicarbonate Mfg.	551
Sulfate Mfg.	551
Tanning Extract Mfg.	551
Tar Refining	551
Vegetable Oil Mill.....	551
Vitriol Mfg.	551
Wood Alcohol Mfg. - Natural	551
Wood Distillation	551
Zinc, Recovery Of - By Chemical Means	551
Acetylene Gas Mfg.....	553
Ammonia Mfg.	553
Anhydrous Ammonia Mfg.	553
Carbon Dioxide Mfg.	553
Carbonic Acid Gas Mfg.	553
Gas Mfg.....	553
Hydrogen Mfg.....	553
Ice Mfg., Dry Ice	553
Industrial Gas Mfg.	553
Oxygen Or Hydrogen Mfg.....	553
Biological Product Mfg.....	555
Cough Drop Mfg.	555
Drug Mfg.	555
Medicine Mfg.....	555
Pharmaceutical Preparation Mfg.	555
Serum Mfg.	555
Adhesives Mfg.	563
Color Mfg., No Red Or White Lead Mfg.	563
Dope (Plastic Model Paint) Mfg.	563
Dry Toner Mfg.	563
Enamel Paint Mfg.	563
Ink Mfg., Printing.....	563
Inorganic Pigment Mfg.	563
Lacquer Mfg.	563
Metal Polish Mfg.	563

Mineral Color Mfg.....	563
Mucilage Mfg.....	563
Paint Brush Cleaner Mfg.	563
Paint Mfg., No Red Or White Lead Mfg.	563
Paint Remover Mfg.....	563
Paint, Varnish, Lacquer Or Enamel Mfg.....	563
Pigment Color Mfg.....	563
Polish Or Leather Dressing Mfg.	563
Primer, Paint, Mfg.	563
Printing Ink Mfg.	563
Putty, Caulking Compound, And Allied Product Mfg.	563
Roofing Compound Mfg., No Refining	563
Shellac Mfg.	563
Shoe Polish Mfg.	563
Stains - Varnish, Oil And Wax, Mfg.	563
Toner (Dry) Mfg.	563
Varnish Mfg.	563
Water Paint Mfg.	563
Whiting Mfg.	563
Wood Filler And Sealer Mfg.	563
Wood Stain Mfg.	563
Beeswax Mfg.	571
Candle Mfg.	571
Cleaning, Polishing Or Sanitation Preparations Mfg.	571
Cosmetic, Perfume Or Other Toilet Preparations Mfg.	571
Crayon Mfg.	571
Degreasing Solvent Mfg.....	571
Detergent Mfg.	571
Disinfectant (Household And Industrial) Mfg.	571
Dry Cleaning Preparation Mfg.	571
Furniture Polish And Wax Mfg.	571
Household Bleach, Dry Or Liquid Mfg.	571
Perfume, Cosmetic Or Other Toilet Preparations Mfg.	571
Perfumery Extract Mfg.	571
Polishing, Cleaning Or Sanitation Preparations Mfg.	571
Saddle Soap Mfg.	571
Scouring Compound Mfg.	571
Sealing Wax Mfg.	571
Shampoo Mfg.	571
Soap Or Other Detergent Mfg.....	571

Washing Compound Mfg.	571
Wax Or Wax Products Mfg.	571
Wax Remover Mfg.	571
Fertilizer Blending Or Mixing	573
Fertilizer Mfg.	573
Plant Food Mfg. - Mixed.....	573
Aromatic Chemical Mfg. In Petroleum Refinery	581
Benzene Mfg. In Petroleum Refinery	581
Blending Lubricants	581
Catalyst Mfg., Oil-Based	581
Gasoline Blending Plant.....	581
Grease Mixing Or Blending, Not Animal Or Vegetable	581
Kerosene Mfg.....	581
Lubricant, Blending	581
Lubricating Oil And Grease Mfg., Excluding Animal And Vegetable Products	581
Naphtha Mfg. In Petroleum Refinery	581
Nylon Mfg.	581
Oil Blending - Not Animal Or Vegetable.....	581
Oil Refining, Petroleum.....	581
Oil Re-Refining, Used Motor Oil	581
Petroleum Refining.....	581
Plastic Material, Synthetic Resin, Or Nonvulcanizable Elastomer Mfg.....	581
Rayon Mfg.	581
Sulfonated Oil And Assistant Mfg.....	581
Synthetic Rubber Intermediates Mfg.	581
Synthetic Rubber Mfg.	581
Employment Contractor - Temporary Paint Or Colors Mfg. Staff	587
Paint Or Colors Mfg. - Temporary Staff.....	587
Temporary Paint Or Colors Mfg. Staff	587
Airport Construction, Paving - Landing Strip Or Warming Apron	601
Airport Runway Construction - Paving Or Repaving.....	601
Asphalt Laying, On Constructed Highway By Contractor	601
Asphalt Laying, On Constructed Highway By Supplier	601
Asphalt Road Spraying	601
Concrete Drilling Or Sawing - On Highways Or Roads	601
Curbstone - Concrete Prefabricated - Installed By Road Contractor	601
Fence Erection, Highway Barriers By Paving Contractor.....	601
Flagmen - Provided By Specialist Contractor.....	601
Guardrail Or Metal Fence Erection - By Road Contractor	601
Highway Maintenance, Scraping, Paving Or Repaving By Contractor.....	601

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - NUMERIC****Page B45**

Painting Lines On Highways Or Roads	601
Paving Or Repaving, Road And Street	601
Repaving - Street Or Road	601
Road Construction - Paving Or Repaving.....	601
Snow Plowing Or Removal By Contractor - Road Or Off-Road	601
Street Or Road Construction Or Maintenance - Scraping, Paving Or Repaving.....	601
Surfacing Or Resurfacing Of Road Or Street	601
Warming Apron Paving, Airport	601
Airport Runway Or Warming Apron Construction - Sub-surface Work.....	602
Culvert Construction, Not Exceeding 10 Feet Span.....	602
Excavation - Street Or Road - Including Rock Excavation	602
Rock Excavation, Not Quarry, By Road Contractor	602
Street Or Road Rock Excavation	602
Sub-Surface Work - Road Or Street Construction	602
Sewer Construction, All Work To Completion Except Tunneling, See Class 615	603
Storm Drain Construction	603
Railroad Construction, By Contractor	605
Railroad Maintenance Of Way, By Contractor	605
Boring Or Test Boring For Soil Samples.....	607
Drilling, By Contractor.....	607
Elevator Shaft Drilling.....	607
Fracturing (Fracing) Of Gas Wells - By Contractor	607
Gas Well Drilling	607
Gas Well Service Contractor	607
Geophysical Exploration - Seismic Method	607
Geophysical Exploration, N.O.C.	607
Logging Of Oil And/Or Gas Wells	607
Oil Or Gas Geologist	607
Oil Or Gas Well Drilling, By Contractor, N.O.C.	607
Oil Well Casing Installation.....	607
Oil Well Cementing, By Contractor.....	607
Oil Well Cleaning	607
Oil Well Service Contractor	607
Oil Well Shooting	607
Water Well Drilling	607
Well Drilling.....	607
Well Driving	607
Airport Construction, Paving Of Automobile Parking Areas	608
Asphalt Laying, Driveway, Floor, Yard, Sidewalk	608
Cement Work, Flat, Not Self-Bearing Or Reinforced	608

Concrete Floor Construction, Not Self-Bearing	608
Concrete Work, Yard	608
Diamond Core Drilling Within Buildings - By Specialist Contractor	608
Driveway Construction - Blacktop Or Cement	608
Flat Cement Work Contractor	608
Mausoleums And Monuments In Cemeteries, Erection Only.....	608
Painting Lines On Parking Lots Or Tennis Courts	608
Paving, Driveway - Blacktop Or Cement	608
Blasting Contractor - Includes Incident Drilling By The Blasting Contractor	609
Building Underpinning	609
Caisson Work, Pneumatic.....	609
Canal Irrigation, Construction	609
Caves, Excavation Of New Areas For Exhibition Purposes	609
Cellar Excavation	609
Concrete Burial Vault Installation	609
Excavation, N.O.C.....	609
Foundation Excavation	609
Gas Or Oil Pipeline Construction - Cross-Country.....	609
Grading	609
Grading Preparatory To Building Erection	609
Grave Digging - By Contractor	609
Humus Digging And Bagging	609
Irrigation System Construction	609
Landfill Operation.....	609
Levee Construction.....	609
Oil Or Gas Pipeline Construction - Cross-Country.....	609
Peat Digging	609
Pipeline Construction, Oil Or Gas - Cross-Country	609
Pipeline Reclamation, Oil Or Gas	609
Rock Excavation, Not Quarry, Not By Road Contractor	609
Septic Tank Installation, By Specialist Contractor	609
Bulkhead Construction - State Coverage Only.....	611
Jetty Construction - State Coverage Only	611
Pile Driving - State Coverage Only	611
Wharf Building, Timber - State Coverage Only	611
Cofferdam Work - Under Pneumatic Pressure	615
Mine Shaft Sinking, By Contractor.....	615
Sewer Construction, Tunneling	615
Shaft Sinking.....	615
Tunneling	615

Gas Main Construction - Local Distribution Systems - All Work To Completion Except Tunneling	617
Gas, Steam Or Water Main Repair - By Contractor - All Work To Completion Except Tunneling	617
Main Construction - Gas, Steam Or Water - Local Distribution Systems - All Work To Completion Except Tunneling	617
Steam Main Construction - All Work To Completion Except Tunneling	617
Water Main Construction, All Work To Completion Except Tunneling	617
Cable Installation In Conduits - By The Conduit Construction Contractor	625
Cable Laying With Automatic Equipment - By Specialist Contractor	625
Conduit Construction - For Cables Or Wires, All Work To Completion	625
Asbestos - Encapsulation Or Removal (Including Pipe Insulation).....	643
Insulation (Asbestos) Encapsulation Or Removal (Including Pipe Insulation)	643
Insulation Work, Pipe (Incl. Asbestos Encapsulation Or Removal).....	643
Pipe Insulation - Asbestos Encapsulation Or Removal	643
Drywall Installation - Including Taping And Seaming	645
Plasterboard Installation	645
Sheet Rock Installation - Within Buildings	645
Taping And Seaming Of Wallboard	645
Wallboard Installation	645
Blackboard Installation - Wood	646
Church Furnishings - Wood (Altars, Pews) Installation.....	646
Display Rack Or Stand Installation - Metal, Plastic Or Wood	646
Exhibit Booth Erection	646
Fixture Installation: Partitions Or Counters	646
Furniture Or Fixture Installation - Portable - In Offices Or Stores	646
Kitchen Equipment Installation - (Commercial)	646
Metal Partition, Shelving, Locker, Office And Store Fixture Installation	646
Partition Installation	646
Shelving And Store Fixture Installation	646
Showcase Erection And Installation, No Mfg.....	646
Soda Fountain Or Counter Installation - Plumbing Or Electrical Wiring To Be Separately Rated	646
Acoustical Insulation Material Installation.....	647
Insulation Work, N.O.C.....	647
Insulation Work, Residential.....	647
Rock Wool Installation	647
Sound Insulation Installation	647
Weather Stripping Installation	647
Weatherization Program	647
Window Caulking - As A Part Of A Weatherization Program	647
Cabinet Installation, Commercial Or Residential	648
Carpentry - Installation Of Cabinet Work, Finished Wooden Flooring Or Interior Trim.....	648
Door Or Door Frame Erection - Wood	648

Finished Hardwood Floor Installation	648
Floor Installation - Portable - Wood	648
Floor Laying, Finished Hardwood	648
Floor Sanding Or Scraping - Wood	648
Hardwood Floor Laying	648
Interior Trim Installation - Wood.....	648
Kitchen Cabinet Installation - Wood	648
Locks, Installation In New Buildings	648
Parquet Floor Laying	648
Paving, Wood Block, Interior.....	648
Stair Building (Wooden) Erection	648
Acoustical Ceiling Installation - Suspended Grid Type.....	649
Ceiling Installation - Acoustical - Suspended Grid Type	649
Aluminum Awning Erection	651
Aluminum Siding Installation.....	651
Aluminum Storm Sash Installation	651
Boarding Up Of Abandoned Buildings (Including Those Designed For Dwelling Occupancy)	651
Bridge Building - Wood	651
Carpentry, N.O.C. Excluding Concrete Form Building	651
Cooling Tower Erection, Prefabricated - Wood	651
Fence Erection - Wood	651
General Construction - Commercial.....	651
Grandstand Or Bleacher, Erection By Contractor - Portable - Wood	651
Greenhouse Erection	651
Interior Stripping/Gutting Of Buildings	651
Jalousie Or Jalousie Screen - Metal Or Glass, Erection Of	651
Lead Paint Removal (From Any Non-Pipe Surface) - By Contractor	651
Metal Storm Sash Installation	651
Prefabricated Wooden Building And Structural Member Erection	651
Siding Installation (Aluminum, Vinyl Or Wood) - Commercial Structures	651
Silo Erection - Wood	651
Storm Window Or Storm Door, Installation - Wood Or Metal	651
Tank Erection - Wooden	651
Vinyl Fence Installation	651
Window Screen Or Screen Door Installation - Metal Or Wood	651
Aluminum Awning Erection - Residential.....	652
Aluminum Siding Installation - Residential	652
Aluminum Storm Sash Installation - Residential	652
Carpentry - Detached One Or Two Family Dwellings.....	652
Carpentry - Remodeling Of One Or Two Family Dwellings.....	652

Carpentry - Residential For Multiple Dwelling Occupancy - Three Stories Or Less	652
Home Improvements And/Or Remodeling	652
Jalousie Or Jalousie Screen - Metal Or Glass, Erection Of - Residential	652
Metal Storm Sash Installation - Residential.....	652
Modular Home Erection, Remodeling Or Repair.....	652
Siding Installation (Aluminum, Vinyl Or Wood) - Residential	652
Storm Window Or Storm Door Installation - Wood Or Metal - Residential	652
Window Screen Or Screen Door Installation - Metal Or Wood - Residential	652
Boiler Brick Work, Installation Or Repair	653
Brick Pointing	653
Bricking Up Abandoned Buildings	653
Bricklaying	653
Building Caulking, Exterior	653
Building Cleaning, Exterior Walls.....	653
Cement Block Erection	653
Chimney Construction - Masonry	653
Cleaning Outside Surface Of Masonry Buildings, Siding Or Decks	653
Fireplace Installation	653
Fireproof Tile Setting	653
Glass Block Installation - Structural Use	653
Marble Setting, Exterior Only	653
Masonry, N.O.C.	653
Pavers (Decorative Brick Or Stone) Installation	653
Plaster Block Erection	653
Retaining Wall Construction (Excluding Concrete).....	653
Sandblasting The Outside Of Buildings	653
Silo Erection - Masonry Or Tile	653
Stone Setting - Structural	653
Stonework Erection By Contractor	653
Structural Glass Block Installation, Interior	653
Stucco Wall Coating	653
Tuck Pointing.....	653
Waterproofing Of Buildings	653
Window Caulking	653
Cement Finishing	654
Concrete Construction	654
Concrete Floor Construction, Self-Bearing	654
Concrete Form Erection	654
Concrete Parking Garage Construction	654
Concrete Reinforcing Rod Setting	654

Concrete Work, Dams	654
Concrete Work, Floors, Etc., Above Ground Level	654
False Work Erection For Concrete Construction	654
Grouting - Including Drilling - Placing Of Cement, Plastic Compounds Or Concrete, Or Pumping Of Fly Ash.....	654
Guniting.....	654
Parking Garage Construction - Concrete.....	654
Reinforcing Rod Setting - Including By Specialist Contractor	654
Retaining Wall Construction - Concrete.....	654
Silo Erection - Concrete	654
Bridge Building - Metal.....	655
Bridge Painting	655
Chimney Cleaning - Industrial Smokestacks	655
Concrete, Pre-Stressed, Erection By Contractor	655
Corrosion Proofing Of Chemical Tanks	655
Fire Escape Installation By Contractor - Outside.....	655
Gas Holder Erection	655
Iron Erection.....	655
Iron Or Steel Erection, Structural	655
Metal Furring, By Contractor.....	655
Oil Field Tank Painting.....	655
Oil Rig Or Derrick Erecting And Dismantling.....	655
Oil Still Erection.....	655
Painting Of: Bridges, Oil Field Tanks, Steel Structures Or Tanks	655
Smokestack Or Chimney Lining - Industrial	655
Steel Erection, N.O.C.	655
Steel Frame Structure Erection	655
Steel Structures Painting	655
Steel Tank Erector.....	655
Steel Tower Erection For Cross-Country Electric, Telephone Or Telegraph Lines	655
Swimming Pool Installation - Iron Or Steel	655
Tank Erection - Steel	655
Tank Painting.....	655
Water Tank Painting	655
Welding - Structural Steel	655
Windmill Erection - Metal	655
Electric Line Construction, By Contractor	656
Floodlight Erection - Permanent	656
Installation Of Telephone, Telegraph Or Electric Pole Hardware	656
Installation Of Telephone, Telegraph Or Electric Transformers	656
Power Line Construction.....	656

Setting Of Telephone Or Telegraph Poles	656
Stringing Of Electric, Telephone Or Telegraph Lines	656
Telephone Or Telegraph Line Construction By Contractor	656
Bell Installation - Tower Bells	657
Mobile Crane & Hoisting Operations, By Rigging Contractor	657
Rigging - Non Ship.....	657
Safe Moving	657
Architectural Bronze, Iron, And Brass Metal Work, Erection Only.....	658
Balcony Erection	658
Banister, Railing, Or Guard Erection - Metal	658
Brass Door, Grill And Railing Erection.....	658
Bronze Door, Grill And Railing Erection	658
Door Installation - Metal Or Metal-Covered, In Garages, Not Overhead Doors	658
Fence Erection - Metal	658
Fire Door Installation	658
Fire Escape Installation, Inside	658
Fireproof Shutter Erection	658
Flagpole - Erection	658
Guardrail Or Metal Fence Erection - By Specialist Contractor	658
Iron Erection, Ornamental Or Non-Structural Only.....	658
Ornamental Brass Erection	658
Ornamental Bronze Erection	658
Ornamental Iron Door Erection	658
Ornamental Iron Grill Erection	658
Ornamental Iron Railing Erection	658
Prison Cell Erection - Steel.....	658
Chimney Flashing Installer	659
Repair Of Roofs By Contractor	659
Roof Repairing By Contractor.....	659
Roof Spraying, Painting Or Coating By Contractor.....	659
Roofing Installation - All Kinds	659
Sheet Metal Roofing	659
Alarm Or Sound System Installation	660
Audio And Intercommunication System Installation - Within Buildings	660
Burglar Alarm System Installation, By Contractor.....	660
Closed Circuit Television Systems - Installation Or Repair.....	660
Fire Alarm System Installation	660
Intercommunication System Installation, Within Buildings	660
Invisible Fence Installation.....	660
Public Address Systems Installation - Including Loudspeakers	660

Sound System Installation	660
Telephone And Telegraph Apparatus Installation, By Contractor	660
Telephone Wiring Installation Within Buildings - By Specialist Contractor.....	660
Cable Installation Or Replacement In Existing Conduit - By Specialist Contractor	661
Electric Fixture Installation - By Contractor	661
Electrical Contractor	661
Electrical Wiring In Buildings - By Contractor	661
Electronic Garage Door Opener Installation - By Contractor.....	661
Floodlight Erection, Temporary - By Contractor	661
High Voltage Maintenance - By Contractor	661
Meters - Electric, Installing, Repairing And Testing, Including Shop - By Contractor	661
Service Connections, Electrical Contractor	661
Traffic Light Installation - By Contractor	661
Air Conditioning Window-Type Units - Service Or Repair	662
Appliances, Major Household Or Commercial, Electrical Or Gas - Service Or Repair	662
Dryers, Household Or Commercial, Electrical Or Gas - Service Or Repair	662
Electrical Or Gas Household Major Or Commercial Appliances - Service Or Repair.....	662
Household Major Or Commercial Appliances, Electrical Or Gas - Service Or Repair	662
Refrigerator, Household - Service Or Repair.....	662
Stoves, Household Or Commercial, Electric Or Gas - Service Or Repair.....	662
Washing Machines, Household Or Commercial, Electrical - Service Or Repair.....	662
Water Cooler - Installation, Service Or Repair	662
Automatic Sprinkler Installation	663
Automatic Stoker, Gas Or Oil Burner Installation.....	663
Beer Drawing Equipment, Cleaning And Installation	663
French Drain Installation	663
Furnace - Hot Water Or Steam - Installation, Service Or Repair	663
Furnace Cleaning - Hot Water Or Steam	663
Gas Pipefitting, Indoor.....	663
Heating Equipment - Installation - Hot Water Or Steam.....	663
Hot Water Tank - Installation, Service Or Repair.....	663
Insulation Work, Pipe (Except For Asbestos).....	663
Lawn Sprinkler Installation	663
Lead Paint Removal (From A Pipe Surface) - By Contractor	663
Milking Equipment Installation	663
Oil Still Pipe Insulation	663
Pipe Covering Installation (Except For Asbestos).....	663
Pipe Laying For House Or Service Connections, By Plumbing Contractor.....	663
Pipefitting - House Connections	663
Plumbing, N.O.C.	663

Pump Installation, Water	663
Sewer Cleaning, House Connections, Using Portable Equipment	663
Soda Dispensers - Installation And Repair	663
Solar Panel Installation	663
Sprinkler Installation	663
Stoker Installation Or Repair	663
Sump Pump Installation	663
Water Meter Installation - By Contractor	663
Water Softener Installation And Service, Domestic	663
Water Well Cleaning	663
Air Conditioning (Central) Systems Installation, Repair Or Service	664
Central Air Conditioning Systems Installation, Service Or Repair	664
Cleaning, Oiling Or Adjusting Of Air Conditioning, Forced Air Heating Or Ventilating Systems	664
Duct Fabrication And Installation - Heating, Ventilating Or Air Conditioning	664
Furnace Cleaning - Hot Forced Air.....	664
Heating Systems - Hot Forced Air, Repair Or Service - Cleaning, Oiling Or Adjusting.....	664
Heating Systems Installation, Except Electric, Hot Water Or Steam	664
Radon Mitigation	664
Refrigeration Or Central Air Conditioning Units Installation Or Service	664
Ventilating System Installation	664
Ventilating Systems Repair Or Service - Cleaning, Oiling Or Adjusting	664
Warm Air Heating System Installation	664
Calcimining, By Contractor	665
Painting, Including Shop	665
Shingle Staining, On Structures, Including Shop Work	665
Whitewashing, By Contractor	665
Glass Door Installation.....	666
Glass Installer, Except Automobile	666
Glazier, Away From Shop.....	666
Glazing	666
Mirror Installation	666
Plate Glass Installation	666
Wire Glass Installation.....	666
Paperhanging	667
Solar Control Film Installation In Window	667
Wallpaper Hanging	667
Ceramic Tile Installation	668
Floor Installation - Ceramic Tile.....	668
Interior Marble Installation.....	668
Interior Tile Mosaic Work	668

