cbia Workers' Comp Program

AGENT Guide

Workers' Compensation Program for the Metal and Electronic Trades Manufacturers

Administered by:

FutureComp®

cbia
Workers' Comp Program

CBIA WORKERS' COMPENSATION SERVICE TEAM

Call Toll Free 855-874-0123 and follow the system prompt

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TABLE OF CONTENTS

I.	PROGRAM OVERVIEW	4
II.	UNDERWRITING GUIDELINES	8
III.	CLASSES	11
IV.	NEW ACCOUNT SUBMISSION	14
V.	MANAGED CARE	17
VI.	DIVIDEND PROGRAM	24
VII.	LOSS CONTROL SERVICES	26
VIII.	COMMISSIONS	30

PROGRAM OVERVIEW

The Program

CBIA Comp Services, Inc. (CBIACSI), an affiliate of Connecticut Business and Industry Association, Inc., is a self-administered Employers' Mutual Association designed for the metal and electronic trade manufacturing sector of the CBIACSI membership*. As a member of the self-insured group, employers reap several benefits:

Cost savings

The CBIACSI program offers competitive rates, which are a reduction from the normal workers' compensation premium as charged by most carriers.

Fund Investments

The program invests premium deposits and funds retained for loss reserves. These investments are professionally managed using prudent investment guidelines. Earnings from investments stay with the program and help keep premium rates low.

Control

As participants in the self-insured group, members elect the Board of Directors, which includes members, representatives of CBIA, and other insurance professionals. This provides members a far greater degree of control than traditional insurance coverage.

CBIACSI offers its members an integrated, comprehensive and cost effective Workers' Compensation claims program, administered by FutureComp.

*According to the by-laws, risks must be "engaged in the same or similar trade of business or in trades or businesses with substantially similar degrees of hazard of injury to employees as the other members of the corporation, and which has a risk experience substantially similar to that of the other members of the corporation at the time of application."

An applicant for this program must be a member in good standing with CBIACSI, or as a condition of policy issuance, must become a member of CBIACSI.

FutureComp®

- FutureComp is one of the largest third-party administrators in the Northeast, providing services to over 1,800 insured and self-insured workers compensation programs.

- FutureComp has been providing professional third-party administration services to insured and self-insured clients since 1984 and is recognized as a leader and trusted advisor in the area of workers' compensation third party administration.

- Presently in the Northeast our FutureComp self-insured teams manage the workers compensation programs of self-insured groups and individually self- insured employers. In addition, FutureComp also is approved by Hanover and AmTrust Insurance Companies as a third-party administrator handling claims administration on their behalf for Guaranteed Cost and Deductible Programs

- As a full-service Third-Party Administrator, FutureComp provides all component services of a successful workers compensation program, including claims management, managed medical care including network access, loss control and management information systems. Our state of the art, internet- based claims system allows CBIACSI clients to access their loss data in real time providing flexibility in accessing loss reports.

- FutureComp's success has evolved from its philosophy to dedicate a claims team to our clients' needs to not just pay workers compensation claims but to manage their workers compensation exposures by returning their injured employees to productivity in the workplace.

- We have demonstrated to our clients our commitment to ensure prompt, consistent and appropriate claim handling of all workers' compensation files. In addition, we have partnered with CBIACSI to meet and exceed their workers' compensation goals and objectives

Services

- Claims Management
- Managed Care
- Loss Control
- Program Administration
- Financial Administration
- Re-insurance Placement

Claims Management

- Proactive Claims Management
- Prompt Contacts (24 hours)
- Access To Internet Based Claims System
- Dedicated Account Service Team
- On-site and Tele-Conference Claim Reviews

Managed Medical Care

- Utilization Review
- Telephonic And On-Site Case Management
- Medical Bill Re-Pricing
- Vocational Rehabilitation
- Preferred Provider Networks (PPO)

Loss Control

- Train Management Staff and Employees
- Develop Early Return-to-Work Programs
- Custom Designed Workers Compensation Specific Programs
- Supplement Employers In-House Capabilities and Programs

