



**Wisconsin Compensation Rating Bureau**

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P.O. Box 3080 ▲ Milwaukee, WI 53201-3080

Located at 2200 North Mayfair Road, Wauwatosa, WI 53226

**CIRCULAR LETTER 2853 – JULY 5, 2000**

**PROCEEDINGS OF THE WISCONSIN RATING COMMITTEE**

**TO: Members of the Bureau**

**FROM: Donna Knepper**

**RE: Wisconsin Notice of Termination**

Pursuant to ch. 626, Wis. Stats., the State of Wisconsin, Office of the Commissioner of Insurance approved the amendment to the Wisconsin Notice of Termination to eliminate the 60-day non-payment of renewal premium. (See Circular Letter 2850). We will no longer accept terminations received on or after September 1, 2000 using the 60-day non-payment of renewal premium reason. The 30-day non-payment of premium reason is to be used for all non-payment situations.

Attached is a copy of the amended Wisconsin Notice of Termination.

# WISCONSIN NOTICE OF TERMINATION

**Must be filed by registered, certified mail, personal delivery or via facsimile**

**Wisconsin Compensation Rating Bureau  
P.O. Box 3080  
Milwaukee, WI 53201-3080**

Name of Employer \_\_\_\_\_

Principal Address & Zip Code \_\_\_\_\_

Carrier Number \_\_\_\_\_

Name of Carrier \_\_\_\_\_

Complete Policy No. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Effective Date of Termination \_\_\_\_\_

Check the one choice which best describes the reason for termination. Notices received indicating more than one reason, no reason, or a non-valid reason will be returned as unacceptable.

60-DAY NONRENEWAL NOTIFICATION (For carrier non-renewal only)	30-DAY NOTIFICATION
<input type="checkbox"/> Insurance Carrier Reason (state reason) _____ _____	<input type="checkbox"/> Non-Payment of Premium <input type="checkbox"/> Out of Business/Sold <input type="checkbox"/> Corporate Officers Non-Election <input type="checkbox"/> Coverage Placed Elsewhere <input type="checkbox"/> Rewritten New Policy No. _____ New Name _____ (only if changed)
<input type="checkbox"/> Not in "Good Faith" Entitled to Coverage (For use by Pool Servicing Carriers only)	<input type="checkbox"/> Insured's Request <input type="checkbox"/> No WI Employees/Operations <input type="checkbox"/> Misrepresentation/Fraud <input type="checkbox"/> Substantial Change in Risk <input type="checkbox"/> Failure to Comply with Terms and Conditions of Policy <input type="checkbox"/> Participation in Wrap-up Complete <input type="checkbox"/> Underwriting Reasons (May only be used for new business not in effect for more than 60 days)

**NOTE: BUREAU RECEIPT DATE DICATES LEGAL DATE OF TERMINATION**