Marble Setting, Interior Only	668
Mosaic Tile Installation	668
Stone Setting - Non-Structural	668
Terrazzo Floor Laying	668
Tile Floor Laying - Ceramic Or Mosaic	668
Tile Wainscoting Installation	668
Lathing	669
Plastering, N.O.C.....	669
Carpet Installation	670
Curtain Or Drapery Installation From Floor Or Ladder	670
Drapery Or Curtain Installation From Floor Or Ladder	670
Flag And Bunting Erection From Floor Or Ladder	670
Floor Coverings - Installation Of Linoleum, Asphalt Or Rubber Tiling - Not Ceramic Tile Installation	670
Floor Installation - Not Concrete, Ceramic Or Wood	670
Floor Laying - Linoleum, Asphalt, Rubber Or Composition Tiling, Not Ceramic	670
Furnishing Goods Installation	670
House Furnishings Installation	670
Linoleum Laying	670
Rubber Tile Installation	670
Slipcover Installation	670
Tile Floor Laying, Not Ceramic Or Mosaic	670
Upholstering - Away From Shop	670
Venetian Blind Installation, No Mfg.	670
Vinyl Tile Installation.....	670
Window Shade Installation	670
Advertising Sign Mfg., Erection Or Repair, Not Outdoor Advertising Company	673
Electrical Advertising Sign Mfg., Installation Or Repair	673
Neon Sign Mfg., Installation Or Repair.....	673
Scoreboard Mfg., Installation Or Repair - Electric	673
Sign Erection, Removal Or Repair, Not Outdoor Advertising Company	673
Swimming Pool Installation - All Types Except Iron Or Steel - All Work To Completion	674
Swimming Pool Liner Installation - Vinyl, By Swimming Pool Installation Contractor	674
Acetylene Gas Machine Installation	675
Conveyor Or Conveyor Belt Installation, By Contractor.....	675
Conveyor Oven Installation, Service Or Repair	675
Crane Or Derrick Installation	675
Crane Repair, Permanently Located, By Specialist Contractor	675
Dismantling, Installation Or Service Or Repair Of Machinery Or Industrial Equipment, By Contractor.....	675
Door Installation, Overhead - Wood Or Metal.....	675
Electrical Apparatus, Machinery Or Motor Installation Or Field Repair	675

Elevator Erection Or Repair	675
Escalator Installation, By Contractor	675
Gasoline Station Equipment Installation (Including Excavation) Or Repair	675
Hoist Installation.....	675
Industrial Crane Installation	675
Installation Of Hod Hoists, Etc.	675
Installation Or Dismantling Of Machinery And Industrial Equipment, By Contractor	675
Laundry Equipment Installation, Service Or Repair - Industrial	675
Machine Belting Installation Or Repair.....	675
Machinery Erection, Not By Manufacturer	675
Machinery Or Industrial Equipment Installation, Service Or Repair Or Dismantling, By Contractor	675
Millwrighting.....	675
Monorail System Installation (Except For Public Transportation).....	675
Oven (Conveyor) Installation, Service Or Repair	675
Overhead Door Installation	675
Pipefitting, Installation Of Apparatus Or Machinery Outside Of Buildings	675
Pump Installation, Service Stations	675
Pump, Air And Gas Compressor, And Pumping Equipment - Installation	675
Safe Installation	675
Scaffold Sale, Rental Or Erection, By Specialist Contractor	675
Scale Installation Or Adjustment, Platform Or Beam Type	675
Tank Installation, Gas Stations	675
Textile Machinery Installation	675
Curtain Wall Erection	676
Downspout Installation	676
Gutter Installation - Metal	676
Metal Ceiling Installation	676
Steel Curtain Wall Erection	676
Boiler Installation Or Repair	677
Construction Of Boiler Foundations	677
Grate Installation In Boilers, By Specialist Contractor	677
Pipe Connection, For Boilers.....	677
Steel Work In Connection With Boilers	677
Advertising Company - Outdoor	679
Bill Posting (Including By Specialist Contractor)	679
Billboard - Erection, Maintenance And/Or Changing Of Advertising By Outdoor Advertising Co. Or Specialist Contractor ..	679
Sign Painting Or Lettering In Or Upon Buildings Or Structures	679
Awning Erection Or Installation (Cloth)	681
Canvas Products Erection	681
Curtain Or Drapery Installation From Scaffolding.....	681

Drapery Or Curtain Installation From Scaffolding.....	681
Flag Or Bunting Erection From Scaffolding	681
Tent Installation	681
Construction Or Erection Operations - Temporary Staff.....	682
Employment Contractor - Temporary Staffing - Construction Or Erection Operations	682
Temporary Staff - Construction Or Erection Operations.....	682
Employment Contractor - Temporary Excavation Staff	691
Excavation - Temporary Staff.....	691
Temporary Excavation Staff	691
Carpentry, N.O.C. - Temporary Staff	693
Employment Contractor - Temporary Carpentry, N.O.C. Staff	693
Temporary Carpentry, N.O.C. Staff.....	693
Electrical Wiring (Within Buildings) - Temporary Staff	695
Employment Contractor - Temporary Electrical Wiring (Within Buildings) Staff	695
Temporary Electrical Wiring (Within Buildings) Staff	695
Public Weighers And Samplers Of Steamship Agency - State Coverage Only	709
Tallymen - State Coverage Only	709
Boat Rental - State Coverage Only.....	716
Boat Storage Or Moorage - State Coverage Only	716
Marina - State Coverage Only.....	716
Yacht Basin - State Coverage Only.....	716
Barge Repair - State Coverage Only	718
Boat Building - State Coverage Only	718
Boat Dismantling - State Coverage Only.....	718
Boat Repairing - State Coverage Only	718
Tugboat Repair - State Coverage Only	718
Railroad, N.O.C. - Including Shop.....	721
Aircraft Mfg.....	744
Gas Utility	751
Manufactured Gas Utility	751
Mixed Gas Utility	751
Natural Gas Utility	751
Gas Or Oil Pipeline Operation	752
Oil Or Gas Pipeline Operation	752
Irrigation Plant, Selling And Pipe-Distributing Water.....	753
Liquid Waste Treatment Plant.....	753
Sewage Disposal Plant, Private	753
Steam Heating Company	753
Waste Treatment Plant - Liquid	753
Water Supply System, Private.....	753

Waterworks	753
Cooperative Electric Utility.....	755
Electric Utility Operation	755
Private Electric Utility	755
R.E.A. Cooperative.....	755
Telecommunications Company	757
Telegraph Operation	757
Telephone Company	757
Cable T.V. - Installation - Hooking Up Of Customers To Systems	759
Cable T.V. - Installation Of New System, Except Towers	759
Cable T.V. - Service And/Or Repair Work For The System And Individual Customer.....	759
Television, Cable - Installation Of New Systems, Except Towers	759
Explosives Or Ammunition Mfg., N.O.C. - Nonrateable Catastrophe Element	0771
Auctioneer, Livestock	801
Boarding Stable	801
Breeding Farm - Horse	801
Carriage Tours Or Taxis (Horse Driven).....	801
Cattle Auctioneer	801
Cattle Dealer.....	801
Farrier (Horse Shoeing By Specialist Contractor).....	801
Horse Breeding Farm Or Boarding/Training Stable	801
Horse Driven Carriage Tours Or Taxis	801
Horse Shoeing By Specialist Contractor.....	801
Jockey - Employed By A Horse Breeding Farm Or Boarding/Training Stable	801
Livestock Commission Merchant	801
Livestock Dealer	801
Racing Stable.....	801
Riding Academy	801
Sales Stable	801
Stable	801
Stockyard	801
Taxicab Company	803
Automobile Bus Operation, School Bus	804
Bus Operation, School	804
School Bus Operation, By Contractor	804
Milk Hauling - By Contractor.....	805
Furniture Moving And/Or Storage	806
Merchandise Warehouse - Furniture - Including Moving	806
Mover - Household Or Office Furniture - With Or Without Storage Facility	806
Piano Mover	806

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - NUMERIC****Page B58**

Warehouse - Public, Furniture	806
Ambulance Service - Non-Volunteer.....	807
Armored Motor Truck Delivery.....	808
Bank And Trust Co., Armored Car Crews Of Contractor	808
Bicycle Messenger Service	808
Courier Service Company.....	808
Delivery Service - On Foot, By Bicycle Or Motor Vehicle	808
Messenger Service - On Foot, By Bicycle Or Motor Vehicle	808
Parcel Delivery Company - See Section 2 Class Footnote	808
Anhydrous Ammonia Dealer	809
Bottled Gas Dealer.....	809
Butane Gas Dealer	809
Coal Merchant.....	809
Collection Of Used Motor Oil - By Specialist Contractor	809
Fuel Oil Distributor	809
Fuel Service - Aircraft, By Contractor.....	809
Fuel Yard	809
Gas Distribution, Bottled Or Bulk.....	809
Gasoline Dealer, Wholesale	809
Kerosene Distribution	809
Liquefied Petroleum Gas Dealer And Distributor	809
Motor Oil (Used) - Collection By Specialist Contractor	809
Naphtha Distribution	809
Oil Distributing, Retail And Wholesale.....	809
Petroleum Broker	809
Petroleum Bulk Stations And Terminals - Including Blending And Mixing	809
Propane Gas Dealer.....	809
Used Motor Oil Collection - By Specialist Contractor	809
Automobile Driveaway Or Truckaway Service	811
Automobile Hauler	811
Crane Rental - With Operators By Specialist Contractor	811
Explosives Hauling By Contractor Or Delivery By Manufacturer	811
Hauling Contractor, N.O.C.	811
Mobile Crane Leasing Or Rental - With Operators By Specialist Contractor	811
Trucking Explosives - By Hauling Contractor Or Delivery By Manufacturer	811
Trucking, N.O.C.	811
Mail Delivery - Under Contract To United States Postal Service	812
Cold Storage	813
Merchandise Warehouse - Cold Or General Merchandise	813
Storage - Cold Or General Merchandise	813

Storage Warehouse, Public	813
Warehouse - Storage, Public	813
Warehousing - Other Than Furniture Moving And/Or Storage	813
Construction Equipment - Rental, Sales Or Service (In Shop Or At Customer's Location)	814
Contractors Equipment - Rental, Sales Or Service (In Shop Or At Customer's Location)	814
Crane Repair, Mobile, By Specialist Contractor	814
Equipment Dealer - Mobile, Self-Propelled - Factory, Farm Or Construction.....	814
Farm Machinery Dealer	814
Forklift Service And/Or Repair - By Specialist Contractor (Shop Or At Customer's Location)	814
Forklift Truck Dealer - Rental, Sales Or Service (In Shop Or At Customer's Location)	814
Golf Cart - Rental, Sale And/Or Maintenance - By Specialist Contractor	814
Mobile Crane Repair, By Specialist Contractor	814
Mobile Equipment Dealer - Factory, Farm Or Construction	814
Tractor Dealer, Including Servicing And Repair	814
Air Conditioning Systems, Automobile Or Truck Installation, Service Or Repair	815
Automobile Body Repairing	815
Automobile Paint Shop	815
Automobile Radiator Repair Shop	815
Automobile Repair Shop	815
Automobile Towing Company	815
Carriage Repairing.....	815
Customizing Vans	815
Fender Repairing, Automobile.....	815
Frame Straightening On Automobiles	815
Garage	815
Glass Installer, Automobile	815
Maintenance Of Buses, By Public Garage.....	815
Rubber Tire Dealer, Retail	815
Taximeter Installation Or Repair	815
Tire Dealer, Retail	815
Truck Washing Service, Mobile	815
Van Conversion Or Customizing	815
Wagon Repairing	815
Automobile Laundry.....	816
Car Wash.....	816
Gasoline Station, Retail - Exclusively Gasoline Sales.....	816
Automobile Bus Operation, Scheduled, Public.....	817
Automobile Rental Company With Drivers (Limousine Service).....	817
Bus Operation, Scheduled Lines	817
Charter Bus Service	817

DELAWARE WORKERS COMPENSATION MANUAL
SECTION 5
EFFECTIVE DATE: JUNE 1, 2004

UNDERWRITING GUIDE - NUMERIC

Page B60

Funeral Escort Service (Motorcycle)	817
Handicapped - Transportation Services For	817
Limousine Services.....	817
Maintenance Of Buses, By Bus-Operating Company	817
Motorcycle Funeral Escort Service.....	817
Paratransit Service	817
Railroad Operation - Street, Including Shop.....	817
Street Railroad Operation	817
Trackless Trolley Operation	817
Transportation Services For The Elderly	817
Transportation Services For The Handicapped.....	817
Automobile Auction (Including Snack Bar, Automobile Auctioneers To Be Assigned To Code 819)	818
Automobile Dealer - New And/Or Used Cars	818
Automobile Rental - No Drivers	818
Boat Dealer, With Services, Inland	818
Mobile Home - Setup Or Warranty Service - By Specialist Contractor	818
Mobile Home Dealer.....	818
Motorcycle Dealer	818
Recreational Vehicle Dealer	818
Truck Dealer - New And/Or Used Trucks	818
Truck Rental - Without Drivers	818
Auctioneer, Automobile	819
Automobile Driver School	819
Automobile Salesperson	819
Beer And Ale Dealer, In Keg Or Case Lots Wholesale	821
Beverage Distributing, Carbonated, Including Beer - Wholesale	821
Soft Drink Distributing - Wholesale	821
Airport Parking Facility (Including Valet Service To And From Airport) Operation By Contractor	825
Automobile Storage Garage	825
Parking Areas.....	825
Asphalt Mixing Plant - Operated By Dealer	855
Building Material Dealer, New	855
Cemetery Monument Or Memorial, Cutting, Engraving And/Or Polishing	855
Cinder Dealer.....	855
Commercial Lumber Yard	855
Concrete Dealer, Ready-Mixed.....	855
Concrete Mixing	855
Concrete Pumping Services - By Independent Contractor.....	855
Cut Stone Or Stone Products Mfg.	855
Door Or Window Distributor	855

Dry Ice Dealer	855
Freight Car Icing	855
Grain Elevator Operation	855
Hone Or Oilstone Mfg.	855
Humus Dealer - No Excavation.....	855
Ice Dealer - No Mfg.	855
Icing Of Refrigerator Cars	855
Insulation Dealer	855
Lumber Cutting, Incidental Cutting To Size, By Lumber Yards	855
Lumber Dealer, No Lumber Fabricating Or Handling Of Used Lumber.....	855
Manure Dealer.....	855
Marble Cutting Or Polishing	855
Millwork, Hand Assembling Or Glazing, Not Performed By A Millwork Plant	855
Monument Or Memorial (Cemetery) Cutting, Engraving And/Or Polishing	855
Mortar Mfg., No Construction Work.....	855
Paving Mixtures Mfg.	855
Plywood Dealer	855
Ready-Mixed Concrete Dealer	855
Refrigerator Car Icing Or Re-Icing	855
Refrigerator Car, Pre-Cooling	855
Sash, Door Or Finished Millwork Dealer.....	855
Sawdust Dealer	855
Soapstone Or Soapstone Products Mfg.	855
Stone Cutting Or Polishing - Not By A Mine Or Quarry Operator	855
Topsoil Or Humus Dealer - No Excavation	855
Vanities Assembly - Marble	855
Window Or Door Distributor	855
Wood Dealer, Kindling And Firewood	855
Wood Preserving	855
Cable Or Wire Rope Dealer, Including Splicing	857
Coil Stock Or Sheet Stock Dealer	857
Iron Or Steel Merchant, New Materials Only	857
Metal Service Center (Ferrous Or Nonferrous Metals)	857
Reinforcing Rods Or Bars Dealer	857
Sheet Stock Or Coil Stock Distributor	857
Steel Or Iron Merchant, New Materials Only	857
Wire Rope Or Cable Dealer, Including Splicing	857
Iron Or Steel Scrap Dealer	858
Scrap Metal Dealer - Ferrous Metals	858
Steel And Steel Alloy Scrap Dealer (Including Stainless Steel)	858

Aluminum Scrap Metal Dealers (Other Than Beverage Cans)	859
Brass Scrap Dealer.....	859
Copper Scrap Dealer	859
Lead Scrap Dealer	859
Scrap Metal Dealer - Nonferrous Metals.....	859
Building Materials Dealer, Secondhand	860
Junk Dealer	860
Lumber Yard, Secondhand Material	860
Material Yard, Secondhand, When Not On Demolition Sites	860
Secondhand Building Material Dealer	860
Secondhand/Used Material Dealer (Including Scrap Metals)	860
Automobile Dismantler	861
Recovery Of Usable Automobile Parts	861
Beverage Can Recycling	862
Bottle Dealer, Used	862
Broken Glass Dealer	862
Can Recycling - Beverage	862
Cloth Clippings Dealer, Used.....	862
Container Recycling - Beverage - Bottle Or Can	862
Cullet Dealer - Broken Or Refuse Glass.....	862
Laundry, Waste Cloth, Operated By Dealers In Used Materials	862
Paper Dealer, Used.....	862
Plastics Dealer - Scrap.....	862
Rubber Stock Dealer, Used	862
Tire Dealer - Used.....	862
Used Tire Dealer	862
Waste Paper Dealer.....	862
Chicken Catching	865
Chicken Dressing (To Kill And Prepare For Market)	865
Fish Curing/Processing	865
Fish Dealer (Including Cutting Or Filleting) - Wholesale	865
Poultry Dealer (Including Cutting Or Deboning) - Wholesale.....	865
Poultry Or Small Game Dressing (To Kill And Prepare For Market).....	865
Rabbits - Slaughtering, Dressing And Packing For The Trade.....	865
Small Game Dressing And Packing	865
Turkeys - Slaughtering, Dressing And Packing For The Trade.....	865
Employment Contractor - Temporary Warehousing Staff	867
Temporary Warehousing Staff	867
Warehousing - Temporary Staff	867
Department Store - Temporary Staff	877

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - NUMERIC****Page B63**

Employment Contractor - Temporary Department Store Staff	877
Temporary Department Store Staff	877
Contract Packaging - Non-Crating - Temporary Staff	879
Employment Contractor - Temporary Packaging - Contract - Non-Crating - Staff	879
Packaging - Contract - Non-Crating - Temporary Staff	879
Temporary Packaging - Contract - Non-Crating Staff	879
Apartment House Or Condominium Complex Operation.....	880
Condominiums - Including Resident Or On-Site Manager	880
Cooperative Building Operation - For Residential Occupancy.....	880
Porters For Condominiums	880
Employment Contractor - Temporary Hardware Store - Wholesale - Staff.....	881
Hardware Store - Wholesale - Temporary Staff	881
Temporary Hardware Store - Wholesale - Staff	881
Chimney Cleaning - Residential	882
Domestic Service Contractor - Inside	882
House Cleaning By Contractor - Interior	882
Maid Service Contractor - Interior	882
Residential Cleaning Services - By Contractor	882
Employment Contractor - Temporary Retail Store, N.O.C. Staff	883
Retail Store, N.O.C. - Temporary Staff.....	883
Temporary Retail Store, N.O.C. Staff	883
Club, Exercise	884
Club, Health	884
Exercise Club.....	884
Fitness Club	884
Gymnasium	884
Health Club	884
Health Or Exercise Club.....	884
Health Spa	884
Gas, Steam Or Hot Water Apparatus Supplies Dealer - Wholesale	885
Heating, Ventilating Or Air Conditioning Equipment Or Parts Dealer - Wholesale.....	885
Kitchen And/Or Bath Fixture Dealer	885
Pipe Merchant, Including Cutting, New Materials Only - All Types And Sizes	885
Plumbing Supplies Dealer - Wholesale	885
Refrigeration System Parts And/Or Accessories Dealer - Wholesale	885
Electrical Supply Dealer - Wholesale	886
Electronic Components And/Or Accessories Dealer - Wholesale	886
Lighting Fixtures And Supplies Dealer	886
Museum - All Types.....	887
Clerical Office Employees - Temporary Staff.....	889

DELAWARE WORKERS COMPENSATION MANUAL
SECTION 5
EFFECTIVE DATE: JUNE 1, 2004

UNDERWRITING GUIDE - NUMERIC

Page B64

Computer Programmer/Operator - Temporary Staff	889
Data Processing - Temporary Staff.....	889
Draftsman - Temporary Staff	889
Employment Contractor - Temporary Clerical Staff.....	889
Temporary Clerical Staff	889
Library - Public	890
Public Library	890
Child Daycare Center	891
Day Nursery - Children	891
Daycare Center For Children	891
Head Start Program.....	891
Kindergarten, Not Operated In Conjunction With Grade School	891
Pre-School - Early Education Services - By Independent Contractor	891
College Or School - Temporary Staff	895
Employment Contractor - Temporary College Or School Staff	895
Substitute Teachers - Temporary College Or School Staff	895
Temporary College Or School Staff.....	895
Club, Business Or Social	896
Club, N.O.C.	896
Fraternal Organization (e.g., VFW Post, The Elks)	896
Fraternity/Sorority House	896
Sorority/Fraternity House	896
Buffet Or Cafeteria-Style Restaurant	897
Cafeteria Or Buffet-Style Restaurant	897
Coffee Shop	897
Fast-Food Restaurant	897
Luncheonette	897
Pizza Shop - Retail	897
Sandwich Or Other Food Preparation By Vending Machine Operators.....	897
Sandwich Shop.....	897
Cafeteria - Operated By Independent Or Specialist Contractor	898
Caterer - All Types	898
Food And/Or Beverage Concession - By Specialist Contractor.....	898
Industrial Caterer.....	898
Institutional Caterer	898
Meals On Wheels	898
Mobile Catering	898
Social Caterer	898
Soup Kitchen	898
Bar.....	899

Cocktail Lounge	899
Discotheque	899
Nightclub	899
Tavern	899
Labor Union	903
Banana Dealer - Wholesale	907
Fruit Dealer - Wholesale	907
Garlic Dealer - Wholesale	907
Mushroom Dealer - Wholesale	907
Potato Dealer - Wholesale	907
Produce Dealer - Wholesale	907
Tomato Dealer (Fresh) - Wholesale.....	907
Vegetable Dealer - Wholesale.....	907
Vegetable Packing - Not Cannery	907
Inservants - Occasional	0908
Outservant - Occasional - Including Occasional Private Chauffeurs	0909
Meat Dealer - Wholesale - Including Cutting Or Deboning Of Fresh Meat	910
Packing House Distributing Station	910
Sausage Casings Dealer - Natural - Including Cleaning.....	910
Butter And/Or Butter Substitutes Dealer - Wholesale	911
Cheese Dealer - Wholesale	911
Chinese Food Dealer - Packaged Or Frozen - Wholesale	911
Cider Dealer - Wholesale	911
Coffee Dealer (No Grinding Or Roasting) - Wholesale	911
Dairy Products Dealer - Wholesale.....	911
Flour Dealer - Wholesale	911
Frozen Food Dealer - Wholesale	911
Fruit Juice Dealer - Wholesale	911
Grocery - Wholesale	911
Health Food Dealer - Wholesale	911
Herb Dealer - Wholesale.....	911
Ice Cream Dealer - Wholesale.....	911
Milk Or Milk Products Dealer - Wholesale	911
Spice Dealer - Wholesale	911
Tea Dealer - No Blending Or Mixing - Wholesale	911
Tomato Products Dealer - Wholesale	911
Chauffeurs, Private - Not Available For Use With Any Farm Class	0912
Outservant, Including Private Chauffeurs	0912
Inservants, Excluding Office Employees	0913
Department Store	914