UNDERWRITING GUIDELINES

Underwriting Guidelines

This program was established to underwrite the metal and electronic trade manufacturing sector of the CBIA membership. The acceptability of an applicant's account will be evaluated according to the nature of the risk. In general, these are the factors to consider:

- Nature of business operation. Does not have a high probability of catastrophic exposure or potential for a high frequency of uncontrolled claims.
- Experience in business for at least three years and a good reputation as a reliable, creditworthy business. Management that is experienced in the insured's line of business, involved in safety and loss control measures, and has a cooperative attitude regarding insurance.
- Good financial condition with strong resources to support safe operations.
- Loss control measures appropriate to the size of the risk, including safety programs, good housekeeping and maintenance of premises, well-controlled hazards and participation in or compliance with managed care plans, return to work programs, and the Americans with Disabilities Act (ADA).
- Employee work force characterized by good hiring practices and training, proper supervision, low turnover and predominately full-time, year round jobs.
- Favorable claims history documented by currently valued loss data as evidence of a low loss ratio for the past three to five years.
- Compliance with loss control recommendations required.
- Immediate reporting of all injuries.

Classification Eligibility

- The risk must be a manufacturer. See Class Guide.
- Only classifications within NCCI Hazard Groups I and II, with approved rates, are eligible for Plan participation.
- Risks with present or prior asbestos manufacturing exposures do not qualify for the program.

Other Factors to Consider:

- Must be member in good standing with CBIACSI.
- Coverage is limited to the State of Connecticut.
- Minimum premium $3,500 (new business).
- Risks with experience modification factors in excess of 1.30 may require approval of the excess carrier.
- Employer's liability limits of $100/$500/$100, $500/$500/$500 and $1million/$1million/$1million are available.
- No coverage is available for "owned, operated or leased aircraft or watercraft" exposures.
- All certificates, binders, policies and endorsements must be requested from the plan underwriter and will be issued by authorized plan personnel.

CLASSES

Class Guide

CODE #	DESCRIPTION
	Preferred Business
1924	Wire Drawing/Cable Mfg.
1925	Die Casting Mfg.
3022	Pipe/Tube Mfg.
3027	Rolling Mill
3042	Elevator Mfg.
3064	Sign Mfg.
3066	Sheet Metal Shop
3076	Fireproof Equipment Mfg.
3110	Forging Work
3111	Pipe Bending
3113	Tool Mfg.
3118	Saw Mfg.
3119	Needle Mfg.
3120	Safety Razor Mfg.
3122	Cutlery Mfg.
3131	Button Mfg.
3145	Screw Mfg.
3146	Hardware Mfg.
3179	Electrical App. Mfg.
3180	Electric/Gas Lighting
3188	Plumber Supplies Mfg.
3220	Can Mfg.
3223	Lamp Mfg.
3227	Aluminum Wire Mfg.
3241	Wire Drawing
3257	Wire Goods Mfg.
3270	Eyelet Mfg.
3307	Heat Treating
3315	Brass Goods
3334	Tin Foil Mfg.
3336	Type Foundry
3383	Jewelry Mfg.
3385	Watch Mfg.
3400	Metal Goods Mfg.
3507	Agricultural Machine Mfg.
3515	Textile Machine Mfg.
3548	Printing Machine Mfg.
3559	Confection Machine Mfg.
3574	Adding Machine Mfg.
3581	Carburetor Mfg.
3612	Pump Mfg.

3629	Precision Machined Parts
3632	Machine Shop
3634	Valve Mfg.
3635	Gear Mfg.
3638	Ball/Roller Bearing
3642	Battery Mfg.
3643	Electrical Power Equipment
3648	Auto Lighting Mfg.
3681	Telephone App. Mfg.
3685	Instrument Mfg.
4206	Pulp Mfg.
4207	Pulp Mfg./Chemicals
4240	Box Mfg.
4251	Stationery Mfg.
4263	Fiber Goods Mfg.
4282	Dress Pattern Mfg.
4307	Bookbinding
4351	Photoengraving
4431	Phonographic Record
4432	Fountain Pen
4452	Plastics Mfg. – Fabricated Products NOC
4459	Plastics Mfg. – Sheets, Rods or Tubes
4484	Plastic Mfg. – Molded Products-NOC
4693	Pharmaceutical or Surgical Goods Mfg.
4902	Sporting Goods Mfg.

