



The Commonwealth of Massachusetts

Division of Industrial Accidents

18 Tremont Street, Boston 8

WHEN REPLYING
PLEASE QUOTE I.A.B.
FILE NO.
ATTENTION OF:

March 10, 1958

CIRCULAR LETTER NO. 111

TO: ALL INSURANCE COMPANIES LICENSED TO TRANSACT WORKMEN'S
COMPENSATION BUSINESS IN THE COMMONWEALTH.

The Industrial Accident Board find it necessary to republish to all insurance companies, with particular reference to their Underwriting Departments, instructions heretofore published in part in Circular Letters #13, - May 20, 1938; #30, - September 1, 1942; and #67, - January 26, 1951, because of incomplete, inaccurate and tardy reporting to the Board on policies of workmen's compensation issued, renewed, and terminated or cancelled. Such inadequate reporting occasions unnecessary correspondence, telephoning and clerical labor not only in this office but in the companies as well. The following deficiencies in reporting should be noted and measures taken to eliminate them:-

(1). FILE NOTICES ON THE PRESCRIBED CARD FORM, of policies issued, renewed, terminated or cancelled, making certain to specify clearly which of these events is being reported, and all such notices, with name of insurance company clearly stated thereon, to be filed with the Division not later than 14 days following each event; if not filed within such period, give reasons on reverse side of card or on card supplement duly signed and fastened thereto. Don't mark the face of card "see reverse side" and then fail to mark entries thereon.

(2). STATE FULLY AND ACCURATELY, the name and address of the insured employer and specify whether an individual, partnership, association, corporation, joint venturer, receiver or trustee or other legal representative of any of the foregoing, or of any other legal entity insured. Multiform names must be stated in full, e.g., John Brown d/b/a Central Market; Robert Jones and Alfred Smith, Trustees of Federal Realty Trust; James Black and William White d/b/a J. T. Jones and Company.

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(3). STATE ACCURATELY the effective date of each policy issued, renewed, terminated or cancelled, in each instance; give correct policy number and the period covered, i.e., one, two or three years.

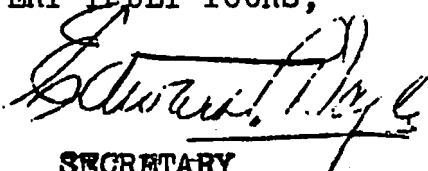
(4). CHANGES - Each and every change and the date of such change, whether of name or address of insured, or of period of coverage, should be fully reported, giving both old and new names in full and old and new addresses so that our records can be correlated.

(5). POLICY DATES should be stated exactly - a report of cancellation as of a date earlier than the report of issuance is difficult to understand; but it happens many times.

(6). PROMPTNESS: Report promptly all of the foregoing; prompt reports will benefit all concerned.

Managers of underwriting departments are kindly requested to manifold these instructions and furnish copies to personnel concerned herewith. The strict observance of and compliance with all of the foregoing is hereby enjoined.

VERY TRULY YOURS,


SECRETARY

EPD:AMC