DELAWARE WORKERS COMPENSATION MANUAL
SECTION 5
EFFECTIVE DATE: JUNE 1, 2004

UNDERWRITING GUIDE - NUMERIC

Page B66

Butcher Shop - Retail	915
Fish, Meat Or Poultry Store - Retail	915
Meat, Fish Or Poultry Store - Retail	915
Poultry, Fish Or Meat Store - Retail	915
Seafood Market - Retail.....	915
Bridal Shop	916
Children's & Infants' Clothing Store	916
Clothing Store - Retail Or Wholesale	916
Custom Dressmaking.....	916
Custom Tailoring	916
Dry Goods Store - Retail Or Wholesale	916
Fabric Shop	916
Formal Wear Rental Or Sales	916
Furrier Repairing Or Remodeling Fur Garments	916
Hat Store - Cloth, Felt, Fur Or Straw	916
Linens Shop	916
Maternity Apparel Shop	916
Men's Clothing & Furnishings Store	916
Millinery Store	916
Shoe Store - Wholesale Or Retail	916
Tailor Shop - No Dry Cleaning	916
Textile Piece Goods Dealer	916
Towel Or Toilet Supply Dealer - Not Connected With Laundry.....	916
Women's Clothing & Accessories Store	916
Yarn Shop	916
Cheese Shop - Retail	917
Convenience Grocery	917
Delicatessen Store.....	917
Grocery Store - Retail	917
Grocery, Tea, Coffee Dealer - Retail	917
Health Food Store - Retail	917
Produce Store - Retail	917
Spice Store - Retail	917
Supermarket	917
Bagel Shop - Retail	918
Bakery Shop, Baking And Selling On Premises - Retail	918
Cookie Shop - Retail	918
Donut Shop, Baking And Selling On Premises - Retail	918
Pretzel Shop - Heating/Baking On The Premises	918
Retail Bakery - No Baking On Premises	918

Retail Bakery - Selling Purchased Bakery Products	918
Florist Store - Fresh Cut Flowers - Retail Or Wholesale	919
Florist Store Supplies Dealer - Wholesale	919
Flower Dealer Or Store - Fresh Cut Flowers (No Flower Or Plant Raising) - Retail And/Or Wholesale	919
Plantscaper - Interior	919
Store, Florist - Fresh Cut Flowers - Retail Or Wholesale	919
Coin And/Or Postage Stamp Dealer - Retail Or Wholesale	920
Hearing Aid - Sale And Service	920
Jeweler, Findings And Materials Dealer.....	920
Jewelry Store - Wholesale Or Retail	920
Optical Store, Including Lens Grinding And Optometrists	920
Postage Stamp And/Or Coin Dealer - Retail Or Wholesale	920
Stamp (Postage) And/Or Coin Dealer - Retail Or Wholesale	920
Antique Dealer, Furniture	922
Bedding Store.....	922
Carpet Dealer - Wholesale	922
Carpet Store - Retail	922
Electrical Household Appliances, Major - Retail Or Wholesale	922
Floor Coverings Dealer - Retail Or Wholesale - Carpet, Rug, Linoleum.....	922
Furniture Installation, Portable, By Dealer.....	922
Furniture Rental - Chairs, Coat Racks, Dishes, Etc.	922
Furniture Store - Retail Or Wholesale	922
Home Freezer Dealer - Retail Or Wholesale	922
Household Appliances Dealer, Major - Retail Or Wholesale	922
Household Furniture Dealer	922
Household Laundry Equipment Dealer	922
Household Refrigerator Dealer - Retail Or Wholesale	922
Musical Instruments Rental - Pianos And Organs	922
Piano Or Organ Store	922
Pool Table Dealer	922
Refrigerator, Stove Or Washing Machine Store	922
Store, Furniture - Retail Or Wholesale.....	922
Taxidermist	922
Aerosol Can Filling, By Contractor	923
Contract Packaging - Non-Crating	923
Packaging, Contract - Non-Crating.....	923
Alcoholic Beverage Blending Or Bottling, Non-Carbonated	924
Balloon Dealer - Wholesale	924
Bar Or Restaurant Supply Dealer (Other Than Beverages, Groceries Or Meat).....	924
Barber Or Beauty Parlor Supply House - Wholesale.....	924

DELAWARE WORKERS COMPENSATION MANUAL
SECTION 5
EFFECTIVE DATE: JUNE 1, 2004

UNDERWRITING GUIDE - NUMERIC

Page B68

Barrel Dealer - No Mfg.....	924
Book Dealer - Wholesale.....	924
Boot And Shoe, Cut Stock And Findings Dealer	924
Bottle Dealer, New.....	924
Bottled Spring Water Distribution.....	924
Candy Dealer (Including Repackaging) - Wholesale.....	924
Cigarette Dealer - Wholesale.....	924
Cloth Clippings Dealer, New	924
Clothing Dealer, Used - Wholesale.....	924
Computer Dealer - Wholesale	924
Cotton Merchant	924
Dental Equipment Or Supply Dealer.....	924
Drugstore - Wholesale	924
Egg Dealer - Grading, Candling, Packing - Wholesale	924
Feed Dealer - Wholesale.....	924
Fertilizer (Except Humus Or Manure) Dealer	924
Firearms Sale - Wholesale	924
Fish Dealer - Wholesale - No Cutting, Filleting Or Processing Whatsoever	924
Flower Assembling - Artificial Or Dried	924
Flower Dealer - Artificial Or Dried - Wholesale	924
Garden Supplies Dealer	924
Grain Dealer	924
Hatchery - No Poultry Raising	924
Hay Dealer	924
Hide Dealer - Including Salting - Curing	924
Liquor/Wine Dealer.....	924
Meat Dealer - Wholesale - No Processing Whatsoever	924
News Agent Or Magazine Distributor - Wholesale	924
Nuts (Edible) Dealer	924
Office Machine Dealer - Wholesale.....	924
Office Supply Dealer - Wholesale	924
Orthopedic, Prosthetic And Surgical Appliances And Supply Dealer - Wholesale	924
Paper Or Paper Products Dealer	924
Pharmaceutical Or Surgical Goods Dealer, N.O.C.	924
Photographic Equipment Or Supplies Dealer - Wholesale.....	924
Potato Chip Dealer.....	924
Poultry Dealer - Wholesale - No Processing Whatsoever.....	924
Restaurant Or Bar Supply Dealer (Other Than Beverages, Groceries Or Meat).....	924
Seed Merchant.....	924
Snack Food Dealer - Wholesale	924

Solvents Dealer	924
Sporting Goods Dealer - Wholesale.....	924
Spring Water Bottling And/Or Distribution	924
Stationery Dealer - Wholesale	924
Store, Wholesale, N.O.C.	924
Tavern Supply Dealer (Other Than Beverages, Groceries Or Meat)	924
Telephone Dealer - Wholesale.....	924
Tobacco Auction Sales Warehouses	924
Tobacco Product Dealer - Wholesale	924
Used Clothing Dealer - Wholesale	924
Vending Machine Dealer - Wholesale	924
Wallpaper Dealer	924
Water Bottling And/Or Bottled Water Distribution.....	924
Wholesale Store, N.O.C.....	924
Wine/Liquor Dealer.....	924
Wool Merchant.....	924
Audio/Video Equipment Store - Retail	925
Bath And/Or Kitchen Fixture Store.....	925
Bicycle - Sale Or Rental, Including Repair	925
Bicycle Assembly At Retail Store Locations - By Specialist Contractor	925
Cabinet Store - Retail	925
Electrical Appliance Store, Small - Retail	925
Electrical Supply Store - Retail	925
Electronic Components And Accessories Store - Retail	925
Garden Equipment Store	925
Hardware Store - Retail.....	925
Household Appliance Store, Small - Retail	925
Household Vacuum Cleaner Store, Small - Retail	925
Lawn Mower Sale Or Service (Including Riding Type)	925
Lighting Fixture And Supplies Store	925
Locksmith - Including Shop	925
Paint Store - Retail	925
Plumbers' Supplies Store - Retail.....	925
Radio Or Television Parts And Accessories Store - Retail	925
Radio, Television Or Audio Equipment Store - Retail	925
Sewing Machine Store - Retail	925
Stereophonic Or High Fidelity Equipment Store - Retail	925
Swimming Pool Supply Store	925
Television, Video And/Or Audio Equipment Store - Retail	925
Vacuum Cleaner Store (Household) - Retail	925

Video/Audio Equipment Store - Retail	925
Agricultural Implement Dealer - Other Than Farm Machinery	926
Appliance Parts Dealer	926
Audio/Video Equipment Dealer - Wholesale	926
Cabinet Dealer - Wholesale	926
Electrical Appliance Dealer - Small Appliances - Wholesale.....	926
Electrical Machinery Or Equipment Dealer - Wholesale	926
Fire Extinguisher - Sales And/Or Service - Wholesale	926
Glass Dealer - No Mfg., Glass Bending, Beveling, Grinding, Silvering Or Installation	926
Hardware Store - Wholesale	926
Household Appliances Dealer, Small - Wholesale	926
Household Vacuum Cleaner Dealer - Wholesale.....	926
Janitorial Supply Dealer - Wholesale	926
Oil Well Equipment Dealer	926
Paint Dealer - Wholesale	926
Radio, Television, Stereophonic Or High Fidelity Equipment, Parts Or Accessories Dealer - Wholesale	926
Sewing Machine Dealer - Wholesale.....	926
Ship Chandler.....	926
Stereophonic Or High Fidelity Equipment Dealer - Wholesale.....	926
Television, Radio, Stereophonic Or High Fidelity Equipment Dealer - Wholesale	926
Vacuum Cleaner Dealer - Wholesale.....	926
Video/Audio Equipment Dealer - Wholesale	926
Welding Equipment Or Supply Dealer	926
Mail Order Pharmacy	927
Pharmacy - Retail	927
Antique Store, Other Than Furniture - Retail	928
Army/Navy Store - Retail	928
Arts And Crafts Store - Retail	928
Barber Or Beauty Parlor Supply House - Operates In A Retail Manner	928
Bookstore	928
Camera Or Photographic Supply Store - Retail	928
Candy Store	928
Clothing Store (Used) - Retail	928
Computer Store - Retail.....	928
Cosmetics Store	928
Dog Groomer - No Kennel Facilities	928
Dry Cleaning - Self-Service Only	928
Film Exchange.....	928
Five And Ten Cent Store.....	928
Garden Center - Retail	928

Garden Supplies Store - Retail	928
Golf Course - Pro Shop - Operated By Specialist Contractor.....	928
Goodwill Stores	928
Greeting Card Shop.....	928
Gun Shop - Retail	928
Handbag (Women's) Store.....	928
Hobby Shop - Retail	928
Ice Cream, Store Or Street Vending - Retail.....	928
Laundry - Coin-Operated - Self-Service.....	928
Laundry Collector Without Laundry (Excluding Contract Hauler)	928
Liquor Or Wine Store - Retail	928
Luggage Store - Retail	928
Medical Supply Store - Retail	928
Microfilming	928
Motion Pictures, Development Of Films, No Other Operations.....	928
Musical Instrument Rental - Except Pianos And Organs	928
News Agent Or Magazine Distributor - Retail.....	928
Office Machine Store - Retail	928
Office Supply Store - Retail.....	928
Orthopedic, Prosthetic, And Surgical Appliances And Supply Store - Retail.....	928
Package Liquor Store	928
Pawn Shop	928
Personal Computer Store - Retail	928
Pet Grooming - By Specialist Concern	928
Pet Shop - Retail	928
Phonograph Record Dealer - Retail.....	928
Photograph Studio, Not Producing Motion Pictures, Including Retouching And Outside Work	928
Photographer	928
Photographic Equipment And Supplies Store - Retail	928
Pro Shop - Golf Course - Operated By Specialist Contractor.....	928
Receiving Station - Dry Cleaner - No Dry Cleaning At Same Or Contiguous Location	928
Receiving Station - Laundry - No Laundering At Same Or Contiguous Location	928
Retail Store, N.O.C.	928
Sporting Goods Store - Retail	928
Stationery Store - Retail	928
Store, Retail, N.O.C.	928
Telephone Store - Retail	928
Trophy Store (Including Assembly And Nameplate Inscribing).....	928
Video Tape Store - Rental Or Sale.....	928
Vitamin Store - Retail	928

Wallpaper Store - Retail	928
Water Ice Store	928
Wine Or Liquor Store - Retail	928
Women's Handbag Store	928
Employment Contractor - Temporary Staff - Retail Or Wholesale Store Businesses.....	929
Store Businesses - Retail Or Wholesale - Temporary Staff	929
Temporary Staff - Retail Or Wholesale Store Businesses	929
Blueprint Reproduction (Using Photocopying Method) - By Contractor	932
Duplication Services	932
Laser Printing By Contractor.....	932
Offset Duplicating.....	932
Photocopy Shop	932
Printing - By Laser Method - By Contractor	932
Quick Printers	932
Automatic Teller Machine (ATM) - Installation, Service Or Repair	933
Coffee Service Company	933
Coin-Operated Amusement Or Vending Machine - Installation, Service Or Repair	933
Coin-Operated Telephone - Installation, Service Or Repair By A Specialist Business Or Contractor	933
Jukebox Operation, Service Or Repair	933
Parking Meter Installation, Service Or Repair	933
Pinball Games - Service Or Repair By Vending Machine Operator	933
Scale Installation Or Adjustment, Coin-Operated Type, By Vending Machine Operator	933
Telephone - Coin-Operated - Installation, Service Or Repair By A Specialist Business Or Contractor.....	933
Vending Machine Installation.....	933
Vending Or Coin-Operated Amusement Machine - Installation, Service Or Repair	933
Video Games - Service Or Repair By Vending Machine Operator	933
Auto Parts Dealer - Wholesale	934
Automobile Accessory Store	934
Automobile Parts Store	934
Motor Vehicle Parts And Accessory Dealer	934
Tire Dealer - Wholesale - No Installation, Service Or Repair	934
Lumber And Building Material Dealer - Store Employees - For Use In Conjunction With Class 855 Only.....	935
Broadcasting Station - Radio Or Television	936
Motion Picture Production	936
Radio Broadcasting Station	936
Recording Studio	936
Television Broadcasting Station	936
Video Duplicating, Editing And/Or Production Service	936
Videographer	936
Employment Contractor - Temporary Staff - Heavy Service - See The Employment Contractor Temporary Staff R & I	937

Temporary Staff - Heavy Service - See The Employment Contractor Temporary Staff Ruling And Interpretation	937
Amusement Device Operator - Traveling	939
Carnival - Traveling	939
Circus - Traveling.....	939
Fair - Traveling	939
Kiddie Rides - Traveling	939
Traveling Amusement Device Operator	939
Traveling Carnival.....	939
Traveling Circus	939
Group Home - Intermediate Care Facility For The Mentally Retarded - Regardless Of Client Count	940
Intermediate Care Facility For The Mentally Retarded - Regardless Of Client Count	940
Child Care Service, Residential - (Neglected, Deprived Or Abused)	941
Group Home - Developmentally Disabled (Not Intermediate Care Facility) - 8 Or Fewer Clients Per Facility	941
Group Homes For The Mentally Ill	941
Home For Orphans	941
Neighborhood Homes - 5 Or Fewer Residents	941
Neighborhood Homes For The Mentally Disabled - 5 Or Fewer Residents Per Facility	941
Orphanage	941
Residential Child Care Service - (Neglected, Deprived Or Abused)	941
Community Nursing Services - Professional Staff	942
Home Health Care Services - Professional Staff	942
Hospice Care Performed In Client's Residence - Professional Staff	942
Nurse - Private Duty	942
Nurses - Visiting Patients In Private Homes.....	942
Private Duty Nurse.....	942
Public Health Nurse	942
Visiting Nurse	942
Chore Worker - Home Health Care Services	943
Community Nursing Services - Nonprofessional Staff	943
Home Health Aide	943
Home Health Care Services - Nonprofessional Staff	943
Homemaker Service	943
Hospice Care Performed In Client's Residence - Nonprofessional Staff.....	943
Club - Country, Golf Or Yachting	944
Country Club	944
Golf Course - Pro Shop - Operated By Golf Course.....	944
Golf Course - Public Or Private	944
Yacht Club	944
Employment Contractor - Temporary Medical Staffing	946
Medical Service - Temporary Help	946

Nurse - RN And LPN Including Aides - Temporary Help	946
Temporary Medical Staffing	946
Employment Contractor - Temporary Staff - Maintenance Or Service - See Employment Contractor Temporary Staff R & I ..	947
Temporary Staff - Maintenance Or Service - See The Employment Contractor Temporary Staff Ruling & Interpretation	947
Advertising - Mailing Or Addressing Of Advertising Literature	948
Direct Mail Company	948
Mail Sorting Service - By Specialist Contractor	948
Mailing Or Addressing Company Including Incidental Printing	948
Presort Bureau - Mail Sorting - By Specialist Contractor	948
Employment Contractor - Temporary Marketing Staff	949
Marketing Staff - Temporary Staff.....	949
Temporary Marketing Staff	949
Adjuster, Insurance - By Independent Contractor	951
Advertising - Distributing Circulars Or Samples - Not In Stores.....	951
Advertising Display Card Service - Installation Or Removal Of, In Or On Vehicles	951
Advertising Display Service - For Stores	951
Advisory Rating Organization - Field Representative	951
Auctioneer, Not Livestock, No Permanent Location.....	951
Auditor, Insurance - Traveling - Independent Contractor	951
Boiler Inspection	951
Boy Or Girl Scout Council - Executive Secretary	951
Collectors Of Money - By Specialist Contractor	951
Electric Meter Reader	951
Elevator Inspection	951
Executive Secretary, Boy Or Girl Scout Council	951
Gas Meter Reader	951
Handbill Distribution	951
Highway Operation - Toll Collector	951
Inspection Of Mercantile, Mfg. Or Risks For Insurance Or Valuation Purposes - By Independent Contractor.....	951
Insurance Adjuster - By Independent Contractor	951
Insurance Traveling Auditor - Independent Contractor	951
Inventory Service - By Specialist Contractor	951
Marine Appraiser Or Surveyor.....	951
Messenger (Not Employed By A Messenger Or Courier Service Company)	951
Newspaper Reporter Or Photographer	951
Real Estate Agency - Outside Salespersons	951
Salesperson - Outside	951
Timber Cruiser (Exclusive Duties).....	951
Tour Guide	951
Traveling Insurance Auditor - Independent Contractor	951

Trimming Windows - By Independent Contractor	951
Water Meter Reader.....	951
Window Trimming, By Contractor	951
Adding Machine Repair - Shop Or Field	952
Answering Machine (Telephone) Repair	952
Computer Or Computer System - Service Or Repair - Shop Or Field.....	952
Data Processing Systems - Service Or Repair - Shop Or Field	952
Dictating Machine Repair - Shop Or Field	952
Instrument - Professional Or Scientific - Service Or Repair - Shop Or Field	952
Meat Slicers Or Grinders - Counter Type - Service Or Repair	952
Office Machine Repair - Shop Or Field	952
Organ Tuning - Away From Shop	952
Photocopy Machines - Service Or Repair - Shop Or Field	952
Piano Tuning	952
Scale Adjustment, Service Or Repair, Counter Type	952
Soap Dispenser Installation And Servicing	952
Telephone Service Or Repair By Specialist Crew Of A Contractor Or Other Than By Telecommunications Company	952
Time Clocks, Recording Employee Time - Service Or Repair	952
Typewriter Repair - Shop Or Field.....	952
Voting Machine - Service Or Repair	952
Word Processor - Service Or Repair - Shop Or Field	952
X-Ray Equipment Repair Or Service.....	952
Advisory Rating Organization - Clerical Office	953
Boy Or Girl Scout Council - Clerical - Except At Camp Locations.....	953
Clerical Office Employees	953
Computer Programmer	953
Draftsman	953
Mailing Lists - Compiling/Selling - Risk's Only Operation	953
Race Track, Pari-Mutuel Clerks	953
Real Estate Agency - Clerical Workers In Office	953
Telephone Or Telegraph Operator	953
Airport Passenger Screening, By Contractor	954
Automobile Repossessing, By Specialist Contractor	954
Detective Agency	954
Investigative Agency	954
Security Check, Airport Passenger Screening, By Contractor.....	954
Security Or Investigative Agency	954
Air Conditioning: Non-Portable, Air Flow Testing And Balancing - By Specialist Contractor	955
Analytical Chemical Independent Laboratory	955
Architectural Firm, Supervising	955

Assaying - By Specialist Contractor	955
Civil Consulting Engineering Firm.....	955
Consulting Engineering Firm - All Types	955
Dermatological Lab - Testing Cosmetics - By Specialist Contractor	955
Electrical Consulting Engineering Firm.....	955
Engineering Consulting Firm - All Types Of Engineering	955
Landscape Architectural Firm, No Construction Work	955
Mechanical Consulting Engineering Firm.....	955
Mining Consulting Engineering Firm	955
Non-Destructive Testing - All Kinds - By Specialist Contractor	955
Research And Development (Including Prototypes) - By Specialist Contractor	955
Surveying - By Specialist Contractor	955
Testing - Non-Destructive - All Kinds - By Specialist Contractor	955
Attorney - Independent Contractor.....	956
Law Firm.....	956
Birth Center - Not Operated By A Hospital	957
Blood Bank	957
Chiropracist Office.....	957
Clinic - Outpatient Services Only.....	957
Clinical Laboratory - Independent.....	957
Dental Assistant - Employed By A Dentist Office	957
Dentist Office	957
Mental Health Center - Outpatient Services Only	957
Optometrist Office.....	957
Osteopath Office	957
Physical Therapy - By Specialist Contractor.....	957
Physician Office	957
Psychiatrist Office	957
Psychologist (M.A. or Ph.D.) Office	957
Speech Therapy - By Specialist Contractor	957
X-Ray Service - Non-Hospital.....	957
Alcohol And/Or Drug Residential Facility	958
Detoxification (Alcohol And/Or Drug) Residential Facility Licensed As Medical Or Social Setting Detoxification	958
Drug And/Or Alcohol Residential Facility	958
Hospital, Psychiatric	958
Hospital, Rehabilitation	958
Inpatient Non-Hospital Detoxification Facility Licensed As Medical Or Social Setting Detoxification	958
Psychiatric Hospital	958
Rehabilitation Hospital.....	958
Animal Raising - Non-Farm Domestic Animals	959

Artificial Insemination Of Animals	959
Bee Raising	959
Breeding Of Animals, Non-Farm Domestic.....	959
Dog Kennel	959
Dog Obedience Classes	959
Hospital, Veterinary	959
Laboratory Animal Breeding Or Raising (Rats, Mice, Guinea Pigs, Rabbits, Etc.).....	959
Livestock Tattooing, By Contractor	959
Poultry Vaccination, Debeaking And Sexing, By Contractor	959
Society For Prevention Of Cruelty To Animals	959
Tattooing, Livestock, By Contractor	959
Veterinarian	959
Veterinary Hospital	959
Worm Raising	959
Convalescent Home - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher	960
Life Care Community - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher	960
Long Term Care Facility - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher	960
Nursing Home - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher	960
Retirement Community - With 50 Pct. Or More Beds Licensed As Intermediate Care Or Higher.....	960
Hospital, All Employees.....	961
Accounting Firm	962
Auditing Firm (Not An Independent Insurance Traveling Auditing Firm).....	962
Public Accounting Firm	962
Tax Preparation Service.....	962
Church	963
Synagogue	963
Sheltered Workshop.....	964
Aircraft Trade School, Except Flying School.....	965
College Or School, N.O.C.	965
Dance Studio, Not Operated In Conjunction With Dance Hall	965
Early Intervention For Infants And Toddlers - No Residential Affiliation	965
School District - Public, Private Or Parochial	965
School, Aircraft, All Employees Except Flight Crew	965
School, Trade Or Vocational	965
Trade School	965
Tutoring Service By Independent Provider	965
Union Trade School.....	965
University	965
Vocational Educational Institution	965
Audio/Video Equipment Service Or Repair	966