Standard Exception Classes

7380	Drivers
8742	Salespersons
8810	Clerical Office

Incidental Classifications (Less than 15% of the total payroll)

4611	Pharmaceutical Preparation
5190	Electrical Wiring - Bldg.
5191	Office Machine Installation
5606	Contractor - Supervisor
5645	Carpentry - Dwelling
8010	Store - Hardware
8013	Store - Jewelry
8017	Store - Retail - NOC
8018	Store - Wholesale - NOC
8292	Storage Warehouse - NOC
8393	Auto Body Repair
8601	Engineer/Architect - Consulting
8800	Mailing or Addressing Company & Clerical
9501	Painting - Shop Only

NEW ACCOUNT SUBMISSION

New Account Submission Process

1. Completed applications (ACCORD and Supplement) sent to FutureComp 30 days prior to insured's effective date.

2. FutureComp determines Estimated Annual Premium, based upon payroll information and applicable experience modification.

3. FutureComp analyzes past loss experience.

4. Expected Loss Ratio is developed, using class code information and loss analysis. On site visit to prospective customers will be utilized as necessary.

5. Utilizing indications from the CBIA broker etc. regarding market competition, a quote will be developed. The premium should be sufficient to cover all administrative expenses, contain expected losses, and provide underwriting profitability.

CBIA Submission Requirements

The following must be submitted 30 days prior to insured's effective date:

1. ACCORD application.

2. OSHA 300 logs for three years, including the current year.

3. Experience modification – rating worksheet.

4. Currently valued loss runs for the current year and past four years including details on all losses and reserves over $5,000.

5. Federal employer's identification number (FEIN).

6. Company brochures on insured's business or products.

7. Financial Information, i.e. annual report, income statement tax return (upon request).

8. Description of loss control measures in place including copies of safety programs and practices regarding return to work, injury management, managed care, and ADA compliance.

Information Needed Prior to Policy Issuance

- ✓ Signed Managed Care Employer Participation Form.
- ✓ Signed CBIA membership application and payment of CBIA membership dues. See Appendix A for a copy of the CBIA Membership Application.
- ✓ Deposit Premium.

Agent of Record Letter Procedures

On duplicate submissions, the first completed application received by CBIACSI will take priority and subsequent submissions will be declined. However, we will accept agent of record letters to take precedence on accounts under the following circumstances:

- The letter is on the applicant's stationery and is signed by an owner, partner or officer of the corporation.
- It is accompanied by a completed application, loss data and sufficient information to underwrite and quote the account.
- We will advise the first agent that an agent of record letter has been received, it is taking precedence, and allow ten business days for a rescinder.
- No multiple quotes will be allowed. Quotes will be provided for only one agent at any point in time.

MANAGED CARE

FutureComp®

FutureComp®
530 Preston Avenue
Meriden, CT 06450
Toll-Free: 855.874.0123 x81140

Re: CareWorks Medical Care Plan (MCP)

Dear CBIA Comp Services, Inc. member:

CBIA Comp Services, Inc. and FutureComp is pleased to announce our partnership with CareWorks Medical Care Plan to offer you access to a Connecticut Medical Care Plan for employees who are injured while at work.

We are excited to be working with you in providing this benefit as part of your workers' compensation program. The CareWorks Medical Care Plan includes a selective network of physicians, clinics, and other medical professionals experienced with workers' compensation and chosen for their delivery of quality medical care.

