Bill Date: 11/01/2015

THE COMMONWEALTH OF MASSACHUSETTS
Department of Industrial Accidents
Assessment Processing
P.O. Box 3732
Boston, MA 02241-3732
ASSESSMENT FOR QUARTER ENDING 09/30/2015

Invoice: 866015
Form 051

ZZZZZ INSURANCE
ZZZZZ AVENUE

BOSTON, MA 02111

Company License # ZZZZ

THIS BILL IS DUE ON : 12/01/2015

**A FINE OF $250 OR 5% OF BALANCE, WHICH EVER IS GREATER,
WILL BE ASSESSED ON OUTSTANDING BALANCES NOT RECEIVED BY DUE DATE.**

The assessment pursuant to M. G. L. Chapter 152 is determined as follows:

A. Premiums for Previous Calendar Year		X
B. Assessment Rate	.06649	=
C. Annual Amount Due	$0.00	X
D. Quarterly Factor	0.25	=
E. Quarterly Amount Due	$0.00	(A)

Separate payments are required for each of the following:

1. MASS. Industrial Accidents Private Trust Fund					
(A)	$0.00	**X**	.78624	=	$0.00
2. MASS. Industrial Accidents Special Fund					
(A)	$0.00	**X**	.21376	=	$0.00

Upload supporting documentation Browse... Upload File

It is mandatory that each company submit two separate payments for the Private Fund and the Special Fund.

This form must be completed and submitted to the Department of Industrial Accidents by the above due date. If no workers' compensation insurance was written in the quarter please fill in 0's and complete in the portion below. If late a fine of $250 or 5% of the amount due, which ever is greater, will be assessed.

Checking this box qualifies as an electronic signature. By checking this box you hereby certify under the pains and penalties of perjury that all laws of the Commonwealth governing assessments and regulations thereof have been complied with and observed, and that all information is, to the best of your knowledge, correct.

All assessment forms, must be signed by a **Manager or above**.

Name		**Title**	
E-mail Address		**Phone No**	
Preparer's Name		**Preparer's E-mail**	
Date	09-NOV-2015		

Enter any changes to your mailing address in the fields provided below

Address Change Line 1	
Address Change Line 2	
Address Change Line 3	

The DIA does not accept aggregated reporting information. Information is mandatory for each company licensed to write workers compensation insurance in the Commonwealth of Massachusetts. Incomplete forms will be considered to be delinquent and subject to a 5% fine. Please visit www.mass.gov/dia.

THE COMMONWEALTH OF MASSACHUSETTS/DIA'S TAX ID IS 046002284

Please do not press the SUBMIT FORM button more than once

SUBMIT FORM

Clear Form to Start Over