Automobile Radio Or Telephone Installation	966
Car Phone Installation	966
Citizen Band (CB) Radio Installation, Service Or Repair	966
Compact Disc Player Service Or Repair	966
Telephone Or Radio Installation - Automobile	966
Television, Video And/Or Audio Equipment Service Or Repair, Including Installation Of Antenna.....	966
Video Cassette Recorder And Video Camera Repair	966
Video/Audio Equipment Service Or Repair	966
Dance Band - Independent Contractor	967
Dance Company.....	967
Disc Jockey Service - Non Broadcasting.....	967
Drive-In Theater	967
Entertainer	967
Motion Picture Theater	967
Musician, Independent Contractor	967
Orchestra	967
Theater (Including Drive-In).....	967
Theatrical Productions	967
Traveling Orchestra	967
Amusements, Indoor - See Entry By Topical Name	968
Billiard Hall.....	968
Bingo Hall	968
Bowling Alley.....	968
Club, Swim - Indoor	968
Club, Tennis - Indoor	968
Dance Hall	968
Gymnastics Training	968
Ice Skating Rink - Indoor	968
Karate Or Other Martial Arts Institute.....	968
Martial Arts (Including Karate) Institute	968
Pool Room	968
Racquetball Club	968
Recreational Facility Or Amusement Devices, Indoor - See Entry By Topical Name.....	968
Roller Skating Rink - Indoor.....	968
Shooting Gallery - Indoor	968
Skating Rink - Ice Or Roller - Indoor	968
Skee-Ball Alley	968
Sports (e.g., Basketball, Ice Hockey Or Boxing) Training Facility - Not Organized Athletics	968
Swim Club - Indoor.....	968
Tennis Club - Indoor	968

Video Game Arcade	968
Amusement Park	969
Amusements, Outdoor - See Entry By Topical Name	969
Arboretum	969
Archery Range.....	969
Athletic Parks Operation	969
Ball Or Dart Throwing At Targets	969
Baseball Batting Range	969
Cave, Exhibition	969
Club, Swim - Outdoor	969
Club, Tennis - Outdoor	969
Exhibition - Outdoor	969
Exhibition Garden	969
Fair - Permanently Sited	969
Fishing Pond, Public	969
Garden - Open To Public Exhibition	969
Golf Course - Miniature.....	969
Golf Driving Range.....	969
Horse Show	969
Jockey - Employed By A Race Track.....	969
Kiddie Rides - All Operations - Permanently Sited	969
Miniature Golf Course	969
Park, N.O.C.	969
Pitch And Putt Golf Course	969
Pony Rides	969
Race Track Operation	969
Recreational Facility Or Amusement Devices, Outdoor - See Entry By Topical Name	969
Shooting Gallery - Outdoor	969
Skating Rink - Outdoor	969
Swim Club - Outdoor	969
Swimming Pool, Public Or Private - Outdoor	969
Tennis Club - Outdoor	969
Tennis Court, Public - Outdoor	969
Zoo.....	969
Athletic Team: Contact Sports - Professional Or Semiprofessional	970
Contact Sports Athletic Team, Professional Or Semiprofessional	970
Football Player, Coach, Manager Or Referee - Professional Or Semiprofessional	970
Hockey Player, Coach, Manager Or Referee - Professional Or Semiprofessional	970
Lacrosse Player, Coach, Manager Or Referee - Professional Or Semiprofessional	970
Professional Or Semiprofessional Athletic Team: Contact Sports	970

Roller Derby Player, Coach, Manager Or Referee - Professional Or Semiprofessional	970
Semiprofessional Or Professional Athletic Team: Contact Sports	970
Apartment House - Operated By Owner, Lessee Or Management Agency	971
Building Cleaning, No Exterior Wall Cleaning	971
Building Service Contractor	971
Carpet And Rug Cleaning And Storage	971
Carpet Cleaning On Customers' Premises.....	971
Civic Center - Operation By Specialist Contractor	971
Cleaning Homes, By Contractor	971
Cleaning Of Grease Exhaust, Air Conditioning, Heating And Ventilating Ducts - By Specialist Contractor	971
Cleaning, Sanitizing Or Deodorizing Restrooms - By Contractor	971
Commercial Or Industrial Building Operation - By Owner, Lessee Or Real Estate Management Firm.....	971
Contractor For Building Cleaning	971
Duct Cleaning - Grease Exhaust, Air Conditioning, Heating, Ventilating - By Specialist Contractor	971
Exterminator	971
Fire, Smoke And/Or Water Damage Clean-Up - By Contractor	971
Flea Market Or Swap Meet Operators	971
Floor Waxing Or Polishing - By Building Owner, Lessee, Management Agency Or Contractor	971
Fumigating - Not Agricultural - By Contractor	971
Janitor Contractor.....	971
Kitchen Equipment Exhaust Duct Cleaning - By Specialist Contractor	971
Mobile Home Park - Operation Or Maintenance By Contractor (Not Recreational Vehicle Campground)	971
Mobile Home Park Maintenance.....	971
Post Construction Clean-Up - New Homes - By Specialist Contractor	971
Rug And Carpet Cleaning And Storage	971
Storage - Self-Service	971
Sweeping Of Parking Lots - Shopping Areas And Similar Areas, By Specialty Contractor	971
Swimming Pool Cleaning Or Maintenance - By Specialty Contractor.....	971
Swimming Pool Liner Installation - Vinyl, By Swimming Pool Maintenance Contractor	971
Termite Control - By Contractor	971
Upholstery Cleaning On Customers' Premises	971
Warehouse - Storage - Self-Service	971
Window Cleaning	971
Golf Course Operated By Hotel	973
Life Care Community - With Less Than 50 Pct. Of Beds Licensed As Intermediate Care Or Higher	974
Retirement Community - With Less Than 50 Pct. Of Beds Licensed As Intermediate Care Or Higher.....	974
Dinner Theater	975
Restaurant, N.O.C.....	975
Adult Day Center	976
Community Center	976

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****EFFECTIVE DATE: JUNE 1, 2004****UNDERWRITING GUIDE - NUMERIC****Page B81**

Day Center For The Elderly	976
Daycare - Mentally Disabled, No Residential Facility Affiliation	976
Daycare Center Operated By A Y.M.C.A., Y.W.C.A.	976
Senior Citizens Center	976
Y.M.C.A., Y.M.H.A., Y.W.C.A., Y.W.H.A., Etc.	976
Barber Shop	977
Beauty Shop	977
Day Spa - Not Affiliated With A Health Club Or Swimming Pool	977
Electrolysis	977
Hairdressing Shop	977
Hat Cleaner	977
Manicuring Shop	977
Tanning Salon.....	977
Boy Or Girl Scout Councils Camp Operations, Including Clerical Workers At Camp Locations.....	978
Camp, Boy Or Girl Scout - Day, Summer Or Winter	978
Commercial Camp	978
Scout Camp	978
Summer Camp	978
Personal Care Home.....	979
Residential Facility For The Elderly - Non Medical	979
Rest (Residential) Home.....	979
Borough Employees, N.O.C.	980
City Emp. Except Sewer Const., Sal. Policemen & Firemen, Vol. Firemen, Clerical Office & Elected Officials	980
City Employees, N.O.C.	980
County Employees, N.O.C.	980
County Road Districts	980
Forest Ranger - Not State Employees	980
Garbage Works - Reduction Or Incineration - Municipal.....	980
Meter Maid - Employed By A Municipality	980
Municipal Or County Employees, N.O.C.	980
Road Maintenance By Municipal Employees	980
School Crossing Guard	980
Sewage Disposal Plant, Municipal	980
Town Employees, N.O.C.	980
Township Employees, N.O.C.	980
Villages Operation.....	980
Water Supply System - Operated By A Municipality.....	980
Slot Machine Gambling	981
Housing Authority	983
Adjuster, Insurance Company	984

Auditor (Insurance Company), Traveling.....	984
Inspection Of Mercantile, Mfg. Or Risks For Insurance Or Valuation Purposes - By Insurance Company.....	984
Insurance Company	984
Traveling Insurance Company Auditor	984
Correctional Institution Guards (Not State Employees).....	985
Fire Department - Paid	985
Fire Patrol Or Protective Corp. - Independent - Paid	985
Firemen - Not Volunteer.....	985
Guards At Corr. Institutions, House Of Corr., Prisons Or Prison Farms - Not State Employees	985
House Of Correction Guards (Not State Employees).....	985
Police Deputies	985
Police, Special School Police	985
Policemen And Detectives	985
Prison Farm Guards (Not State Employees)	985
Prison Guards (Not State Employees)	985
Sheriff And Sheriff's Deputies	985
Alcohol/Drug - Halfway House Or Residential Program Not Licensed As Medical Or Social Setting Detoxification.....	986
Halfway House - Pre-Parole Or Probation	986
Home For Unwed Mothers - No Medical Services	986
Maternity Home - No Medical Services	986
Shelter For The Homeless	986
Shelters For Victims Of Domestic Abuse.....	986
Bank	988
Check Cashing Service	988
Credit Union	988
Foreign Currency Exchange	988
Savings And Loan	988
Athletic Team: Non-Contact Sports - Professional Or Semiprofessional.....	991
Baseball Player, Coach, Manager Or Umpire - Professional Or Semiprofessional	991
Basketball Player, Coach, Manager Or Referee - Professional Or Semiprofessional	991
Non-Contact Sports Athletic Team, Professional Or Semiprofessional	991
Professional Or Semiprofessional Athletic Team: Non-Contact Sports	991
Semiprofessional Or Professional Athletic Team: Non-Contact Sports	991
Soccer Player, Coach, Manager Or Referee - Professional Or Semiprofessional	991
Cesspool Cleaning, By Contractor	992
Portable Toilet Leasing/Service.....	992
Sanitary Company (Septic Tank, Cesspool Or Chemical Portable Toilet Cleaning)	992
Septic Tank Cleaner	992
Ash Collecting	995
Cleaning Tanks Or Tank Cars	995

Containerized Trash Removal	995
Debris Box Service.....	995
Environmental Cleanup Services	995
Flood Debris Cleanup (Except Building Demolition) - By Contractor	995
Garbage Or Rubbish Removal	995
Garbage Works - Reduction Or Incineration - Private	995
Landfill Operations By A Rubbish Or Garbage Removal Contractor	995
Oil Spill Cleanup	995
Pipe Cleaning - Interiors Of Sewer Or Water Mains By Hydraulic Method	995
Rubbish Or Garbage Removal	995
Sewer Cleaning - Interiors Of Sewer Or Water Mains By Hydraulic Method	995
Street Sweeping - By Contractor	995
Tank Cleaning - Including Bulk Storage Type By Contractor	995
Trash Removal Including Containerized	995
Waste Removal - Industrial And/Or Domestic	995
Water Main Cleaning (Interiors Of) By Hydraulic Method	995
Crematory Operation	997
Funeral Director	997
Undertaker	997
Cemetery Operation.....	999
Cemetery, Opening Graves, Removing And Reinterring Remains.....	999
Ammunition Mfg.	4771
Bag Loading, Explosives	4771
Black Powder Mfg.....	4771
Blasting Cap Mfg.....	4771
Cartridge Charging Or Loading	4771
Cordite Mfg.....	4771
Dynamite Mfg.	4771
Explosives Or Ammunition Mfg., N.O.C.....	4771
Fireworks Mfg.	4771
Flare Mfg.	4771
Fuse Mfg., Explosive	4771
High Explosives Mfg.	4771
Nitroglycerin Mfg.	4771
Projectile Loading	4771
Shell Case Loading	4771
Smokeless Powder Mfg.	4771
Anfo Mfg.	4777
Blasting Agents Mfg.	4777
Explosives Distributor.....	4777

Fireworks Exhibitor	4777
Slurry Blasting Agents Mfg.....	4777
Boat Building Or Repair	6824F
Marina - With Federal Coverage	6826F
Ship Building, Iron Or Steel Including Naval	6843F
Dry Dock Operation	6872F
Marine Plumber, Not Boat Or Shipbuilding	6872F
Marine Railway Operator	6872F
Painting Ship Hulls	6872F
Rigging, Ship	6872F
Ship Cleaning	6872F
Ship Repair	6872F
Ship Scaling.....	6872F
Stevedoring, N.O.C.	7309F
Oil Or Coal Dock Operation - Waterfront	7313F
Ore Dock Operation	7313F
Automobile Haulaway Or Driveaway Service, Driving Cars On Or Off Vessels.....	7317F
Stevedoring, By Hand Or Hand Truck Exclusively	7317F
Containers, Stevedoring	7327F
Stevedoring Containers.....	7327F
Freight Handling On Piers Or Terminals Or Adjoining Piers.....	7366F
Aircraft Operation - Air Cargo Carrier	7405
Aircraft Operation - Scheduled Air Carrier.....	7405
Aircraft Operation - Supplemental Air Carrier	7405
Aircraft Operation - Commuter Air Carrier	7413
Aircraft Operation - Personnel Transport	7421
Aerial Patrol Or Photography	7424
Aircraft Flight Testing	7424
Aircraft Operation - Agricultural	7424
Aircraft Operation - Air Taxi	7424
Aircraft Operation - Crop Dusting, Seeding Or Spraying	7424
Aircraft Operation - Forest Fire Fighting, Spotting And Observation.....	7424
Aircraft Operation - Mapping Or Survey Work	7424
Aircraft Operation - Patrol.....	7424
Aircraft Operation - Photography.....	7424
Aircraft Operation - Sightseeing.....	7424
Aircraft Operation - Skywriting Advertising	7424
Aircraft Operation - Stunt Flying	7424
Aircraft Operation, N.O.C.	7424
Aircraft Sales Agency - Flight Operations	7424

Helicopter Operation, N.O.C.	7424
Hot Air Ballooning	7424
Photographer - Aerial	7424
School, Aircraft, Flight Employees	7424
Stunt Flying.....	7424
Aircraft Cleaning - Including Specialist Contractor	7428
Aircraft Fueling Or Refueling - Including By Specialist Contractor	7428
Aircraft Operation - Ground Employees.....	7428
Aircraft Remanufacturing, Conversion Or Modification - Not By The Original Aircraft Manufacturer	7428
Aircraft Service And Repair.....	7428
Airport Hangar Operation	7428
Airport Operation - Groundmen	7428
Flying Field.....	7428
Ground Personnel - Aircraft And/Or Airport Operations	7428
Hangar Operation	7428
Heliport Operation - Ground Personnel.....	7428
Aircraft Operation - Scheduled And Supplemental Air Carrier - Nonrateable Catastrophe Element	7445
Aircraft Operation - Commuter Air Carrier - Nonrateable Catastrophe Element	7453
Stevedoring Tallymen	8709F
Weighers, Samplers Or Inspectors Of Merchandise On Vessels Or Docks.....	8709F
Steamship Lines Port Employees	8726F
Aircraft Seat Surcharge	9108
Atomic Energy Radiation Exposure, N.O.C.	9985
Radiation Exposure, Supplemental Loading	9985
Supplemental Radiation Exposure Loading	9985
Advertising Signs Mfg., No Off-Premises Repair Or Erection - Classify According To Materials Used.....	----
Auctions - Classify To Appropriate Retail Store Class Based On Merchandise Mix - Including Auctioneers.....	----
Automobile Filling Station - Retail - Including Repair Work	----
See Rulings And Interpretations	
Automobile Service Station - Retail - Gasoline Sales And Repair Work	----
See Rulings And Interpretations	
Bakery Products Distribution	----
See Rulings And Interpretations	
Building Erection - Prefabricated Sheet Metal	----
See Rulings And Interpretations	
Building Moving - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2	----
Building Raising Or Razing - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2	----
Building Wrecking - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2	----
Button Mfg., Not Metal - Classify According To Materials Used	----
Cafeteria - Operated By Employer For Own Employees	----

Governing Class	
Ceramic Shop.....	----
See Rulings And Interpretations	
Chauffeurs And Helpers.....	----
Governing Class	
Clearing Of Land	----
See Rulings And Interpretations	
Clerks On Loading Platforms.....	----
Governing Class	
Cofferdam Work - Non-Pressurized - Use Appropriate Contracting Classes	----
Collectors Of Money, Who Also Deliver Goods	----
Appropriate Store Class	
Contractor, Permanent Yards, Maintenance Or Storage Of Equipment Or Material	----
Governing Class	
Contractor, Supervisory Employees	----
Governing Class	
Contractors, Watchmen, Timekeepers And Cleaners.....	----
Governing Class	
Crane Or Derrick Mfg. - Classify According To Materials Used	----
Dealer (See Listings Under Appropriate Merchandise)	----
Demolition Of Structures - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2	----
Dispatchers On Loading Platforms.....	----
Governing Class	
Doll Or Doll Parts Mfg. - Classify According To Materials Used.....	----
Dress Form Mfg. - Classify According To Materials Used	----
Drivers.....	----
Governing Class	
Fire Department, N.O.C.	----
Governing Class	
Fishing Rod Mfg. - Classify According To Materials Used	----
Forest Fire Fighting, N.O.C.	----
Governing Class	
Frozen Or Frosted Food Products Mfg.	----
See Rulings And Interpretations	
Garage Operated As A Subordinate Accommodation	----
Governing Class	
Gasoline Station - Retail - Including Repair Work	----
See Rulings And Interpretations	
Hat Mfg., Safety - See Helmet	----
Helmet Mfg., Safety - Use Appropriate Plastics Molding Class	----

Homeowners' Association	----
See Rulings And Interpretations	
Hotel - All Other Employees.....	----
See Rulings And Interpretations	
Hotel Restaurant Employees	----
See Rulings And Interpretations	
House Moving - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2	----
Industrial Pattern - Cast-Metal, Mfg.....	----
See Appropriate Foundry Class	
Interior Decorator - No Installation Work - Classify Per Business Of The Employer	----
Last Mfg. - Cast Metal.....	----
See Appropriate Foundry Class	
Mail Order House - Use Appropriate Wholesale Store Classification	----
Maintenance Of Premises, Not Tenanted Buildings.....	----
Governing Class	
Motel, Motor Court, Etc. - All Other Employees	----
See Rulings And Interpretations	
Net Mfg. - Classify According To Materials Used.....	----
Oil Field Machinery Or Equipment Mfg. - Classify According To Materials Used	----
Rental Service Stores And Yards - Classify On The Basis Of Principal Merchandise Rented.....	----
Research Or Development - Testing By Manufacturers - For Own Products	----
Governing Class	
Resort Hotel - All Other Employees	----
See Rulings And Interpretations	
Rooming House Or Boarding House - All Other Employees	----
See Rulings And Interpretations	
Salesperson, Delivering Goods By Automobile	----
Governing Class	
Salesperson, Door-To-Door	----
Governing Class	
Salvage Operations And Incidental Wrecking - See Wrecking Or Demolition Or Building Moving Project - Section 2	----
Seasonal Hotel - All Other Employees	----
See Rulings And Interpretations	
Self-Service Gasoline Station - Retail	----
See Rulings And Interpretations	
Silo Erection - Metal Or Fiberglass	----
See Rulings And Interpretations	
Slum Clearance Projects - See Wrecking Or Demolition Or Building Moving Or Raising Project - Section 2.....	----
Sporting Goods Mfg. - Classify By Materials Used	----
Steam Packing Mfg. - Classify According To Materials Used.....	----

Stevedoring - Explosives Materials - Assign The Appropriate Stevedoring Class.....	----
Stone Crushing, By Road Contractor As Part Of Road Project - Assign Appropriate Quarry Class.....	----
Subway Construction - Use Appropriate Contracting Classes.....	----
Truck Stop	----
See Rulings And Interpretations	
Watchman	----
Governing Class	
Wheel Alignment On Automobiles	----
Governing Class	
Wrecking Of Buildings Or Structures - See Wrecking Or Demolition Or Building Moving Project - Section 2	----

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****RULINGS & INTERPRETATIONS & CLASSIFICATION GUIDE****EFFECTIVE DATE: JUNE 1, 2004**

Page C-1

**USL&H and
RESIDUAL MARKET
PREMIUM DISCOUNT TABLES (IN PERCENT)**

Standard Premium Discount				Standard Premium Discount				Standard Premium Discount						
\$	0	-	5,023	0.0%	\$	9,160	-	9,316	5.0%	\$	57,369	-	64,117	10.0%
	5,024	-	5,069	0.1		9,317	-	9,478	5.1		64,118	-	72,666	10.1
	5,070	-	5,117	0.2		9,479	-	9,646	5.2		72,667	-	83,846	10.2
	5,118	-	5,165	0.3		9,647	-	9,819	5.3		83,847	-	99,090	10.3
	5,166	-	5,215	0.4		9,820	-	9,999	5.4		99,091	-	104,418	10.4
	5,216	-	5,265	0.5		10,000	-	10,186	5.5		104,419	-	109,512	10.5
	5,266	-	5,317	0.6		10,187	-	10,380	5.6		109,513	-	115,128	10.6
	5,318	-	5,369	0.7		10,381	-	10,582	5.7		115,129	-	121,351	10.7
	5,370	-	5,422	0.8		10,583	-	10,792	5.8		121,352	-	128,285	10.8
	5,423	-	5,477	0.9		10,793	-	11,010	5.9		128,286	-	136,060	10.9
	5,478	-	5,532	1.0		11,011	-	11,237	6.0		136,061	-	144,838	11.0
	5,533	-	5,589	1.1		11,238	-	11,473	6.1		144,839	-	154,827	11.1
	5,590	-	5,647	1.2		11,474	-	11,720	6.2		154,828	-	166,296	11.2
	5,648	-	5,706	1.3		11,721	-	11,978	6.3		166,297	-	179,599	11.3
	5,707	-	5,767	1.4		11,979	-	12,247	6.4		179,600	-	195,217	11.4
	5,768	-	5,828	1.5		12,248	-	12,528	6.5		195,218	-	213,809	11.5
	5,829	-	5,891	1.6		12,529	-	12,823	6.6		213,810	-	236,315	11.6
	5,892	-	5,956	1.7		12,824	-	13,132	6.7		236,316	-	264,117	11.7
	5,957	-	6,022	1.8		13,133	-	13,456	6.8		264,118	-	299,333	11.8
	6,023	-	6,089	1.9		13,457	-	13,797	6.9		299,334	-	345,384	11.9
	6,090	-	6,158	2.0		13,798	-	14,155	7.0		345,385	-	408,181	12.0
	6,159	-	6,228	2.1		14,156	-	14,533	7.1		408,182	-	498,888	12.1
	6,229	-	6,300	2.2		14,534	-	14,931	7.2		498,889	-	523,023	12.2
	6,301	-	6,374	2.3		14,932	-	15,352	7.3		523,024	-	548,536	12.3
	6,375	-	6,449	2.4		15,353	-	15,797	7.4		548,537	-	576,666	12.4
	6,450	-	6,526	2.5		15,798	-	16,268	7.5		576,667	-	607,837	12.5
	6,527	-	6,606	2.6		16,269	-	16,769	7.6		607,838	-	642,571	12.6
	6,607	-	6,687	2.7		16,770	-	17,301	7.7		642,572	-	681,515	12.7
	6,688	-	6,770	2.8		17,302	-	17,868	7.8		681,516	-	725,483	12.8
	6,771	-	6,855	2.9		17,869	-	18,474	7.9		725,484	-	775,517	12.9
	6,856	-	6,942	3.0		18,475	-	19,122	8.0		775,518	-	832,962	13.0
	6,943	-	7,032	3.1		19,123	-	19,818	8.1		832,963	-	899,599	13.1
	7,033	-	7,124	3.2		19,819	-	20,566	8.2		899,600	-	977,826	13.2
	7,125	-	7,218	3.3		20,567	-	21,372	8.3		977,827	-	1,070,952	13.3
	7,219	-	7,315	3.4		21,373	-	22,244	8.4		1,070,953	-	1,183,684	13.4
	7,316	-	7,414	3.5		22,245	-	23,191	8.5		1,183,685	-	1,322,941	13.5
	7,415	-	7,517	3.6		23,192	-	24,222	8.6		1,322,942	-	1,499,333	13.6
	7,518	-	7,622	3.7		24,223	-	25,348	8.7		1,499,334	-	1,729,999	13.7
	7,623	-	7,730	3.8		25,349	-	26,585	8.8		1,730,000	-	2,044,545	13.8
	7,731	-	7,841	3.9		26,586	-	27,948	8.9		2,044,546	-	2,498,888	13.9
	7,842	-	7,956	4.0		27,949	-	29,459	9.0		2,498,889	-	3,212,857	14.0
	7,957	-	8,074	4.1		29,460	-	31,142	9.1		3,212,858	-	4,497,999	14.1
	8,075	-	8,195	4.2		31,143	-	33,030	9.2		4,498,000	-	7,496,666	14.2
	8,196	-	8,320	4.3		33,031	-	35,161	9.3		7,496,667	-	22,489,999	14.3
	8,321	-	8,449	4.4		35,162	-	37,586	9.4		22,490,000 and over			14.4
	8,450	-	8,582	4.5		37,587	-	40,370	9.5	Above Table Based on the Following Discounts				
	8,583	-	8,719	4.6		40,371	-	43,599	9.6					
	8,720	-	8,861	4.7		43,600	-	47,391	9.7	First	\$ 5,000		0.0%	
	8,862	-	9,008	4.8		47,392	-	51,904	9.8	Next	\$ 95,000		10.9	
	9,009	-	9,159	4.9		51,905	-	57,368	9.9	Next	\$400,000		12.6	
										Over	\$500,000		14.4	