Completion of the enclosed material is essential in starting the MCP process. Please review the material carefully and return to CareWorks MCP to start the application process. If you have questions or require assistance, please contact FutureComp for assistance. **The Plan effective date will be determined *after* WCC approval of your application.**

To assure you are in compliance with regulatory requirements of the State of Connecticut for participation in a Medical Care Plan, please complete the following:

- **Workers' Compensation Managed Care Plan Employer Participation form, pages 1 and 2. Complete the CareWorks Compensation Managed Care Plan / Connecticut Plan Participation form.**
- **CareWork's Compensation Medical Care Plan Employer Agreement.**
- **List Safety Committee Members' name and information as noted on the Safety Committee Members form.**
- **Review all remaining materials and make changes you think are necessary.**
- **If you have a Return to Work Program, the policy must be forwarded to CareWorks.**

Return all pages to CareWorks for review and submission of the entire application to the CT Workers' Comp Commission. Enrollment occurs *after* the Commission approves your application.

Once approved, you will receive a copy of the MCP Education Materials document as well as a copy of the provider network. All employees *must* receive a copy of the Education Materials. Collect and retain the signed and dated recommended employee signature document.

CareWorks MCP will ensure filing of all pertinent information with the Commission and follow for approval. This process may take several weeks and enrollment in the plan may not proceed until approval is received by the Commission and the two week notice period is met during which time employees should receive the Education Materials document.

If you have questions about the MCP and your requirement to participate, please call FutureComp at (855) 874-0123 x81140. If you have questions about the completion of the MCP application, please contact Thiem Colunga, CareWorks (951) 231-6802 or (800) 544-8150 ext. 14825.
You may send your completed materials to **Thiem Colunga** @ thiem.colunga@careworks.com or
CareWorks
Attn: Thiem Colunga
8855 Haven Avenue
Rancho Cucamonga, CA 91730

Sincerely,

FutureComp

CareWorks

Workers' Compensation Managed Care Plan
Employer Participation Form

Plan Name: CareWorks Medical Care Plan

Plan Sponsor: CareWorks

Name of Employer:

Business Location(s) and Address:

Number of Employees:

Nature of Business:

Key W.C. Contact Name And Title:

Telephone Number:

Are any employees covered by a collective bargaining agreement?

Yes _____ No _____

If yes, do you certify that your Managed Care Plan is not inconsistent with any collective bargaining agreement currently in effect?

Yes _____ No _____

The Employer agrees to make a copy of the collective bargaining agreement available to the Workers' Compensation Commission Chairman upon request.

Indicate the type of Return-to-Work Program currently in place:
(Choose one of the following) Copy of employer's RTW plan should be included as part of the application submission

_____ Formal program of modified/light duty (attach description)

_____ Job descriptions for all employees

_____ Job descriptions for most employees

Current Workers' Compensation Carrier (Please indicate if authorized self-insurer):

CBIA Comp Services, Inc. Policy No.: _____

Claims Administration Company USI/ FutureComp

Claim Office Location: 530 Preston Avenue
Meriden, CT 06450

Plan Participation

Employer's responsibilities with regard to the plan. The Employer agrees to:

- Inform employees about the provisions of the managed care plan prior to the Plan's effective date.
- Implement ongoing employee communications.
- Call 911 for an ambulance to take injured employees suffering from life-threatening injuries to the nearest hospital emergency room.
- Direct all other injured employees to managed care providers.
- Notify FutureComp whenever an injury occurs.
- Complete the WCC-15 form, "Employer's First Report of Occupational Injury or Disease" for every occurrence of a work-related injury or disease and forward the form to the FutureComp Glastonbury office.

Description of the financial arrangements between Plan and Employer. *Confidential*

FutureComp has contracted with CareWorks, an approved Managed Care Plan, to provide workers' compensation managed care services to its clients. FutureComp is reimbursing CareWorks for these services on a fee for service basis, and for medical bill related to NON CT providers, CareWorks receives a percent of savings.

The employer is covered under statutory workers' compensation benefits by FutureComp. FutureComp pays compensation benefits (medical, indemnity and expense) on behalf of the employer. FutureComp will remit approved bills for medical expenses directly to preferred providers who are part of the network.