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****RULINGS & INTERPRETATIONS & CLASSIFICATION GUIDE****EFFECTIVE DATE: JUNE 1, 2004****Page C-2**

**UNITED STATES LONGSHOREMEN AND HARBOR WORKERS
PREMIUM DISCOUNT TABLES (IN PERCENT)**

Standard Premium Discount				Standard Premium Discount				Standard Premium Discount			
\$ 0	-	15,076	0.0%	\$ 27,477	-	27,999	4.5%	\$ 172,942	-	195,999	9.0%
15,077	-	15,233	0.1	28,000	-	28,543	4.6	196,000	-	226,153	9.1
15,234	-	15,392	0.2	28,544	-	29,108	4.7	226,154	-	267,272	9.2
15,393	-	15,555	0.3	29,109	-	29,696	4.8	267,273	-	304,897	9.3
15,556	-	15,721	0.4	29,697	-	30,309	4.9	304,898	-	317,872	9.4
15,722	-	15,891	0.5	30,310	-	30,947	5.0	317,873	-	331,999	9.5
15,892	-	16,065	0.6	30,948	-	31,612	5.1	332,000	-	347,441	9.6
16,066	-	16,243	0.7	31,613	-	32,307	5.2	347,442	-	364,390	9.7
16,244	-	16,424	0.8	32,308	-	33,033	5.3	364,391	-	383,076	9.8
16,425	-	16,610	0.9	33,034	-	33,793	5.4	383,077	-	403,783	9.9
16,611	-	16,799	1.0	33,794	-	34,588	5.5	403,784	-	426,857	10.0
16,800	-	16,994	1.1	34,589	-	35,421	5.6	426,858	-	452,727	10.1
16,995	-	17,192	1.2	35,422	-	36,296	5.7	452,728	-	481,935	10.2
17,193	-	17,396	1.3	36,297	-	37,215	5.8	481,936	-	515,172	10.3
17,397	-	17,604	1.4	37,216	-	38,181	5.9	515,173	-	553,333	10.4
17,605	-	17,818	1.5	38,182	-	39,199	6.0	553,334	-	597,599	10.5
17,819	-	18,036	1.6	39,200	-	40,273	6.1	597,600	-	649,565	10.6
18,037	-	18,260	1.7	40,274	-	41,408	6.2	649,566	-	711,428	10.7
18,261	-	18,490	1.8	41,409	-	42,608	6.3	711,429	-	786,315	10.8
18,491	-	18,726	1.9	42,609	-	43,880	6.4	786,316	-	878,823	10.9
18,727	-	18,967	2.0	43,881	-	45,230	6.5	878,824	-	995,999	11.0
18,968	-	19,215	2.1	45,231	-	46,666	6.6	996,000	-	1,149,230	11.1
19,216	-	19,470	2.2	46,667	-	48,196	6.7	1,149,231	-	1,358,181	11.2
19,471	-	19,731	2.3	48,197	-	49,830	6.8	1,358,182	-	1,553,333	11.3
19,732	-	19,999	2.4	49,831	-	51,578	6.9	1,553,334	-	1,677,599	11.4
20,000	-	20,275	2.5	51,579	-	53,454	7.0	1,677,600	-	1,823,478	11.5
20,276	-	20,559	2.6	53,455	-	55,471	7.1	1,823,479	-	1,997,142	11.6
20,560	-	20,851	2.7	55,472	-	57,647	7.2	1,997,143	-	2,207,368	11.7
20,852	-	21,151	2.8	57,648	-	59,999	7.3	2,207,369	-	2,467,058	11.8
21,152	-	21,459	2.9	60,000	-	62,553	7.4	2,467,059	-	2,795,999	11.9
21,460	-	21,777	3.0	62,554	-	65,333	7.5	2,796,000	-	3,226,153	12.0
21,778	-	22,105	3.1	65,334	-	68,372	7.6	3,226,154	-	3,812,727	12.1
22,106	-	22,442	3.2	68,373	-	71,707	7.7	3,812,728	-	4,659,999	12.2
22,443	-	22,790	3.3	71,708	-	75,384	7.8	4,660,000	-	5,991,428	12.3
22,791	-	23,149	3.4	75,385	-	79,459	7.9	5,991,429	-	8,387,999	12.4
23,150	-	23,519	3.5	79,460	-	83,999	8.0	8,388,000	-	13,979,999	12.5
23,520	-	23,902	3.6	84,000	-	89,090	8.1	13,980,000	-	41,939,999	12.6
23,903	-	24,297	3.7	89,091	-	94,838	8.2	41,940,000	-		12.7
24,298	-	24,705	3.8	94,839	-	101,379	8.3	Above Table Based on the Following Discounts			
24,706	-	25,128	3.9	101,380	-	108,888	8.4				
25,129	-	25,565	4.0	108,889	-	117,599	8.5	First	\$ 15,000		0.0%
25,566	-	26,017	4.1	117,600	-	127,826	8.6	Next	\$ 285,000		9.8
26,018	-	26,486	4.2	127,827	-	139,999	8.7	Next	\$1,200,000		11.8
26,487	-	26,972	4.3	140,000	-	154,736	8.8	Over	\$1,500,000		12.7
26,973	-	27,476	4.4	154,737	-	172,941	8.9				

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****RULINGS & INTERPRETATIONS & CLASSIFICATION GUIDE****EFFECTIVE DATE: JUNE 1, 2004****Page C-3****Pro Rata Cancellation Table**

JANUARY			FEBRUARY			MARCH			APRIL			MAY			JUNE		
DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO
1	1	.003	1	32	.088	1	60	.164	1	91	.249	1	121	.332	1	152	.416
2	2	.005	2	33	.090	2	61	.167	2	92	.252	2	122	.334	2	153	.419
3	3	.008	3	34	.093	3	62	.170	3	93	.255	3	123	.337	3	154	.422
4	4	.011	4	35	.096	4	63	.173	4	94	.258	4	124	.340	4	155	.425
5	5	.014	5	36	.099	5	64	.175	5	95	.260	5	125	.342	5	156	.427
6	6	.016	6	37	.101	6	65	.178	6	96	.263	6	126	.345	6	157	.430
7	7	.019	7	38	.104	7	66	.181	7	97	.266	7	127	.348	7	158	.433
8	8	.022	8	39	.107	8	67	.184	8	98	.268	8	128	.351	8	159	.436
9	9	.025	9	40	.110	9	68	.186	9	99	.271	9	129	.353	9	160	.438
10	10	.027	10	41	.112	10	69	.189	10	100	.274	10	130	.356	10	161	.441
11	11	.030	11	42	.115	11	70	.192	11	101	.277	11	131	.359	11	162	.444
12	12	.033	12	43	.118	12	71	.195	12	102	.279	12	132	.362	12	163	.447
13	13	.036	13	44	.121	13	72	.197	13	103	.282	13	133	.364	13	164	.449
14	14	.038	14	45	.123	14	73	.200	14	104	.285	14	134	.367	14	165	.452
15	15	.041	15	46	.126	15	74	.203	15	105	.288	15	135	.370	15	166	.455
16	16	.044	16	47	.129	16	75	.205	16	106	.290	16	136	.373	16	167	.458
17	17	.047	17	48	.132	17	76	.208	17	107	.293	17	137	.375	17	168	.460
18	18	.049	18	49	.134	18	77	.211	18	108	.296	18	138	.378	18	169	.463
19	19	.052	19	50	.137	19	78	.214	19	109	.299	19	139	.381	19	170	.466
20	20	.055	20	51	.140	20	79	.216	20	110	.301	20	140	.384	20	171	.468
21	21	.058	21	52	.142	21	80	.219	21	111	.304	21	141	.386	21	172	.471
22	22	.060	22	53	.145	22	81	.222	22	112	.307	22	142	.389	22	173	.474
23	23	.063	23	54	.148	23	82	.225	23	113	.310	23	143	.392	23	174	.477
24	24	.066	24	55	.151	24	83	.227	24	114	.312	24	144	.395	24	175	.479
25	25	.068	25	56	.153	25	84	.230	25	115	.315	25	145	.397	25	176	.482
26	26	.071	26	57	.156	26	85	.233	26	116	.318	26	146	.400	26	177	.485
27	27	.074	27	58	.159	27	86	.236	27	117	.321	27	147	.403	27	178	.488
28	28	.077	28	59	.162	28	87	.238	28	118	.323	28	148	.405	28	179	.490
29	29	.079				29	88	.241	29	119	.326	29	149	.408	29	180	.493
30	30	.082				30	89	.244	30	120	.329	30	150	.411	30	181	.496
31	31	.085				31	90	.247				31	151	.414			

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****RULINGS & INTERPRETATIONS & CLASSIFICATION GUIDE****EFFECTIVE DATE: JUNE 1, 2004****Page C-4****Pro Rata Cancellation Table (Continued)**

JULY			AUGUST			SEPTEMBER			OCTOBER			NOVEMBER			DECEMBER		
DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO	DAY OF MONTH	DAY OF YEAR NUMBER OF DAYS	RATIO
1	182	.499	1	213	.584	1	244	.668	1	274	.751	1	305	.836	1	335	.918
2	183	.501	2	214	.586	2	245	.671	2	275	.753	2	306	.838	2	336	.921
3	184	.504	3	215	.589	3	246	.674	3	276	.756	3	307	.841	3	337	.923
4	185	.507	4	216	.592	4	247	.677	4	277	.759	4	308	.844	4	338	.926
5	186	.510	5	217	.595	5	248	.679	5	278	.762	5	309	.847	5	339	.929
6	187	.512	6	218	.597	6	249	.682	6	279	.764	6	310	.849	6	340	.932
7	188	.515	7	219	.600	7	250	.685	7	280	.767	7	311	.852	7	341	.934
8	189	.518	8	220	.603	8	251	.688	8	281	.770	8	312	.855	8	342	.937
9	190	.521	9	221	.605	9	252	.690	9	282	.773	9	313	.858	9	343	.940
10	191	.523	10	222	.608	10	253	.693	10	283	.775	10	314	.860	10	344	.942
11	192	.526	11	223	.611	11	254	.696	11	284	.778	11	315	.863	11	345	.945
12	193	.529	12	224	.614	12	255	.699	12	285	.781	12	316	.866	12	346	.948
13	194	.532	13	225	.616	13	256	.701	13	286	.784	13	317	.868	13	347	.951
14	195	.534	14	226	.619	14	257	.704	14	287	.786	14	318	.871	14	348	.953
15	196	.537	15	227	.622	15	258	.707	15	288	.789	15	319	.874	15	349	.956
16	197	.540	16	228	.625	16	259	.710	16	289	.792	16	320	.877	16	350	.959
17	198	.542	17	229	.627	17	260	.712	17	290	.795	17	321	.879	17	351	.962
18	199	.545	18	230	.630	18	261	.715	18	291	.797	18	322	.882	18	352	.964
19	200	.548	19	231	.633	19	262	.718	19	292	.800	19	323	.885	19	353	.967
20	201	.551	20	232	.636	20	263	.721	20	293	.803	20	324	.888	20	354	.970
21	202	.553	21	233	.638	21	264	.723	21	294	.805	21	325	.890	21	355	.973
22	203	.556	22	234	.641	22	265	.726	22	295	.808	22	326	.893	22	356	.975
23	204	.559	23	235	.644	23	266	.729	23	296	.811	23	327	.896	23	357	.978
24	205	.562	24	236	.647	24	267	.732	24	297	.814	24	328	.899	24	358	.981
25	206	.564	25	237	.649	25	268	.734	25	298	.816	25	329	.901	25	359	.984
26	207	.567	26	238	.652	26	269	.737	26	299	.819	26	330	.904	26	360	.986
27	208	.570	27	239	.655	27	270	.740	27	300	.822	27	331	.907	27	361	.989
28	209	.573	28	240	.658	28	271	.742	28	301	.825	28	332	.910	28	362	.992
29	210	.575	29	241	.660	29	272	.745	29	302	.827	29	333	.912	29	363	.995
30	211	.578	30	242	.663	30	273	.748	30	303	.830	30	334	.915	30	364	.997
31	212	.581	31	243	.666				31	304	.833				31	365	1:000

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****RULINGS & INTERPRETATIONS & CLASSIFICATION GUIDE****EFFECTIVE DATE: JUNE 1, 2004**

Page C-5

Short Rate Cancellation Table

Days In Policy	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy In Effect	Days In Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect
1	.05	18.2482	46	.23	1.8250
2	.06	10.9489	47	.23	1.7861
3	.07	8.5158	48	.24	1.8250
4	.07	6.3869	49	.24	1.7877
5	.08	5.8394	50	.24	1.7520
6	.08	4.8662	51	.24	1.7176
7	.09	4.6924	52	.25	1.7548
8	.09	4.1058	53	.25	1.7216
9	.10	4.0552	54	.25	1.6899
10	.10	3.6496	55	.26	1.7255
11	.11	3.6496	56	.26	1.6947
12	.11	3.3455	57	.26	1.6650
13	.12	3.3689	58	.26	1.6362
14	.12	3.1283	59	.27	1.6704
15	.13	3.1630	60	.27	1.6425
16	.13	2.9653	61	.27	1.6156
17	.14	3.0056	62	.27	1.5895
18	.14	2.8386	63	.28	1.6222
19	.15	2.8818	64	.28	1.5969
20	.15	2.7377	65	.28	1.5723
21	.16	2.7812	66	.29	1.6038
22	.16	2.6547	67	.29	1.5799
23	.17	2.6980	68	.29	1.5566
24	.17	2.5856	69	.29	1.5341
25	.17	2.4821	70	.30	1.5643
26	.18	2.5270	71	.30	1.5423
27	.18	2.4334	72	.30	1.5208
28	.18	2.3465	73	.30	1.5000
29	.18	2.2656	74	.31	1.5291
30	.19	2.3117	75	.31	1.5087
31	.19	2.2371	76	.31	1.4888
32	.19	2.1672	77	.32	1.5169
33	.20	2.2121	78	.32	1.4974
34	.20	2.1471	79	.32	1.4785
35	.20	2.0857	80	.32	1.4600
36	.20	2.0278	81	.33	1.4870
37	.21	2.0716	82	.33	1.4689
38	.21	2.0171	83	.33	1.4512
39	.21	1.9654	84	.34	1.4774
40	.21	1.9162	85	.34	1.4600
41	.22	1.9585	86	.34	1.4430
42	.22	1.9119	87	.34	1.4264
43	.22	1.8674	88	.35	1.4517
44	.23	1.9079	89	.35	1.4354
45	.23	1.8655	90	.35	1.4194

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****RULINGS & INTERPRETATIONS & CLASSIFICATION GUIDE****EFFECTIVE DATE: JUNE 1, 2004****Page C-6****Short Rate Cancellation Table (Continued)**

Days in Policy Period	Short Rate Percentages	Factors to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factors to Apply to Earned Premium for Period Policy in Effect
91	.35	1.4038	136	.48	1.2882
92	.36	1.4283	137	.48	1.2788
93	.36	1.4129	138	.48	1.2696
94	.36	1.3979	139	.49	1.2867
95	.37	1.4216	140	.49	1.2775
96	.37	1.4068	141	.49	1.2684
97	.37	1.3923	142	.49	1.2595
98	.37	1.3781	143	.50	1.2762
99	.38	1.4010	144	.50	1.2674
100	.38	1.3870	145	.50	1.2586
101	.38	1.3733	146	.50	1.2500
102	.38	1.3598	147	.51	1.2663
103	.39	1.3820	148	.51	1.2578
104	.39	1.3688	149	.51	1.2493
105	.39	1.3557	150	.52	1.2653
106	.40	1.3774	151	.52	1.2569
107	.40	1.3645	152	.52	1.2487
108	.40	1.3519	153	.52	1.2405
109	.40	1.3395	154	.53	1.2562
110	.41	1.3605	155	.53	1.2481
111	.41	1.3452	156	.53	1.2401
112	.41	1.3362	157	.54	1.2554
113	.41	1.3243	158	.54	1.2475
114	.42	1.3447	159	.54	1.2396
115	.42	1.3330	160	.54	1.2319
116	.42	1.3215	161	.55	1.2469
117	.43	1.3414	162	.55	1.2392
118	.43	1.3301	163	.55	1.2316
119	.43	1.3189	164	.55	1.2241
120	.43	1.3079	165	.56	1.2388
121	.44	1.3273	166	.56	1.2313
122	.44	1.3164	167	.56	1.2240
123	.44	1.3057	168	.57	1.2384
124	.44	1.2951	169	.57	1.2311
125	.45	1.3140	170	.57	1.2238
126	.45	1.3036	171	.57	1.2167
127	.45	1.2933	172	.58	1.2308
128	.46	1.3117	173	.58	1.2237
129	.46	1.3016	174	.58	1.2167
130	.46	1.2916	175	.58	1.2097
131	.46	1.2817	176	.59	1.2236
132	.47	1.2996	177	.59	1.2167
133	.47	1.2899	178	.59	1.2098
134	.47	1.2802	179	.60	1.2235
135	.47	1.2708	180	.60	1.2167

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****RULINGS & INTERPRETATIONS & CLASSIFICATION GUIDE****EFFECTIVE DATE: JUNE 1, 2004****Page C-7****Short Rate Cancellation Table(Continued)**

Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect
181	.60	1.2099	226	.70	1.1305
182	.60	1.2033	227	.70	1.1255
183	.61	1.2167	228	.70	1.1206
184	.61	1.2101	229	.71	1.1317
185	.61	1.2035	230	.71	1.1267
186	.61	1.1970	231	.71	1.1219
187	.61	1.1906	232	.71	1.1170
188	.62	1.2037	233	.72	1.1279
189	.62	1.1974	234	.72	1.1231
190	.62	1.1910	235	.72	1.1183
191	.62	1.1848	236	.72	1.1136
192	.63	1.1977	237	.72	1.1089
193	.63	1.1914	238	.73	1.1195
194	.63	1.1853	239	.73	1.1149
195	.63	1.1792	240	.73	1.1102
196	.63	1.1732	241	.73	1.1056
197	.64	1.1858	242	.74	1.1161
198	.64	1.1798	243	.74	1.1115
199	.64	1.1739	244	.74	1.1070
200	.64	1.1680	245	.74	1.1025
201	.65	1.1804	246	.74	1.0980
202	.65	1.1745	247	.75	1.1083
203	.65	1.1687	248	.75	1.1038
204	.65	1.1630	249	.75	1.0994
205	.65	1.1573	250	.75	1.0950
206	.66	1.1694	251	.76	1.1052
207	.66	1.1638	252	.76	1.1008
208	.66	1.1582	253	.76	1.0964
209	.66	1.1526	254	.76	1.0921
210	.67	1.1645	255	.76	1.0878
211	.67	1.1590	256	.77	1.0979
212	.67	1.1535	257	.77	1.0936
213	.67	1.1481	258	.77	1.0893
214	.67	1.1428	259	.77	1.0851
215	.68	1.1544	260	.77	1.0810
216	.68	1.1491	261	.78	1.0908
217	.68	1.1438	262	.78	1.0866
218	.68	1.1385	263	.78	1.0825
219	.69	1.1500	264	.78	1.0784
220	.69	1.1448	265	.79	1.0881
221	.69	1.1396	266	.79	1.0840
222	.69	1.1345	267	.79	1.0800
223	.69	1.1294	268	.79	1.0759
224	.70	1.1406	269	.79	1.0719
225	.70	1.1356	270	.80	1.0815

DELAWARE WORKERS COMPENSATION MANUAL**SECTION 5****RULINGS & INTERPRETATIONS & CLASSIFICATION GUIDE****EFFECTIVE DATE: JUNE 1, 2004**

Page C-8

Short Rate Cancellation Table (Continued)

Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect	Days in Policy Period	Short Rate Percentages	Factor to Apply to Earned Premium for Period Policy in Effect
271	.80	1.0775	316	.90	1.0396
272	.80	1.0735	317	.90	1.0363
273	.80	1.0696	318	.90	1.0330
274	.81	1.0790	319	.90	1.0298
275	.81	1.0751	320	.91	1.0380
276	.81	1.0712	321	.91	1.0347
277	.81	1.0673	322	.91	1.0315
278	.81	1.0635	323	.91	1.0283
279	.82	1.0728	324	.92	1.0364
280	.82	1.0689	325	.92	1.0332
281	.82	1.0651	326	.92	1.0301
282	.82	1.0614	327	.92	1.0269
283	.83	1.0705	328	.92	1.0238
284	.83	1.0667	329	.93	1.0318
285	.83	1.0630	330	.93	1.0286
286	.83	1.0593	331	.93	1.0255
287	.83	1.0556	332	.93	1.0224
288	.84	1.0646	333	.94	1.0303
289	.84	1.0609	334	.94	1.0272
290	.84	1.0572	335	.94	1.0242
291	.84	1.0536	336	.94	1.0211
292	.85	1.0625	337	.94	1.0181
293	.85	1.0589	338	.95	1.0259
294	.85	1.0553	339	.95	1.0229
295	.85	1.0517	340	.95	1.0198
296	.85	1.0481	341	.95	1.0169
297	.86	1.0569	342	.95	1.0139
298	.86	1.0534	343	.96	1.0216
299	.86	1.0498	344	.96	1.0186
300	.86	1.0463	345	.96	1.0156
301	.86	1.0429	346	.96	1.0127
302	.87	1.0515	347	.97	1.0203
303	.87	1.0480	348	.97	1.0174
304	.87	1.0446	349	.97	1.0145
305	.87	1.0411	350	.97	1.0116
306	.88	1.0497	351	.97	1.0087
307	.88	1.0462	352	.98	1.0162
308	.88	1.0429	353	.98	1.0133
309	.88	1.0395	354	.98	1.0105
310	.88	1.0361	355	.98	1.0076
311	.89	1.0445	356	.99	1.0150
312	.89	1.0412	357	.99	1.0122
313	.89	1.0379	358	.99	1.0094
314	.89	1.0346	359	.99	1.0065
315	.90	1.0429	360	.99	1.0038
			361	1.00	1.0111
			362	1.00	1.0083
			363	1.00	1.0055
			364	1.00	1.0027
			365	1.00	1.0000

TABLE OF CONTENTS

GENERAL RULES

I. INSTRUCTIONS

II. DEFINITIONS

1. Risk
2. Legal Entity
3. Affiliate
4. Experience

III. GENERAL PROVISIONS

1. Eligibility Requirements
2. Experience Period
3. Experience Period Extension
4. Multiple Policy Experience
5. Experience to be Used
6. Self-Insurers' Data
7. Administration of Property (Fiduciary and Non-Fiduciary)
8. Combination of Entities
9. Change of Ownership, Control Management or Operations
10. Joint Ventures

IV. APPLICATION OF EXPERIENCE MODIFICATION

1. Experience Modification
2. Period and Operations Affected
3. Single Policy Risk
4. Multiple Policy Risk

V. TABULATION OF EXPERIENCE

1. Experience Used for Rating
2. Rating Forms
3. Payrolls
4. Losses
5. Limitation on Total Losses Employed in a Rating
6. Moral Responsibility
7. Revision of Losses
8. Third Party Cases

VI. RATING PROCEDURE

1. Actual Losses
2. Expected Losses
3. Credibility
4. Maximum Value Charge
5. Experience Modification

Table B – Credibility Table

**GENERAL RULES
SECTION I – INSTRUCTIONS**

1. The Experience Rating Plan is intended to determine whether a specific risk presents a hazard for future insurance which is better or worse than the hazard of the average risk in the classification to which the risk has been assigned.
2. The rules of this Plan shall govern the experience rating procedure to be followed in connection with Workers Compensation and Employers' Liability Insurance.