The CareWorks' Compensation Medical Care Plan
Employer Agreement

This agreement represents the employer's intention to participate in **The CareWorks Medical Care Plan**. As an official representative of I understand that as a participating employer:

1. All employees will receive medical care for work-related injuries/illnesses (incurred after approval of participation by the Workers' Compensation Commissioner) through **The CareWorks Medical Care Plan** providers. Failure to use **The CareWorks Medical Care Plan** providers could result in denial of medical benefits and suspension of lost wage benefits for the injured employee.

2. If required, employees will receive medical case management services by FutureComp's licensed health care professional (R.N.) nursing coordinator.

3. will provide all employees with a copy of the educational materials titled **"The CareWorks Medical Care Plan"** prior to coverage under the Plan.

4. will establish a safety committee and charge this committee with the task of reducing the risk of work-related injuries/illnesses.

5. will demonstrate a commitment to modified duty whenever possible for injured or ill employees and will work with **The CareWorks Medical Care Plan's** primary care physicians to develop a list of modified duty positions within the company.

6. may not impose this medical care plan on employees who are covered by a collective bargaining agreement that prohibits participation in such a plan.

It is further understood that an employer of 25 or more employees may participate in **The CareWorks Medical Care Plan** only upon establishment of a labor-management safety committee with representatives of labor at least equal in number to representatives of management (unless this is inconsistent with a collective bargaining agreement). As a participating employer, :

☐ Has fewer than 25 employees;

☐ Has 25 or greater employees and agrees to the establishment of such committee, as well as the submission of names and addresses of committee members to **The CareWorks Medical Care Plan** on a bi-annual basis.

☐ Has 25 or greater employees, but is unable (due to collective bargaining restrictions) to implement such a committee.

I have received a copy of **The CareWorks Medical Care Plan** description and a list of all medical care providers.

_____ _____ _____

Signature Title Date

Company Name

Safety Committee Members

Management/Title	Phone #:	Labor/Title	Phone #:

CareWorks Workers'

Compensation

Managed Care Plan

Connecticut Plan Participation

Has the employer agreed to the performance of all obligations as outlined in the original plan application?

Yes ☐ No ☐

If no, please attach a detailed description of any employer responsibilities that have been amended by a new client-sponsor contract.

In addition, as a CareWorks Medical Care Plan participant, the Employer agrees to adhere to the guidelines as stipulated in the ***Payor and Medical Provider Guidelines to Improve the Coordination of Medical Services*** issued by the State of Connecticut Workers' Compensation Commission.

If different from the original network filing, employer will attach a copy of the plain language explanation given to the employees.

We, _____, consent to participate in and adopt the
Employer Name
medical care plan as noted herein.

Employer Representative: _____
Signature

Employer Name: _____
Please print or type

Title: _____

Telephone Number: _____

Date: _____

Effective Date

DIVIDEND PROGRAM

CBIA COMP. SERVICES, INC.
LOSS SENSITIVE DIVIDEND PROGRAM

The current program is based on rates that provide upfront discounts which are competitive with other insurance alternatives and which guarantee savings to a large segment of the program participants. Accordingly, dividends are not expected to be paid in most insurance years. However, the Board of Directors of CBIA Comp Services, Inc. may declare a dividend for a given insurance year. If a dividend is declared, it will be distributed to the members of that insurance year in a loss sensitive manner. In general, CBIACSI and its actuaries will determine the breakeven loss ratio for that year. Members with a loss ratio above the breakeven point will not receive a dividend. Members with a loss ratio below the breakeven point will receive a distribution which takes into consideration their premium and losses for that period.

LOSS CONTROL SERVICES

LOSS CONTROL SERVICES

A Loss Control Representative will contact members on an annual basis to offer loss control assistance. This contact may be either via telephone, letter, fax, or e-mail.

Service will focus on an initial evaluation of member safety programs that exist, internal operations that support the program, historical loss data and trends. FutureComp Loss Control Consultants will communicate with the CBIA member and begin to design a personalized approach to loss prevention.