These rules have been prepared as applicable to policies written or issued for a period not in excess of one year. When, however, policies are written for periods of more than one year, such policies shall be considered as consisting of consecutive units of twelve months, or if the period of coverage is not a multiple of twelve months the first or last unit shall be considered as though it were a short term policy. If, however, coverage is written for a period that is more than one year but not more than one year and sixteen days, such entire period shall be considered as a unit of coverage. Each unit as defined above shall be subject separately to all of the rules and procedures specified in the Plan to the same degree as if it actually constituted a separate policy.

In the event the policy period for a long term policy is more than one year and sixteen days, and is not made up of complete twelve-month periods, an endorsement shall be attached to the policy specifying whether the first or last unit shall be considered as though it were a short term policy.

3. This Plan and all amendments thereto, unless otherwise specifically provided, shall be applied as of the first normal anniversary rating date of the risk, as established by the Bureau, which is on or after the effective date of any change in the rules or rating values of this Plan, but shall not otherwise be available to outstanding ratings.
4. It shall not be permissible by cancellation, or rewriting, or by the extension of the policy term, to alter an existing policy for the purpose of enabling the risk to qualify for, or avoid, application of this Plan.
5. **Appeals.** Any determination or decision of the Bureau for an individual risk under the Delaware Experience Rating Plan may be appealed pursuant to Rule XVI, APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE, Section 1 of this Manual.

SECTION II – DEFINITIONS

1. **Risk.** The term "risk" as used in this Plan shall mean
 - (a) A single legal entity.
 - (b) Two or more affiliates which qualify for combination under the rules of Section III of this Plan.
2. **Legal Entity.** The term "legal entity" or "entity" shall mean an individual, partnership, corporation, unincorporated association or fiduciary (e.g., trustee, receiver, executor or administrator).
3. **Affiliate.** The term "affiliate" shall mean entities in each of which the same entity or group of entities own a majority interest.
4. **Experience.** For the purpose of this Plan experience shall mean the record established by a risk under Workers Compensation and Employers' Liability Insurance, as disclosed by the losses incurred by the insurance carrier or carriers and the payrolls or other exposures segregated according to classification of operations. Losses incurred shall be on a gross basis, before the application of the deductible when such coverage is provided.

If the classification assigned to a risk is revised or modified, for the purpose of this Plan the Bureau shall similarly reassign the classification of the experience period except that, if the revision is due to a change in operations, no part of the experience period prior to such operations change shall be affected.

Note: For special provisions applicable to self-insurers' data see Rule 6 of Section III.

SECTION III – GENERAL PROVISIONS

1. **Eligibility Requirements.** A risk shall qualify for rating under this Plan if the premium developed by the audited payrolls or other exposures of the policy terminating two (2) years prior to the date for which the modification is to be established, extended at current **Residual Market Rates**, is **\$3,161** or more.
 - (a) Eligibility requirements will be determined without consideration of Maritime Liability, Liability under the Federal Employers' Liability Act, Excess Limits and Additional Medical Coverage, the non-ratable element and seat surcharge for Aircraft Operation, the non-ratable element for Explosives Manufacturing, and Atomic Energy Projects.

- (b) Risks shall be disqualified by a lapse of insurance of two years or more until they again qualify for experience rating following the lapse.

The application of Rules 2 and 3 of this section is subject to the provisions of Section V "Tabulation of Experience" of this Plan.

- 2. **Experience Period.** The experience period, except as otherwise provided in Rules 3 and 4 of this Section, shall be not more than three (3) years, commencing four (4) years prior and terminating one (1) year prior to the date for which an experience modification is to be established, but in no event shall be less than the one policy year (twelve months) commencing two (2) years prior and terminating one (1) year prior to the date for which an experience modification is to be established. Completed policy periods only shall be used and all such periods wholly within the experience period shall be used.
- 3. **Experience Period Extension.** If for any reason a part of the earliest policy period falls outside of the normal three (3) year maximum period, such earliest policy period shall be retained in full provided the entire experience period does not then exceed three and three-quarters (3¾) years, and shall be rejected in full if its retention serves to increase the experience period beyond three and three-quarters (3¾) years.

If the policy period immediately preceding the earliest policy period completely within the normal three year experience period is less than a twelve month period and has been used in only two previous ratings, then such short term policy period shall be retained in full provided the entire experience period does not then exceed three and three-quarters (3¾) years, and shall be rejected in full if its retention serves to increase the experience period beyond three and three-quarters (3¾) years.

- 4. **Multiple Policy Experience.** If the experience used in rating a risk involves two or more policies varying in expiration date, the experience period shall be determined for each entity separately in accordance with the foregoing rules, except that the experience for each non-controlling entity shall close with the completed policy period beginning more than one year and terminating not less than six months prior to the date for which an experience modification is to be established.
- 5. **Experience to be Used.** The entire experience of the risk (except as otherwise provided in Rule 1 of Section V of this Plan) incurred within the experience period on all its operations, whether such operations are normal to the business or otherwise, shall be reported and used in determining the experience modification. The Bureau may, at its discretion, verify any or all the data from which the experience modification is to be determined.
- 6. **Self-Insurers' Data.** The experience of self-insurers may be accepted by the Bureau provided the experience on self-insured operations is submitted on the approved form, giving the required information with respect to payrolls and losses. Such statement shall be secured, verified and submitted by an interested carrier.

Self-insured experience shall not be used in rating a risk unless the operations that produced such experience are to be insured under a Standard Workmen's Compensation and Employers' Liability Policy.

- 7. **Administration of Property (Fiduciary and Non-Fiduciary).** Ownership interest shall be deemed to be vested in a fiduciary when a fiduciary is involved. However, "Fiduciary" shall not include a debtor in possession or a trustee under a revocable trust or a franchisor. Ownership interest held by an entity in a fiduciary capacity and ownership interest held by the same entity in a non-fiduciary capacity shall be deemed to be ownership by the same entity.

COMBINATIONS OR CHANGES OF STATUS

8. Combination of Entities.

- (a) Affiliates shall not be combined for rating purposes if: provided, however, that combination shall be made as respects entities in each of which the same person, or group of persons, or corporation owns a majority interest and
 - (i) The affiliates involved constitute the component parts of an enterprise performing a continuous and/or integrated process or operation, or
 - (ii) There is interchange of employment (other than office and salesmen) between two or more of the affiliates involved in the combination.

Separate policies may not be issued to affiliates, which are required to be combined under this Rule.

- (b) Affiliates which are not required to be combined under Rule 8(a) may be combined upon the mutual agreement of the risk and the carrier(s) involved. If such combination is agreed to, insurance may be provided either by a single policy insuring all affiliates, or by separate policies for each affiliate issued by one or more insurance carriers. In the latter case, the experience modification established for the entire risk shall apply on each policy to each affiliate. If all affiliates are not combined, then each affiliate not otherwise subject to Rule 8(a) shall be insured under a separate policy and

rated on its own experience, providing it meets the qualifications for experience rating as specified in Rule 1 of this Section.

- (c) When one or more mandatory combinations of affiliates under Rule 8(a) exist, insurance for each such combination may be provided by a single policy. Each mandatory combination and any other affiliates which are not required to be a part of any mandatory combination pursuant to Rule 8(a) may be separately rated and separately insured. Exception: If any one or more affiliates not required to be combined under Rule 8(a) or mandatory combinations voluntarily choose to be insured under a single policy, then all affiliates shall be insured under a single policy and the experience modification established for the entire risk shall apply to each affiliate.

Example

Five legal entities are commonly owned. Company A and Company B have an interchange of employees. Company C and Company D have a continuity of operations. Company E is unrelated except through ownership.

By Rule 8(a), Company A and Company B must be combined for rating and must be covered by a single policy. Similarly, by Rule 8(a), Company C and Company D must be combined for rating and must be covered by a single policy. Company E may be separately rated and covered by a separate policy.

<u>Company</u>	<u>Rating</u>	<u>Policy #</u>
Company A ≥	Combined	Combined
Company B ≥	A & B	Policy 1
Company C ≥	Combined	Combined
Company D ≥	C & D	Policy 2
Company E	Separate	Policy 3

If any combination of these separate policy coverages is elected, then all commonly owned entities must be combined for rating and must be covered by a single policy. Thus, if Companies A and B desire to be combined with Company E, they must also combine with Companies C and D, and all must be covered by a single policy.

- (d) If an entity owns a majority interest in another entity which, in turn, owns the majority interest in another entity, all entities so related shall be considered as being under the same ownership for the purposes of this rule, regardless of the number of entities in succession.
- (e) Separate legal entities organized for religious purposes within the same religious denomination shall not be combined for rating purposes; provided, however, that combination may be made as respects all such entities in each of which the same central authority appoints or controls the appointment of the board of trustees or similar body and exercises direct, complete and active control over the finances, properties, operations and activities.

In the term "majority interest," as used in this rule, "majority" shall mean more than 50%.

If an entity other than a partnership

- i. has issued voting stock, majority interest shall mean a majority of the issued voting stock;
- ii. has not issued voting stock, majority interest shall mean a majority of the members;
- iii. has not issued voting stock and has no members, majority interest shall mean a majority of the board of directors or comparable governing body.

If an entity is a partnership, majority interest shall be determined in accordance with the participation of each general partner in the profits of the partnership.

Note: If a combination of entities is required or has been elected, and if two or more different combinations are possible in accordance with the provisions of this rule, the combination involving the greatest number of entities shall be made. The experience of any entity used in such a combination shall not otherwise be used in combination with any other entity.

The experience to be used in a rating combination shall be subject to the provisions of the rule "Change of Ownership" of this Section.

- (f) Affiliates combined for rating voluntarily (i.e., not a mandatory combination), which wish to change their rating option and have each affiliate separately rated based on its individual experience, may petition the Bureau to do so. Upon Bureau approval, separate policies must be issued for each affiliate. Unless the Bureau is provided with the segregated experience needed to produce separate ratings for each affiliate in an acceptable format, each affiliate will continue to

be rated using combined experience for any policy period(s) for which segregated experience is not available and its own separately reported experience for policy period(s) subsequent to the separation.

9. Ownership Changes.

- (a) For purposes of this Plan, a change in ownership includes any of the following:
 - (i) sale, transfer or conveyance of all or a portion of an entity's ownership interest
 - (ii) sale, transfer or conveyance of an entity's physical assets to a purchasing entity which takes over the operation of the selling entity and wherein the selling entity
 - (a) becomes entirely inactive with no employees or
 - (b) retains a few employees for the purpose of closing out its affairs prior to dissolution as a legal entity or
 - (c) retains a few clerical employees for the purpose of carrying on operations in connection with investment of its financial assets
 - (iii) merger or consolidation of two or more entities
 - (iv) formation of a new entity subsequent to the dissolution or non-operative capacity of an entity
 - (v) voluntary or court mandated establishment of a trustee or receiver, excluding a debtor in possession, a trustee under a revocable trust or franchisor.
 - (b) Continuation of Experience. Unless excluded under paragraph (c), the experience for any entity undergoing a change in ownership shall be transferred to the experience of the acquiring, surviving or new entity. The date of revision will be the later of the following two dates: 1) the anniversary rating date in effect at the time the Bureau receives a completed ERM-14 form outlining the ownership change or 2) the date on which the change in ownership occurred.
 - (i) Partial Sale: If an entity disposes of a part of its assets or operations but otherwise continues to operate its business, all experience incurred prior to the sale shall be used in future ratings of the entity.
- NOTE:** Future experience ratings of a risk shall retain all experience for any part of its operations which may have been discontinued or self-insured.
- (c) Exclusion of Experience. The experience of any entity undergoing a change in ownership shall be retained and used in future experience ratings unless one or both of the following requirements (i) and (ii) are met at the same time of the ownership change:
 - (i) A change in majority interest occurs and the change in majority interest is accompanied by a complete change in operation and function sufficient to result in a change of governing classification and the change in majority interest is accompanied by a change in the process and hazard of the operation
 - (ii) A change in majority interest occurs and the change in majority interest is accompanied by a change in employees such that all or a substantial portion of the employees of the new ownership are not retained from the prior ownership.
 - (d) If the experience of an entity undergoing a change in ownership is to be excluded from future experience ratings for the entity, the experience modification no longer applies as of the date of the ownership change unless the entity is acquired by another entity which has an existing experience modification. In that case, the modification of the acquiring entity shall apply.
 - (e) *Multiple Entities.* When two entities under substantially the same ownership have been insured under a single policy, and the ownership of one or both of them is changed so that there is no longer any connection between them, the procedure shall be as follows:
 - (i) If the experience of the entities has been combined for rating purposes during the entire experience period, the experience incurred prior to the change shall not be used for future ratings, unless
 - (a) the insurance carrier or carriers request that new modifications be established, and
 - (b) the Bureau is furnished with the experience required for the calculation of such modifications submitted in an acceptable format.

-
- (ii) If the experience of the entities has been combined for less than two years at the time of the change, so that the experience for each entity is available during the period they were separately insured, the experience for each entity shall be used for the purpose of calculating new experience modifications.

When three or more entities under substantially the same ownership have been insured under a single policy, and the ownership of one of the entities has been changed so that there is no longer any connection between it and the remaining entities, the existing experience modification shall continue to apply to the entities whose ownership has not changed. The entity whose ownership has changed shall not be subject to experience modification unless it has been purchased by an entity which has an applicable experience modification.

When three or more entities under substantially the same ownership have been insured under a single policy and the ownership of two or more of the entities has been changed so that common ownership no longer is present, the experience incurred prior to the date of the change shall not be used for future ratings, unless

- (i) the insurance carrier or carriers request that new modifications be established, and
- (ii) the Bureau is furnished with the experience required for the calculation of such modifications submitted in an acceptable format.

- 10. Joint Ventures.** When two or more risks associate for the purpose of undertaking one or more projects as a joint venture, the premium for the operation involved shall not be subject to experience modification until such time as the joint venture qualifies for experience rating in accordance with the provisions of Rule 1 of this Section, subject, however, to the following conditions:

- (1) The contracts shall be awarded in the name of the associated risks as a joint venture.
- (2) The joint ventures shall share responsibility for, and participate in the control, direction and supervision of all work undertaken.
- (3) The joint ventures shall maintain a common bank account, payroll and business records.
- (4) When the joint venture becomes subject to experience rating, all applicable experience modifications shall be based exclusively on the experience of the joint venture. The experience developed under a joint venture shall be excluded from the future rating of the individual ventures.

SECTION IV APPLICATION OF EXPERIENCE MODIFICATION

- 1. Experience Modification.** An experience modification for a qualified risk shall be determined annually (except as provided in Rules 3 and 4 of this Section) and shall be effective as of the normal anniversary rating date of the risk. No more than one experience modification shall apply to a risk at the same time. Subject to the exceptions noted below, the experience modification shall be applied to the premium developed by the use of carrier rates in force on the effective date of the experience modification.

EXCEPTION (a):

Classifications with Non-Ratable Elements:

Only the ratable portion of the manual rate is eligible for experience modification. The ratable portion is equal to the manual rate less the non-ratable element.

EXCEPTIONS:

Premiums Not Subject to Experience Rating:

The following are not subject to experience rating:

- i. Expense Constants.
- ii. The policy minimum premium.
- iii. Premium under the National Defense Projects Rating Plan.
- iv. Premium under Rule 1 of the Atomic Energy Procedure.
- v. The surcharge premium under Rule 2 of the Atomic Energy Procedure.

- vi. The seat surcharge premium for Aircraft Operation.
- vii. Premium under Terrorism Risk Insurance Act-2002 –Certified Losses

2. Period and Operations Affected. The experience modification shall be effective for a period of twelve months (except as provided in Rules 3 and 4 of this Section) and shall apply to all the operations of the risk, regardless of whether the current or any new operations are assigned to the same classifications as were used in establishing such modification.

3. Single Policy Risk. If a risk is covered by a single policy, the following procedure shall apply:

- (a) The experience modification effective as of the normal anniversary rating date shall apply for the full term of the policy which becomes effective on such date and also for the full term of any policy which becomes effective within three months after such date.
- (b) If a policy is written for a period of one year, but is extended for a period of not more than 16 days, the carrier rates and experience modification in effect as of the normal termination date shall remain in effect until the termination date of the extended policy. The carrier rates and experience modification which would have become effective as of the normal anniversary rating date shall apply for a period of one year from the effective date of the renewal policy.
- (c) If a policy is written for a period of one year, but is extended for a period of more than 16 days but not in excess of 60 days, the authorized rates and experience modification shall apply as of the normal anniversary rating date for the unexpired portion of the extended policy period, and shall also apply for a period of one year from the effective date of the renewal policy.
- (d) If a policy becomes effective on a date more than three months after the normal anniversary rating date:
 - i. the outstanding experience modification shall apply to the new policy for the period corresponding to the unexpired term of the rating.
 - ii. a new experience modification then shall apply for the unexpired term of the outstanding policy.
 - iii. thereafter, a new modification shall apply annually as of a new normal anniversary rating date. The new normal anniversary rating date shall be the date twelve months after the effective date of the outstanding policy.

4. Multiple Policy Risk. If a risk is covered by several policies (as provided in Rule 8 of Section III of this Plan) which differ as to inception dates, the following procedure shall apply:

A single experience modification shall be computed to be effective for a period of twelve months beginning on a normal anniversary rating date to be established by the Bureau. The Bureau may, however, authorize the application of an existing experience modification for a period not to exceed fifteen months or a new experience modification for a period greater than three months and less than twelve months for the purpose of establishing a new normal anniversary rating date. Any policy effective prior to the normal anniversary rating date established by the Bureau shall be cancelled as of such date and rewritten for a period of twelve months. Any policy effective subsequent to the normal anniversary rating date established by the Bureau shall be written to expire concurrently with the next ensuing normal anniversary rating date or shall be cancelled as of that date.

Any policies subject to this rule which are extended beyond the normal period of twelve months shall be subject to the provisions of Rules 3(b) and 3(c) of this Section.

SECTION V TABULATION OF EXPERIENCE

- 1. Experience Used for Rating.** The experience used for rating purposes shall be the individual risk experience valued at least three months prior to the rating date and reported in accordance with the provisions of the Delaware Workers' Compensation Statistical Plan. It shall include Voluntary Compensation insurance, but shall exclude Maritime Employments and Employments under the Federal Employers' Liability Act. It shall also exclude the exposure and any losses under **Code 9108 Passenger Seat Surcharge**.
- 2. Rating Forms.** To determine the experience modification the prescribed experience shall be tabulated by the Bureau on approved rating forms.
- 3. Payrolls.** The audited payrolls or other exposures for each classification for the experience period.

4. Losses. Incurred losses shall be tabulated by policy years in the manner indicated below.

- (a) Losses as reported (indemnity, medical and total) shall be shown for each policy year. Losses incurred shall be on a gross basis, before the application of the deductible when such coverage is provided.
- (b) Losses which are subject to average or limiting values, as provided in Rule 5 of this Section, shall be listed individually, showing the total cost of each case as reported and as used for rating purposes. Multiple injury accidents shall be identified in the appropriate column of the rating form.

Exception: All claims reported with Catastrophe Code No. 48 shall be excluded from experience rating calculations. Refer to Delaware Workers Compensation Statistical Plan Manual, Section 2, C. 11. for definition of losses included under Catastrophe Code No. 48.

5. Limitation on Total Losses Employed in a Rating. To prevent unreasonable increases in rate for accidents whose occurrence or severity is a matter of chance, a scale of values has been determined and is to be used in place of the actual cost of such accidents when the actual cost exceeds the limiting value. No single accident, whether to one or more persons, shall be used for rating purposes at a value greater than that shown in Table B, column (3).

Exceptions: Multiple injury accidents in the Explosives and Ammunitions Mfg. Classifications (Exception: Code 4777, Explosives Distribution), shall be used for rating purposes at not more than twice the value of Table B, column (3) if two persons are injured, at not more than three times if three persons are injured and at not more than four times if four or more persons are injured.

6. Moral Responsibility. No loss shall be excluded from the experience of a risk on the ground that the employer was not morally responsible for the accident that caused such loss.**7. Revision of Losses.** It shall not be permissible to revise values because of department or judicial decision or because of developments in the nature of injury between two valuation dates. Provided, however, that:

- (a) in cases where loss values are included or excluded through mistake other than error of judgment
- (b) where a claim is declared non-compensable (see note below)
- (c) where the claimant or carrier has recovered in an action against a third party it shall be permissible to submit a revised reporting requesting adjustment of the affected rating or ratings, provided such request is made within 24 months of the expiration of the period to which the experience modification applied.
- (d) where a claim should have been reported with Catastrophe Code No. 48.

If a case is expected to be open longer than 24 months, upon written application, properly filed with the Bureau by the insured, a further extension of 24 months may be granted, provided such request is made within 24 months of the expiration of the period to which the experience modification applied. Such application shall give notice to the Bureau that one of the allowable conditions (see above) for loss revision is still pending a final decision. In this event, the Bureau's files for the risk involved will be preserved.

Note: For purposes of this rule, the term "non-compensable" refers to:

- i. an official ruling specifically holding that a claimant is not entitled to benefits under the provisions of the Delaware Workers' Compensation Law.
- ii. a case where no claim was filed during the period of limitation provided by the Delaware Workers' Compensation Law for the filing of such claim and the carrier therefore closes the case.
- iii. a case where the carrier contends, prior to the valuation date, that a claimant is not entitled to benefits under the Delaware Workers' Compensation Law and the claim is officially closed because of the claimant's failure to prosecute his claim.

8. Third Party Cases.

- (a) Pending Cases. When a negligence claim or suit has been instituted by a claimant against a third party, the procedure shall be as follows:

If the claim or suit against the third party has not been settled or finally adjudicated, the incurred loss shall be included in the rating, since failure to recover against a third party is no bar to compensation and the insurance carrier may eventually be obliged to indemnify the claimant in whole or in part for the loss sustained.

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- (b) **Settled Cases.** In cases where the carrier has received reimbursement under subrogation rights, or where the injured employee or his dependents have recovered from a third party, the procedure shall be as follows:
In cases where the total incurred cost prior to recovery is less than the accident limitation value shown in Table B, column (3), only the net loss shall be used in the rating. In cases where the total incurred cost prior to recovery exceeds the accident limitation value shown in Table B, column (3), the amount to be used in the rating shall be such proportion of the limiting value as the net loss bears to the total incurred cost prior to recovery.

SECTION VI RATING PROCEDURE

1. **Actual Losses.** Actual Losses (A), as tabulated in accordance with the provisions of Rules 4 and 5 of Section V, shall be used in the rating.
2. **Expected Losses.** Expected Losses (E) shall be determined from the application of the appropriate Expected Loss Factors, shown in Table A, to the payrolls or other exposures for each classification for the experience period.
3. **Credibility.** The Credibility (C) of the experience of the risk shall correspond to Expected Losses (E), as shown in Table B.
4. **Maximum Value Charge.** A limitation charge (L) reflecting the loss dollars eliminated by the Maximum Value placed on One Accident, shall be included in calculating the modification. The Charge times Credibility, or $L \times C$, shall be determined by entering Table B at the level of Expected Losses for the experience period.
5. **Experience Modification.** The Experience Modification (M) shall be determined from the formula:

$$M = \frac{AC + ELC + E(1.000 - C)}{E}$$

The experience modification shall be rounded to three decimal places.

Table B
DELAWARE EXPERIENCE RATING PLAN

Expected Losses		Credibility "C"	Maximum Value of one Accident	Weighted Maximum Value Charge "L" * "C"
(1)		(2)	(3)	(4)
5,608	or less	0.0500	26,625	0.025
5,609	6,175	0.0550	26,782	0.027
6,176	6,748	0.0600	26,925	0.030
6,749	7,327	0.0650	27,069	0.032
7,328	7,912	0.0700	27,214	0.034
7,913	8,504	0.0750	27,363	0.037
8,505	9,102	0.0800	27,513	0.039
9,103	9,706	0.0850	27,662	0.042
9,707	10,317	0.0900	27,811	0.044
10,318	10,935	0.0950	27,966	0.046
10,936	11,560	0.1000	28,120	0.049
11,561	12,192	0.1050	28,279	0.051
12,193	12,831	0.1100	28,436	0.053
12,832	13,477	0.1150	28,598	0.055
13,478	14,131	0.1200	28,760	0.058
14,132	14,792	0.1250	28,924	0.060
14,793	15,461	0.1300	29,090	0.062
15,462	16,137	0.1350	29,259	0.064
16,138	16,822	0.1400	29,429	0.066
16,823	17,514	0.1450	29,602	0.069
17,515	18,215	0.1500	29,775	0.071
18,216	18,924	0.1550	29,952	0.073
18,925	19,641	0.1600	30,130	0.075
19,642	20,367	0.1650	30,311	0.077
20,368	21,102	0.1700	30,493	0.079
21,103	21,845	0.1750	30,677	0.081
21,846	22,598	0.1800	30,864	0.084
22,599	23,360	0.1850	31,054	0.086
23,361	24,132	0.1900	31,246	0.088
24,133	24,913	0.1950	31,440	0.090
24,914	25,704	0.2000	31,636	0.092
25,705	26,505	0.2050	31,835	0.094
26,506	27,316	0.2100	32,037	0.096
27,317	28,137	0.2150	32,241	0.098

Table B
DELAWARE EXPERIENCE RATING PLAN

Expected Losses	Credibility	Maximum Value of one Accident	Weighted Maximum Value Charge "L" * "C"
(1)	"C" (2)	(3)	(4)
28,138	28,969	0.2200	32,448
28,970	29,812	0.2250	32,657
29,813	30,665	0.2300	32,868
30,666	31,530	0.2350	33,083
31,531	32,407	0.2400	33,301
32,408	33,295	0.2450	33,522
33,296	34,194	0.2500	33,745
34,195	35,106	0.2550	33,972
35,107	36,031	0.2600	34,201
36,032	36,968	0.2650	34,434
36,969	37,918	0.2700	34,670
37,919	38,880	0.2750	34,909
38,881	39,857	0.2800	35,151
39,858	40,847	0.2850	35,397
40,848	41,851	0.2900	35,647
41,852	42,869	0.2950	35,899
42,870	43,902	0.3000	36,155
43,903	44,950	0.3050	36,416
44,951	46,014	0.3100	36,680
46,015	47,092	0.3150	36,948
47,093	48,187	0.3200	37,219
48,188	49,298	0.3250	37,495
49,299	50,425	0.3300	37,774
50,426	51,570	0.3350	38,058
51,571	52,732	0.3400	38,347
52,733	53,912	0.3450	38,640
53,913	55,110	0.3500	38,937
55,111	56,327	0.3550	39,239
56,328	57,562	0.3600	39,545
57,563	58,818	0.3650	39,857
58,819	60,093	0.3700	40,173
60,094	61,389	0.3750	40,495
61,390	62,705	0.3800	40,821
62,706	64,044	0.3850	41,153

Table B
DELAWARE EXPERIENCE RATING PLAN

Expected Losses		Credibility "C"	Maximum Value of one Accident	Weighted Maximum Value Charge "L" * "C"
(1)		(2)	(3)	(4)
64,045	65,404	0.3900	41,490	0.154
65,405	66,787	0.3950	41,833	0.155
66,788	68,193	0.4000	42,182	0.156
68,194	69,623	0.4050	42,536	0.158
69,624	71,077	0.4100	42,897	0.159
71,078	72,556	0.4150	43,263	0.160
72,557	74,061	0.4200	43,636	0.161
74,062	75,591	0.4250	44,016	0.162
75,592	77,149	0.4300	44,402	0.163
77,150	78,735	0.4350	44,795	0.164
78,736	80,349	0.4400	45,195	0.165
80,350	81,992	0.4450	45,602	0.166
81,993	83,666	0.4500	46,017	0.167
83,667	85,370	0.4550	46,439	0.168
85,371	87,106	0.4600	46,869	0.168
87,107	88,874	0.4650	47,307	0.169
88,875	90,676	0.4700	47,753	0.170
90,677	92,512	0.4750	48,208	0.171
92,513	94,384	0.4800	48,671	0.171
94,385	96,293	0.4850	49,144	0.172
96,294	98,239	0.4900	49,626	0.173
98,240	100,224	0.4950	50,117	0.173
100,225	102,248	0.5000	50,619	0.174
102,249	104,314	0.5050	51,130	0.174
104,315	106,422	0.5100	51,651	0.175
106,423	108,574	0.5150	52,184	0.175
108,575	110,771	0.5200	52,727	0.176
110,772	113,015	0.5250	53,283	0.176
113,016	115,306	0.5300	53,850	0.176
115,307	117,647	0.5350	54,429	0.177
117,648	120,039	0.5400	55,020	0.177
120,040	122,484	0.5450	55,625	0.177
122,485	124,984	0.5500	56,243	0.177
124,985	127,540	0.5550	56,875	0.177

Table B
DELAWARE EXPERIENCE RATING PLAN

Expected Losses		Credibility "C"	Maximum Value of one Accident	Weighted Maximum Value Charge "L" * "C"
(1)	(2)	(3)	(4)	
127,541	130,154	0.5600	57,521	0.178
130,155	132,829	0.5650	58,182	0.178
132,830	135,567	0.5700	58,859	0.178
135,568	138,369	0.5750	59,552	0.178
138,370	141,239	0.5800	60,261	0.177
141,240	144,178	0.5850	60,987	0.177
144,179	147,189	0.5900	61,731	0.177
147,190	150,275	0.5950	62,493	0.177
150,276	153,439	0.6000	63,274	0.177
153,440	156,683	0.6050	64,075	0.176
156,684	160,011	0.6100	64,897	0.176
160,012	163,426	0.6150	65,739	0.176
163,427	166,931	0.6200	66,604	0.175
166,932	170,531	0.6250	67,493	0.175
170,532	174,228	0.6300	68,405	0.174
174,229	178,028	0.6350	69,342	0.174
178,029	181,933	0.6400	70,305	0.173
181,934	185,950	0.6450	71,295	0.172
185,951	190,082	0.6500	72,314	0.171
190,083	194,335	0.6550	73,362	0.171
194,336	198,714	0.6600	74,441	0.170
198,715	203,224	0.6650	75,553	0.169
203,225	207,872	0.6700	76,697	0.168
207,873	212,665	0.6750	77,877	0.167
212,666	217,608	0.6800	79,094	0.166
217,609	222,709	0.6850	80,350	0.164
222,710	227,977	0.6900	81,646	0.163
227,978	233,418	0.6950	82,985	0.162
233,419	239,043	0.7000	84,368	0.161
239,044	244,859	0.7050	85,799	0.160
244,860	250,878	0.7100	87,278	0.158
250,879	257,110	0.7150	88,809	0.157
257,111	263,567	0.7200	90,395	0.155
263,568	270,261	0.7250	92,040	0.153

Table B
DELAWARE EXPERIENCE RATING PLAN

Expected Losses		Credibility "C"	Maximum Value of one Accident	Weighted Maximum Value Charge "L" * "C"
(1)	(2)	(3)	(4)	
270,262	277,204	0.7300	93,744	0.152
277,205	284,413	0.7350	95,513	0.150
284,414	291,901	0.7400	97,351	0.148
291,902	299,686	0.7450	99,260	0.146
299,687	307,785	0.7500	101,245	0.145
307,786	316,219	0.7550	103,312	0.143
316,220	325,007	0.7600	105,465	0.141
325,008	334,173	0.7650	107,709	0.139
334,174	343,743	0.7700	110,052	0.136
343,744	353,742	0.7750	112,498	0.134
353,743	364,201	0.7800	115,055	0.132
364,202	375,153	0.7850	117,732	0.130
375,154	386,632	0.7900	120,536	0.128
386,633	398,678	0.7950	123,477	0.125
398,679	411,334	0.8000	126,565	0.123
411,335	424,648	0.8050	129,811	0.120
424,649	438,671	0.8100	133,228	0.118
438,672	453,463	0.8150	136,831	0.115
453,464	469,088	0.8200	140,633	0.112
469,089	485,619	0.8250	144,653	0.109
485,620	503,137	0.8300	148,909	0.106
503,138	521,733	0.8350	153,424	0.104
521,734	541,510	0.8400	158,221	0.101
541,511	562,583	0.8450	163,328	0.098
562,584	585,086	0.8500	168,775	0.095
585,087	609,167	0.8550	174,599	0.092
609,168	635,000	0.8600	180,838	0.089
635,001	662,782	0.8650	187,541	0.086
662,783	692,743	0.8700	194,759	0.083
692,744	725,151	0.8750	202,557	0.080
725,152	760,316	0.8800	211,004	0.077
760,317	798,607	0.8850	220,187	0.074
798,608	840,460	0.8900	230,206	0.070
840,461	886,396	0.8950	241,181	0.067

Table B
DELAWARE EXPERIENCE RATING PLAN

Expected Losses		Credibility "C"	Maximum Value of one Accident	Weighted Maximum Value Charge "L" * "C"
(1)		(2)	(3)	(4)
886,397	937,044	0.9000	253,256	0.064
937,045	993,167	0.9050	266,604	0.061
993,168	1,055,704	0.9100	281,438	0.058
1,055,705	1,125,822	0.9150	298,023	0.056
1,125,823	1,204,986	0.9200	316,686	0.053
1,204,987	1,295,070	0.9250	319,000	0.054
1,295,071	1,398,500	0.9300	319,000	0.054
1,398,501	1,518,479	0.9350	319,000	0.054
1,518,480	1,659,324	0.9400	319,000	0.055
1,659,325	1,821,275	0.9450	319,000	0.055
1,821,276	1,992,124	0.9500	319,000	0.055
1,992,125	2,172,228	0.9550	319,000	0.055
2,172,229	2,363,277	0.9600	319,000	0.056
2,363,278	2,567,548	0.9650	319,000	0.056
2,567,549	2,788,236	0.9700	319,000	0.056
2,788,237	3,030,082	0.9750	319,000	0.057
3,030,083	3,300,665	0.9800	319,000	0.057
3,300,666	3,613,590	0.9850	319,000	0.057
3,613,591	3,998,570	0.9900	319,000	0.057
3,998,571	4,557,727	0.9950	319,000	0.058
4,557,728	and over	1.0000	319,000	0.058

GENERAL RULES**SECTION I – INSTRUCTIONS**

1. The Merit Rating Plan is intended to grant premium discounts or assess premium surcharges to employers which do not qualify under the uniform Experience Rating Plan. Premium discounts or surcharges under this Plan shall be based on the number of compensable employee lost-time injuries incurred by each risk during the Merit Rating Plan experience period as defined in Section III - General Provisions. Claims to be counted under this Plan are defined in Section V - Tabulation of Experience.
2. The rules of this Plan shall govern the merit rating procedure to be followed in connection with workers compensation and employers' liability insurance. These rules have been prepared as applicable to policies written or issued for a period not in excess of one year. When, however, policies are written for periods of more than one year, such policies shall be considered as consisting of consecutive units of 12 months, or, if the period of coverage is not a multiple of 12 months, the first or last unit shall be considered as though it were a short term policy. If, however, coverage is written for a period that is more than one year but not more than one year and 16 days, such entire period shall be considered as a unit of coverage. Each unit as defined above shall be subject separately to all of the rules and procedures specified in the Plan to the same degree as if it actually constituted a separate policy.

In the event the policy period for a long-term policy is more than one year and 16 days and is not made up of complete 12-month periods, an endorsement shall be attached to the policy specifying whether the first or last unit shall be considered as though it were a short term policy.

3. This Plan and all amendments thereto, unless otherwise specifically provided, shall be applied as of the first normal anniversary rating date of the risk, as established by the Bureau, which is on or after the effective date of any change in the rules or rating values of this Plan but shall not otherwise be available to outstanding ratings.
4. It shall not be permissible by cancellation or rewriting or by the extension of the policy term to alter an existing policy for the purpose of enabling the risk to qualify for or avoid application of this Plan.
5. **Appeals.** Any determination or decision of the Bureau for an individual risk under the Delaware Merit Rating Plan may be appealed pursuant to Rule XVI, APPEALS FROM APPLICATION OF THE RATING SYSTEM PROCEDURE, Section 1 of this Manual.

SECTION II – DEFINITIONS

1. **Risk.** The term "risk" as used in this Plan shall mean
 - a) A single legal entity.
 - b) Two or more affiliates which qualify for combination under the rules of Section III of this Plan.
2. **Legal Entity.** The term "legal entity" or "entity" shall mean an individual, partnership, corporation, unincorporated association or fiduciary (e.g., trustee, receiver, executor or administrator). Divisions or similar units of a legal entity do not qualify as separate entities.
3. **Affiliate.** The term "affiliate" shall mean entities in each of which the same entity or group of entities owns a majority interest.
4. **Experience.** For the purpose of this Plan experience shall mean the record established by a risk under Workers Compensation and Employers' Liability Insurance, as disclosed by the losses incurred by the insurance carrier or carriers and the payrolls or other exposures segregated according to classification of operations. If the classification assigned to a risk is revised or modified, for the purpose of this Plan the Bureau shall similarly reassign the classification of the experience period except that, if the revision is due to a change in operations, no part of the experience period prior to such operations change shall be affected.
5. **Compensable Employee Lost-Time Injury.** The term "compensable employee lost-time injury" for purposes of this Plan shall mean any claim having either an indemnity benefit payment or a case reserve for future indemnity benefit payments.

All claims reported with Catastrophe Code No. 48 shall be excluded from merit rating calculations.

6. **Merit Rating Plan Discount.** The term "Merit Rating Plan discount" for purposes of this Plan shall mean a reduction in the subject premium developed by the use of the carrier rates in force on the normal anniversary rating date applicable to the policy to which the Merit Rating Plan is applied.

7. **Merit Rating Plan Surcharge.** The term "Merit Rating Plan surcharge" for purposes of this Plan shall mean an increase in the subject premium developed by the use of the carrier rates in force on the normal anniversary rating date applicable to the policy to which the Merit Rating Plan is applied.
8. **Merit Rating Plan Adjustment.** The term "Merit Rating Plan adjustment" for purposes of this Plan shall mean either a Merit Rating Plan discount or a Merit Rating Plan surcharge.
9. **Subject Premium.** The term "subject premium" for purposes of this Plan shall mean the premium developed by the use of carrier rates in force on the normal anniversary rating date of the policy to which the Merit Rating Plan is applied, exclusive of exceptions listed in Section IV, Paragraph 1.

Note: For special provisions applicable to self-insurers' data see Rule 5 of Section III.

SECTION III – GENERAL PROVISIONS

1. **Eligibility Requirements.** A risk shall qualify for application of the Merit Rating Plan if **BOTH** of the following conditions are met:
 - a) The risk does not qualify for experience rating, and
 - b) The risk has exposure greater than zero during each year of the Merit Rating Plan experience period as defined herein.
 - i) Eligibility requirements will be determined without consideration of maritime liability, liability under the Federal Employers' Liability Act, excess limits and additional medical coverage, the non-rateable element and seat surcharge for aircraft operation, the non-rateable element for explosives manufacturing, and atomic energy projects.
 - ii) Risks shall be disqualified by a lapse of insurance of two years or more until they again qualify for merit rating following the lapse.

The application of Rules 2 and 3 of this section is subject to the provisions of Section V "Tabulation of Experience" of this Plan.

2. **Merit Rating Plan Experience Period.** The experience period for purposes of the Merit Rating Plan shall be not more than three (3) years, commencing four (4) years prior and terminating one (1) year prior to the date for which a Merit Rating Plan adjustment is to be established but in no event shall be less than one policy year (12 months) commencing three (3) years prior and terminating one (1) year prior to the date for which merit rating is to be established. Completed policy periods only shall be used, and all such periods wholly within the experience period shall be used.
3. **Multiple Policy Experience.** If the experience used in rating a risk involves two or more policies varying in expiration date, the experience period shall be determined for each entity separately in accordance with the foregoing rules, except that the experience for each non-controlling entity shall close with the completed policy period beginning more than one year and terminating not less than six months prior to the date for which a Merit Rating Plan adjustment is to be established.
4. **Experience to be Used.** The entire experience of the risk (except as otherwise provided in Rule I of Section V of this Plan) incurred within the experience period on all its operations, whether such operations are normal to the business or otherwise, shall be reported and used in determining the Merit Rating Plan adjustment. The Bureau may, at its discretion, verify any or all the data from which the Merit Rating Plan adjustment is to be determined.
5. **Self-Insurers' Data.** The experience of self-insurers may be accepted by the Bureau provided the experience on self-insured operations is submitted on the approved form, giving the required information with respect to payrolls and losses. Such statement shall be secured, verified and submitted by an interested carrier.

Self-insured experience shall not be used in applying the Merit Rating Plan to a risk unless the operations that produced such experience are to be insured under a Standard Workers Compensation and Employers' Liability Policy.

6. **Administration of Property (Fiduciary and Non-Fiduciary).** Ownership interest shall be deemed to be vested in a fiduciary when a fiduciary is involved. However, "Fiduciary" shall not include a debtor in possession or a trustee under a revocable trust or a franchisor. Ownership interest held by an entity in a fiduciary capacity and ownership interest held by the same entity in a non-fiduciary capacity shall be deemed to be ownership by the same entity.

COMBINATIONS OR CHANGES OF STATUS**7. Combination of Entities**

a) Affiliates shall be combined for merit rating purposes if:

- i) The affiliates involved constitute the component parts of an enterprise performing a continuous and/or integrated process or operation, or
- ii) There is interchange of employment (other than office and salesmen) between two or more of the affiliates.

Separate policies may not be issued to affiliates which are required to be combined under this rule.

- b) Affiliates which are not required to be combined under Rule 7 (a) may be combined upon the mutual agreement of the risk and the carrier(s) involved. If such combination is agreed to, insurance may be provided either by a single policy insuring all affiliates or by separate policies for each affiliate issued by one or more insurance carriers. In the latter case the Merit Rating Plan adjustment established for the entire risk shall apply on each policy to each affiliate. If all affiliates are not combined, then each affiliate not otherwise subject to Rule 8 (a) shall be insured under a separate policy and merit-rated based on its own experience, providing it meets the qualification for merit rating as specified in Rule 1 of this section.
- c) When one or more mandatory combinations of affiliates under Rule 7 (a) exist, insurance for each such combination may be provided by a single policy. Each mandatory combination and any other affiliates which are not required to be a part of any mandatory combination pursuant to Rule 7 (a) may be separately merit-rated and separately insured. Exception: If any one or more affiliates not required to be combined under Rule 7 (a) or mandatory combinations voluntarily choose to be insured under a single policy, then all affiliates shall be insured under a single policy and the Merit Rating Plan adjustment established for the entire risk shall apply to each affiliate.

Example

Five legal entities are commonly owned. Company A and Company B have an interchange of employees. Company C and Company D have a continuity of operations. Company E is unrelated except through ownership.

By Rule 7 (a) Company A and Company B must be combined for merit rating and must be covered by a single policy. Similarly, by Rule 7 (a) Company C and Company D must be combined for merit rating and must be covered by a single policy. Company E may be separately merit-rated and covered by a separate policy.

<u>Company</u>	<u>Merit Rating</u>	<u>Policy</u>
Company A	Combined	Combined
Company B	A & B	Policy 1
Company C	Combined	Combined
Company D	C & D	Policy 2
Company E	Separate	Policy 3

If any combination of these separate policy coverages is elected, then all commonly-owned entities must be combined for merit rating and must be covered by a single policy. Thus, if Companies A and B desire to be combined with Company E, they must also combine with Companies C and D, and all must be covered by a single policy.

- d) If an entity owns a majority interest in another entity which, in turn, owns the majority interest in another entity, all entities so related shall be considered as being under the same ownership for the purposes of this rule, regardless of the number of entities in succession.
- e) Separate legal entities organized for religious purposes within the same religious denomination shall not be combined for merit rating purposes, provided, however, that combination may be made as respects all such entities in each of which the same central authority appoints or controls the appointment of the board of trustees or similar body and exercises direct, complete and active control over the finances, properties, operations and activities.

In the term "majority interest," as used in this rule, "majority" shall mean more than 50 percent.

If an entity other than a partnership

- i) has issued voting stock, majority interest shall mean a majority of the issued voting stock.

- ii) has not issued voting stock, majority interest shall mean a majority of the members.
- iii) has not issued voting stock and has no members, majority interest shall mean a majority of the board of directors or comparable governing body.

If an entity is a partnership, majority interest shall be determined in accordance with the participation of each general partner in the profits of the partnership.

Note: If a combination of entities is required or has been elected and if two or more different combinations are possible in accordance with the provisions of this rule, the combination involving the greatest number of entities shall be made. The experience of any entity used in such a combination shall not be used in combination with any other entity. The experience to be used in any combination for purposes of the Merit Rating Plan shall be subject to the provisions of the Rule 8, "Ownership Changes," of this section.

- f) Affiliates, combined for purposes of merit rating voluntarily (i.e., not a mandatory combination), which wish to change their merit rating option and have each affiliate separately merit-rated based on its individual experience, may petition the Bureau to do so. Upon Bureau approval, separate policies must be issued for each affiliate. Unless the Bureau is provided with the segregated experience needed to produce separate Merit Rating Plan adjustments for each affiliate in an acceptable format, each affiliate will continue to be subject to the Merit Rating Plan using combined experience for any policy period(s) for which segregated experience is not available and its own separately reported experience for policy period(s) subsequent to the separation.