All programs are customized to the individual member's needs, listed below is a sampling of available services:

- Assessment of existing safety programs.
- Assistance with OSHA citations and visits.
- Audit loss information to determine accident trending and root cause identification.
- Conduct Job Safety Analysis (JSA).
- Design and conduct safety related workshops for clients.
- Design company specific safety manual.
- Develop engineer service instructions for stronger communication between the client and the insurance provider.
- Development and implementation of fleet safety programs.
- Development and implementation of safety programs.
- Ergonomic workstation assessments.
- Implementation and organization of safety committees.
- Perform safety /property audits.
- Provide assistance in organizing safety activities for multiple site/state locations.
- Provide ongoing technical information/support for safety related exposures and concerns.

Sample Work Shops

- Accident Avoidance
- Accident Investigations and Root Cause Identification
- Contaminated Materials
- Computer Ergonomics
- Conducting Safety Audits
- Confined Space Entry
- Dealing with Shift Work and Fatigue
- Driving Safety
- Emergency First Aid and CPR (Not a Certification Class)
- Electrical Safety
- Emergency Response/Action Plan
- Ergonomics
- Establishing a Safety Culture
- Fall Protection
- Fleet Safety
- Foot Safety
- Forklift Safety
- Ground Fault Interruptions (GFCI)
- Hand and Power Tool Safety
- Hazard Communication & Right to Know Laws
- Hazard Assessment and Job Safety Analysis (JSA)
- Hearing Conservation Program
- Hot Work Permits
- How to Survive an OSHA Audit
- Ladder Safety
- Lead and Lead-Based Paint Hazards
- Lifting and Your Back
- Machine Guarding
- Material Handling (Lifting/Bending/Carrying Objects)

- Noise Prevention
- Office Safety
- OSHA and You - Are You Ready!!!
- OSHA 300 Log - Reporting and Recordkeeping
- Personnel Protection Equipment (PPE)
- Recognizing Silica Exposures
- Repetitive Motion Injuries
- Risks in Buildings
- Safety Audits
- Safety Meetings - The How, Why and When
- Safety and Scaffolds
- Safety and Health in the Office Environment
- Sexual Harassment
- Slips and Falls – Weather Related or Not
- Stress Management- Are You Ready?
- Traffic Safety and You
- Vehicle Safety and Winter Driving Safety
- Workplace Injuries and the Teen Worker
- Workplace Violence

Ongoing Loss Control Services

Continuing service may include components of:

- Injury data analysis so that the Loss Control Representative can target specific operations, processes or activities and develop meaningful prevention strategies.
- On-site service to identify hazards and discuss options for corrective action.
- Loss Control surveys are intended to help members identify potential hazards that may lead to employee injuries. A Loss Control Consultant identifies regulatory compliance problems, conducts a comprehensive evaluation from a physical and procedural standpoint, and provides immediate consultation and feedback on the results of the survey before leaving the client's premises.

COMMISSIONS

Commissions

Please contact Kelly Grahn at FutureComp at 781-939-2004 for a complete description of the commission and bonus plan.

Commission Payments:

Commissions are paid at the end of each month. A monthly statement is sent showing premiums that have been paid and commission due. Payment of the commission is by check or direct deposit.

To sign up for direct deposit, please contact Cindy Carta at 860-244-1912.

Return Premiums:

When there is a return premium due to an audit, cancellation, etc, the commission associated with the return is due back. Note we may offset that receivable against future commissions or bill your agency.

We Look Forward to Assisting You with Your Workers Compensation Program.

Thank You

Commission Schedules

New Accounts

Net Premium (before CT Assessments are applied) under $10,000	**10%**
Net Premium (before CT Assessments are applied) $10,000 through $24,999	**11%**
Net Premium (before CT Assessments are applied) $25,000 and greater	**12%**

Renewal Commission Schedule

Net Premium (before CT Assessments are applied) under $10,000	**6%**
Net Premium (before CT Assessments are applied) $10,000 through $24,999	**7%**
Net Premium (before CT Assessments are applied) $25,000 and greater	**8%**