8. Ownership Changes.

- a) For purposes of this Plan a change in ownership includes any of the following:
 - i) sale, transfer or conveyance of all or a portion of an entity's ownership interest.
 - ii) sale, transfer or conveyance of an entity's physical assets to a purchasing entity which takes over the operation of the selling entity and wherein the selling entity
 - a) becomes entirely inactive with no employees or
 - b) retains a few employees for the purpose of closing out its affairs prior to dissolution as a legal entity or
 - c) retains a few clerical employees for the purpose of carrying on operations in connection with investment of its financial assets.
 - iii) merger or consolidation of two or more entities.
 - iv) formation of a new entity subsequent to the dissolution or non-operative capacity of an entity
 - v) voluntary or court-mandated establishment of a trustee or receiver, excluding a debtor in possession, a trustee under a revocable trust or franchiser.
- b) *Continuation of Experience.* Unless excluded under paragraph (c), the experience for any entity undergoing a change in ownership shall be transferred to the experience of the acquiring, surviving or new entity. The date of revision will be the later of the following two dates: 1) the anniversary rating date in effect at the time the Bureau receives a completed ERM-14 Form outlining the ownership change or 2) the date on which the change in ownership occurred.
 - i) *Partial Sale.* If an entity disposes of a part of its assets or operations but otherwise continues to operate its business, all experience incurred prior to the sale shall be used in future Merit Rating Plan adjustments of the entity.

Note: Future Merit Rating Plan adjustments of a risk shall retain all experience for any part of its operations which may have been discontinued or self-insured.

- c) *Exclusion of Experience.* The experience of any entity undergoing a change in ownership shall be retained and used in future Merit Rating Plan adjustments unless one or both of the following requirements (i) and (ii) are met at the same time of the ownership change.
 - i) A change in majority interest occurs, and the change in majority interest is accompanied by a complete change in operation and function sufficient to result in a change of governing classification, and the change in majority interest is accompanied by a change in the process and hazard of the operation.

- ii) A change in majority interest occurs, and the change in majority interest is accompanied by a change in employees such that all or a substantial portion of the employees of the new ownership are not retained from the prior ownership.
- d) If the experience of an entity undergoing a change in ownership is to be excluded from future Merit Rating Plan adjustments for the entity, the Merit Rating Plan adjustment no longer applies as of the date of the ownership change unless the entity is acquired by another entity which has an existing Merit Rating Plan adjustment. In that case the Merit Rating Plan adjustments of the acquiring entity shall apply.
- e) *Multiple Entities.* When two entities under substantially the same ownership have been insured under a single policy and the ownership of one or both of them is changed so that there is no longer any connection between them, the merit rating procedure shall be as follows:
 - i) If the experience of the entities has been combined for merit rating purposes during the entire experience period, the experience incurred prior to the change shall not be used for future merit rating plan adjustment, unless
 - a) the insurance carrier or carriers request that a new Merit Rating Plan adjustment be established, and
 - b) the Bureau is furnished with the experience required for the calculation of a Merit Rating Plan adjustment submitted in an acceptance format.
 - ii) If the experience of the entities has been combined for less than two years at the time of the change, so that the experience for each entity is available during the period they were separately insured, the experience for each entity shall be used for the purpose of calculating a new Merit Rating Plan adjustment.

When three or more entities under substantially the same ownership have been insured under a single policy and the ownership of one of the entities has been changed so that there is no longer any connection between it and the remaining entities, the existing Merit Rating Plan adjustment shall continue to apply to the entities whose ownership has not changed. The entity whose ownership has changed shall not be subject to merit rating unless it has been purchased by an entity which has an applicable Merit Rating plan adjustment.

When three or more entries under substantially the same ownership have been insured under a single policy and the ownership of two or more of the entities has been changed so that common ownership is no longer present, the experience incurred prior to the date of the change shall not be used for future Merit Rating Plan adjustments, unless

- a) the insurance carrier or carriers request that a new Merit Rating Plan adjustment be established, and
 - b) the Bureau is furnished with the experience required for the calculation of a Merit Rating Plan adjustment submitted in an acceptable format.
9. **Joint Ventures.** When two or more risks associate for the purpose of undertaking one or more projects as a joint venture, the premium for the operation involved shall not be subject to merit rating until such time as the joint venture qualifies in accordance with the provisions of Rule 1 of this section, subject, however, to the following conditions:
- a) The contracts shall be awarded in the name of the associated risks as a joint venture.
 - b) The joint ventures shall share responsibility for and participate in the control, direction and supervision of all work undertaken.
 - c) The joint ventures shall maintain a common bank account, payroll and business records.
 - d) When the joint venture becomes subject to merit rating, all applicable Merit Rating Plan adjustments shall be based exclusively on the experience of the joint venture. The experience developed under a joint venture shall be excluded from the future Merit Rating Plan adjustments of the individual ventures.

SECTION IV
APPLICATION OF MERIT RATING PLAN ADJUSTMENT

1. **Merit Rating Plan Adjustment.** A Merit Rating Plan adjustment for a qualified risk shall be determined annually (except as provided in Rules 3 and 4 of this section) and shall be effective as of the normal anniversary rating date of the risk. No more than one Merit Rating Plan adjustment shall apply to a risk at the same time. Subject to the exceptions noted below, the Merit Rating Plan adjustment shall be applied to the premium developed by the use of carrier rates in force on the effective date of the Merit Rating Plan adjustment.

EXCEPTIONS:

- a) Premiums Not Subject to the Merit Rating Plan:

The following are not subject to the Merit Rating Plan:

- i) Expense constants
- ii) The policy minimum premium
- iii) Premium under the National Defense Projects Rating Plan
- iv) Premium under Rule 1 of the Atomic Energy Procedure
- v) The surcharge premium under Rule 2 of the Atomic Energy Procedure
- vi) The seat surcharge premium for aircraft operation
- vii) Premium under Terrorism Risk Insurance Act-2002 –Certified Losses

2. **Period and Operations Affected.** The Merit Rating Plan adjustment shall be effective for a period of 12 months (except as provided in Rules 3 and 4 of this section) and shall apply to all the operations of the risk, regardless of whether the current or any new operations are assigned to the same classifications as were used in establishing the Merit Rating Plan adjustment.
3. **Single Policy Risk.** If a risk is covered by a single policy, the following procedure shall apply:
 - a) The Merit Rating Plan adjustment effective as of the normal anniversary rating date shall apply for the full term of the policy which becomes effective on such date and also for the full term of any policy which becomes effective within three months after such date.
 - b) If a policy is written for a period of one year but is extended for a period of not more than 16 days, the carrier rates and Merit Rating Plan adjustment in effect as of the normal termination date shall remain in effect until the termination date of the extended policy. The carrier rates and Merit Rating Plan adjustment which would have become effective as of the normal anniversary rating date shall apply for a period of one year from the effective date of the renewal policy.
 - c) If a policy is written for a period of one year but is extended for a period of more than 16 days but not in excess of 60 days, the carrier rates and the Merit Rating Plan adjustment shall apply as of the normal anniversary rating date for the unexpired portion of the extended policy period and shall also apply for a period of one year from the effective date of the renewal policy.
 - d) If a policy becomes effective on a date more than three months after the normal anniversary rating date,
 - i) the outstanding Merit Rating Plan adjustment shall apply to the new policy for the period corresponding to the unexpired term of the rating.
 - ii) a new Merit Rating Plan adjustment then shall apply for the unexpired term of the outstanding policy.
 - iii) thereafter, a new Merit Rating Plan adjustment shall apply annually as of a new normal anniversary rating date. The new normal anniversary rating date shall be the date 12 months after the effective date of the outstanding policy
4. **Multiple Policy Risk.** If a risk is covered by several policies (as provided in Rule 8. of Section III of this Plan) which differ as to inception dates, the following procedure shall apply:

A single Merit Rating Plan adjustment shall be computed to be effective for a period of 12 months beginning on a normal anniversary rating date to be established by the Bureau. The Bureau may, however, authorize the application of an existing

Merit Rating Plan adjustment for a period not to exceed 15 months or a new Merit Rating Plan adjustment for a period greater than three months and less than 12 months for the purpose of establishing a new normal anniversary rating date. Any policy effective prior to the normal anniversary rating date established by the Bureau shall be canceled as of such date and rewritten for a period of 12 months. Any policy effective subsequent to the normal anniversary rating date established by the Bureau shall be written to expire concurrently with the next ensuing normal anniversary rating date or shall be canceled as of that date. Any policies subject to this rule which are extended beyond the normal period of 12 months shall be subject to the provisions of Rules 3(b) and 3(c) of this section.

SECTION V TABULATION OF EXPERIENCE

1. **Experience Used for the Merit Rating Plan.** The experience used for purposes of the Merit Rating Plan shall be the individual risk experience valued at least three months prior to the rating date and reported in accordance with the provisions of the Delaware Workers' Compensation Statistical Plan. It shall include voluntary compensation insurance but shall exclude maritime employments and employments under the Federal Employees' Liability Act. It shall also exclude the exposure and any losses under Code 9108, Passenger Seat Surcharge.
2. **Merit Rating Plan Forms.** To determine the Merit Rating Plan adjustment the prescribed experience shall be tabulated by the Bureau on approved Merit Rating Plan forms.
3. **Payrolls.** The audited payrolls or other exposures for each classification for the experience period shall be tabulated by policy years.
4. **Losses.** Incurred losses or claims reported for all policy periods considered in qualifying a risk for the Merit Rating Plan shall be tabulated in the following manner:
 - a) Claims having no indemnity benefit payment or case reserve for indemnity benefit payment shall be excluded from the experience tabulation for purposes of the Merit Rating Plan. Losses as reported (indemnity, medical and total) shall be shown for each policy year. Losses incurred shall be on a gross basis, before the application of the deductible when such coverage is provided.
 - b) All claims not excluded from the experience tabulation for purposes of the Merit Rating Plan by virtue of sections (a) above shall be listed in the experience tabulation with the following information:
 - Policy number
 - Policy effective date
 - Claim number or number of claims
 - Indemnity loss amount
 - Date of loss

All claims reported with Catastrophe Code No. 48 shall be excluded from merit rating calculations.

5. **Moral Responsibility.** No loss shall be excluded from the experience of a risk on the ground that the employer was not morally responsible for the accident that caused such loss.
6. **Revision of Losses.** It shall not be permissible to revise values because of department or judicial decision or because of developments in the nature of injury between two valuation dates. Provided, however, that
 - a) in cases where loss values are included or excluded through mistake other than error of judgment
 - b) where a claim is declared non-compensable (see note below)
 - c) where the claimant or carrier has recovered in an action against a third party
 - d) where a claim should have been reported with Catastrophe Code No. 48

It shall be permissible to submit a revised reporting requesting adjustment of the affected Merit Rating Plan adjustment or adjustments, provided such request is made within 24 months of the expiration of the period to which the merit rating applied.

If a case is expected to be open longer than 24 months upon written application, properly filed with the Bureau by the insured, a further extension of 24 months may be granted, provided such request is made within 24 months of the expiration of the period to which the merit rating applied. Such application shall give notice to the Bureau that one of the allowable conditions (see above) for loss revision is still pending a final decision. In this event, the Bureau's files for the risk involved will be preserved.

Note: For purposes of this rule, the term "non-compensable" refers to:

- i) an official ruling specifically holding that a claim is not entitled to benefits under the provisions of the Delaware Workers Compensation Law.
- ii) a case where no claim was filed during the period of limitation provided by the Delaware Workers Compensation Law for the filing of such claim and the carrier therefore closes the case.
- iii) a case where the carrier contends prior to the evaluation date that a claimant is not entitled to benefits under the Delaware Workers Compensation or Law and the claim is officially closed because of the claimant's failure to prosecute his claim.

SECTION VI MERIT RATING PLAN PROCEDURE

1. **Merit Rating Plan Adjustments.** For each risk qualified under Section III of Merit Rating Plan claims listed in the experience tabulation under Section V, Paragraph 4 of the Merit Rating Plan shall be counted. Merit Rating Plan adjustments shall apply based on the following criteria:
 - a) No compensable employee lost-time injuries — 5 percent (5.0%) discount.
 - b) One (1) compensable employee lost-time injury — No discount or surcharge. Manual rates apply.
 - c) Two (2) or more compensable employee lost-time injuries — 5 percent (5.0%) surcharge.

The Rating Bureau will determine the appropriate Merit Rating Plan adjustment factors and notify the carrier.

EXAMPLES

EXAMPLE A

Merit Rating Plan Adjustment Effective Date 08/09/99		
(1) Experience Period to be used for qualifying	(2) Employer's Policy History	(3) Period used to determine Merit Rating Adjustment
08/09/97 to 08/09/98	08/09/98 to 08/09/99	
08/09/96 to 08/09/97	08/09/97 to 08/09/98	
08/09/95 to 08/09/96	08/09/96 to 08/09/97	08/09/97
	06/11/95 to 06/11/96	08/09/96

This employer's merit rating effective date has been established to be 8/09/99. This anniversary rating date requires the experience period begin as of 8/09/95 as shown in Column 1. The employer's policy history shows that the risk has experience data within only two years of the experience period as shown in Column 2. Though a portion of the 06/11/95 policy period falls within the 08/09/95 to 08/09/96 experience period, the 6/11/95 policy extends beyond the experience period and thus cannot be used in the determination of the merit rating plan adjustment, per Column 3. Thus this risk does not qualify for merit rating adjustment effective 08/09/99.

EXAMPLE B

Merit Rating Plan Adjustment Effective Date 12/09/99		
(1) Experience Period to be used for qualifying	(2) Employer's Policy History	(3) Period used to determine Merit Rating Adjustment
12/09/97 to 12/09/98	12/09/98 to 12/09/99	
12/09/96 to 12/09/97	12/09/97 to 12/09/98	12/09/97
12/09/95 to 12/09/96	12/09/96 to 12/09/97	12/09/96
	01/03/95 to 01/03/96	

This employer's merit rating effective date has been established to be 12/09/99. This anniversary rating date requires the experience period begin as of 12/09/95 as shown in Column 1. The employer's policy history shows that the risk has experience data within only two years of the experience period as shown in Column 2. Thus this risk does not qualify for merit rating plan adjustment effective 12/09/99.

EXAMPLE C

Merit Rating Plan Adjustment
Effective Date
10/17/99

(1) Experience Period to be used for qualifying	(2) Employer's Policy History	(3) Period used to determine Merit Rating Adjustment
10/17/97 to 10/17/98	10/17/98 to 10/17/99	10/17/97 to 10/17/98
10/17/96 to 10/17/97	10/17/97 to 10/17/98	10/17/96 to 10/17/97
10/17/95 to 10/17/96	09/28/96 to 10/17/96	09/28/96 to 10/17/97
	09/28/95 to 09/28/96	

This employer's merit rating effective date has been established to be 10/17/99. This anniversary rating date requires that the experience period begin as of 10/17/95 as shown in Column 1. The employer's policy history shows that the risk has experience data within each year of the experience periods required for eligibility as shown in Column 2. Thus, merit rating plan adjustment will be based on the three policies which fall within the experience period per Column 3. The risk qualifies for merit rating adjustment effective 10/17/99.

EXAMPLE D

Merit Rating Plan Adjustment
Effective Date
11/01/99

(1) Experience Period to be used for qualifying	(2) Employer's Policy History	(3) Period used to determine Merit Rating Adjustment
11/01/97 to 11/01/98	11/01/98 to 11/01/99	11/01/97 to 11/01/98
11/01/96 to 11/01/97	11/01/97 to 11/01/98	11/01/96 to 11/01/97
11/01/95 to 11/01/96	11/01/96 to 11/01/97	11/01/95 to 11/01/96
	11/01/95 to 11/01/96	

This employer's merit rating effective date has been established to be 11/01/99. This anniversary rating date requires that the experience period begin as of 11/01/95 as shown in Column 1. The employer's policy history shows that the risk has separate policy periods which have experience data within each year of the experience period required for eligibility as shown in Column 2. Thus, merit rating plan adjustment will be based on 36 months of experience per Column 3. The risk qualifies for merit rating adjustment effective 11/01/99.

WC 07 04 08

DELAWARE MERIT RATING PLAN ENDORSEMENT

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

The premium for this insurance may be subject to merit rating plan adjustments because your premium may be less than the amount necessary to be eligible for the Uniform Experience rating Plan.

The following premium discount or surcharge will be applied to your manual premium based on your claims during the most recent three year period for which statistics are available.

1. A 5% credit (**discount**) will be applied if you had no compensable employee lost-time injuries – **Statistical Code 9885**.
2. No credit or debit will be applied if you had one (1) compensable employee lost-time injuries – **Statistical Code 9884**.
3. A 5% debit (**surcharge**) will be applied if you had two (2) or more compensable employee lost-time injuries – **Statistical Code 9886**.

NOTES:

1. This endorsement should be attached to a policy showing Delaware in Item 3.A of the Information Page.
2. Show any merit rating discount or surcharges in item 4 of the Information Page.

EXAMPLE – EMPLOYER NOT SUBJECT TO MERIT RATING PLAN**DELAWARE COMPENSATION RATING BUREAU
MERIT RATING CALCULATION**

Carrier: Any Insurance Co.
Insured: ABC Associates
Bureau File No. . 2299XXX
Policy No. WCxx1200311
Effective Period 09/08/99 – 09/08/00

CODE 9884 – Neutral

Based on the lost-time claims indicated below, the risk is not subject to a Merit Rating Plan adjustment.

<u>Policy Number</u>	<u>Policy Effective Date</u>	<u>Claim Number</u>	<u>Date of Injury</u>	<u>Indemnity Amount</u>
WC00199920001	090896	29991100	091596	1,870

EXAMPLE – EMPLOYER SUBJECT TO MERIT RATING PLAN

**DELAWARE COMPENSATION RATING BUREAU
MERIT RATING CALCULATION**

Carrier:	Any Insurance Co.
Insured:	ABC Associates
Bureau File No. .	2299XXX
Policy No.	WCxx1200311
Effective Period	09/08/99 – 09/08/00

CODE 9885 – Credit

No lost-time claims. This risk qualifies for a Merit Rating Plan discount of 5%.

EXAMPLE – EMPLOYER SUBJECT TO MERIT RATING PLAN SURCHARGE**DELAWARE COMPENSATION RATING BUREAU
MERIT RATING CALCULATION**

Carrier: Any Insurance Co.
Insured: ABC Associates
Bureau File No. . 2299XXX
Policy No. WCxx1200311
Effective Period 09/08/99 – 09/08/00

CODE 9886 – Surcharge

Based on the lost-time claims indicated below, the risk is not subject to a Merit Rating Plan surcharge of 5 percent.

<u>Policy Number</u>	<u>Policy Effective Date</u>	<u>Claim Number</u>	<u>Date of Injury</u>	<u>Indemnity Amount</u>
WC00199920001	090896	29991100	091596	1,870
WC00199920001	090896	29991101	121196	2,991
WC00199920002	090895	39991100	100195	15,019

The Bureau's electronic Manual highlights all changes from previous language. For changes previously announced by Bureau Circular, highlighted language in the electronic Manual provides a link(s) to the pertinent Bureau Circular announcement(s). No Circular announcement accompanied the change linked to this message.

Delaware Compensation Rating Bureau, Inc.



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March 23, 2004

BUREAU CIRCULAR NO. 779

To All Members of the Bureau:

Re: **MANUAL REVISIONS – SECTIONS 1 AND 7**

BUREAU FILING NO. 0402

EFFECTIVE JUNE 1, 2004

- 1) **Section 1, Rule IX, G. Delaware Construction Classification Premium Adjustment Program**
- 2) **Section 1, Rule VII, C. Large Construction Projects – Wrap-Up**
- 3) **Section 7, Section III, Rule 7. Combination of Entities**

The Delaware Compensation Rating Bureau, Inc. has filed and the Insurance Commissioner has approved Manual revisions to Sections 1 and 7 pertaining to changes in classification rules in Delaware. These revisions become **effective as of 12:01 a.m., June 1, 2004** with respect to new and renewal business only.

The revisions, as referenced above, are discussed below.

1) Section 1, Rule IX, G. Delaware Construction Classification Premium Adjustment Program

The Delaware Construction Classification Premium Adjustment Program (DCCPAP), originally approved effective July 1, 1990, contained wording that has on occasion precipitated problems that the Bureau felt could be alleviated by a wording change. The revised wording is shown below with deleted wording bracketed and new wording underlined.

SECTION 1

**RULE IX – SPECIAL CONDITIONS OR OPERATIONS AFFECTING
COVERAGE AND PREMIUM**

G. DELAWARE CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM

1. Program Description

The credit authorized by the Delaware Compensation Rating Bureau, Inc. shall appear on [I]tem 4 of the [P]olicy. If the credit applicable to the policy is not available at the time of [the] policy issuance, the carrier shall endorse the policy to provide [this]the appropriate credit information once a qualifying application has been processed and the Bureau has notified the carrier of the credit determined on the basis of such application.

Report Delaware Construction.....

adjustment credit.

2) Section 1, Rule VII, C. Large Construction Projects – Wrap-Up

This wording revision was prompted by an employer inquiry regarding the inclusion of loss experience in the calculation of their experience rating from a Wrap-Up policy, noting that this was not addressed in the above referenced rule. To clarify the intent of this rule, the wording shown below has been added:

SECTION 1

RULE VII – PREMIUM DISCOUNT

Item 4 of the Information Page

**C. LARGE CONSTRUCTION PROJECTS
(Wrap-Up)**

The first step..... following conditions.

7. Bureau Notification

The Bureau must be notified of the method by which the wrap-up policies will be identified.

8. Separate Policy Requirement

A separate policy is required for each entity included in the wrap-up plan and each policy is subject to that entity's own experience rating modification.

9. Experience Modifications

The experience developed by each entity in the combinations will be used in calculating the future experience of the entity. There will be no experience rating for the project as a unit.

3) Section 7, Section III, Rule 7. Combination of Entities

This is a "housekeeping" change to Rule 7, intended to correct the reference to Rule 8. Combination of Entities approved in the original filing, as approved effective July 1, 1999, which should, in fact, have been Rule 7.

SECTION 7 – MERIT RATING PLAN

SECTION III – GENERAL PROVISIONS

COMBINATIONS OR CHANGES OF STATUS

7. Combination of Entities

- b) Affiliates which are not required to be combined under Rule [8]7. (a) may be combined upon the mutual agreement of the risk and the carrier(s) involved. If such combination is agreed to, insurance may be provided either by a single policy insuring all affiliates or by separate policies for each affiliate issued by one or more insurance carriers. In the latter case the Merit Rating Plan adjustment established for the entire risk shall apply on each policy to each affiliate. If all affiliates are not combined, then each affiliate not otherwise

subject to Rule [8]7. (a) shall be insured under a separate policy and merit-rated based on its own experience, providing it meets the qualification for merit rating as specified in Rule 1 of this section.

- c) When one or more mandatory combinations of affiliates under Rule [8]7. (a) exist, insurance for each such combination may be provided by a single policy. Each mandatory combination and any other affiliates which are not required to be a part of any mandatory combination pursuant to Rule [8]7. (a) may be separately merit-rated and separately insured. Exception: If any one or more affiliates not required to be combined under Rule [8]7. (a) or mandatory combinations voluntarily choose to be insured under a single policy, then all affiliates shall be insured under a single policy and the Merit Rating Plan adjustment established for the entire risk shall apply to each affiliate.

Example

Five legal entitiesthrough ownership.

By Rule [8]7. (a) Company A and Company B must be combined for merit rating and must be covered by a single policy. Similarly, by Rule [8]7. (a) Company C and Company D must be combined for merit rating and must be covered by a single policy. Company E may be separately merit-rated and covered by a separate policy.

Balance of section remains unchanged.

These Manual revisions will be updated on our website (www.dcrb.com) at a later date.

Timothy L. Wisecarver
President

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Remember to visit our web site at www.dcrb.com for more information about this and other topics.