

Nebraska Workers' Compensation Insurance Plan Application Instructions

Use the following information below along with the ACORD Forms Instructions guide for completing ACORD 130 and ACORD 133 Workers' Compensation application. All questions regarding the state specific Plan should be referred to the Travelers.

Note: To be eligible for coverage you must not owe any undisputed premiums or have any outstanding audits for workers' compensation insurance to any other insurance company.

NEBRASKA			
Payment Schedule Options:			
Estimated Annual Premium	Minimum Deposit	Payment Basis	Additional Payments
\$1 to \$10,000	100%	Annual	None
\$1 to \$10,000	75%	Semi-Annual	One
\$1 to \$10,000	40%	Quarterly	Three
\$10,001 and greater	25%	Monthly	Eleven
Such additional payments shall be in equal amounts, the sum of which, when added to the deposit premium, shall equal 100% of the estimated annual premium. Estimated annual premium and the payment schedule are subject to adjustment, preliminary or final audit, and applicant may select a higher deposit percentage at inception.			
Effective Date: Submissions that are e-mailed or faxed will be bound the day after received. Submission that are mailed will be bound the day after postmark.			
Guide to Premium Calculation: If experience rated, apply the current Nebraska modifier, if available. If not available, use the modifier from the expiring policy. Premium Discount, if applicable. Contractors Credit, if applicable. Deductible Discount, if elected. Note: Applicable Rates and Miscellaneous Values are available on the Nebraska Department of Insurance website at: NE Assigned Risk Rates			
Premium Discount: The following size-of-risk discount table shall be used:			
First \$5,000	0%		
Next \$95,000	10.90%		
Next \$400,000	12.60%		
Over \$500,000	14.40%		
Election / Rejection Under State Law: (Revised effective 1/1/03) Executive officers of a corporation who own 25 percent or more of the corporation's common stock will no longer automatically be considered employees of the corporation under the Nebraska Workers' Compensation Act. Since the officer will not automatically be covered under the corporation's workers' compensation policy, no Corporate Executive Officer Waiver of Rights will be required if the officer chooses not to be covered. To the contrary, for policies effective January 1, 2003, if such an executive officer wants to be covered as an employee, a written election of such coverage must be filed with the insurer as well as the corporate secretary. The election is effective upon receipt by the insurer. Partners and Sole Proprietors are NOT automatically included, but may elect to be included. To be included, each owner should indicate their request for inclusion on a signed application and/or submit a signed request for inclusion.			
Coverage for Other States: The Nebraska Workers' Compensation Plan applies to Nebraska coverage. Policies issued under this plan will only cover Nebraska operations. Should coverage be needed for other states, additional action is required to obtain coverage under applicable state law. For questions regarding where to apply for coverage in states other than Nebraska, please call the Travelers.			
Employee Leasing: Please make certain the following "General Information" question is answered: Question 21: Do you lease employees to or from other employers? If yes, provide information in the "remarks" section explaining the relationship(s). Provide the client company names to which the employees are leased, or the employee leasing company providing workers to the applicant. You may be asked to complete the Employee Leasing or Labor Contractor Supplemental Application if additional information is required.			

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Safety Committee Required:

Prior to binding coverage, the applicant must provide written confirmation of its existing safety committee as required by Section 44-3,158.

Note: Safety Committee Acknowledgement of Requirements Form may be downloaded from the Nebraska Department of Insurance website at: [Safety Committee Acknowledgement of Requirements Form](#)

Premium Financing:

If premium is financed, please forward the executed finance agreement and/or valid power of attorney, along with the application. Please note financed premium is required prior to binding.

Applicant Information:

Please provide a complete mailing address, telephone number, and email address (if applicable). Also provide the Federal Employers Identification Number (FEIN) or Social Security Number. Additionally, please provide Inspection, Accounting and Claims information contact Names and Numbers. (Refer to "General Information" section). **Please note: A physical Nebraska location address is required to bind coverage.**

Producer Information:

Please provide a complete mailing address, telephone number, and email address (if applicable). Also provide your License number, Federal Employers Identification Number (FEIN) or Social Security Number. If you have a non-resident Nebraska license, please submit it along with the application.

Application Submission:

A complete ACORD 130 and ACORD 133 Workers' Compensation Application, required premium or deposit premium, confirmation of Safety Committee must be received prior to binding coverage.

In addition, if the following information is missing from the application, the requested effective date may be impacted and the application and deposit may be returned:

ACORD 130:

- Physical location in the state of Nebraska
- Original signature of the officer / owner and the insurance producer
- Company's phone number
- Company's Federal Employer's Identification Number (FEIN)
- Rating information: Class code(s); Estimated Annual Remuneration / Payroll, Rate; and Estimated Annual Manual Premium
- Premium Calculation (Nebraska Quick Quote tool may be used to assist in calculating the premium – Attaching a Quick Quote calculation is recommended but not required)
- Prior Carrier Information / Loss History
- Nature of Business / Description of Operations

ACORD 133

- Section 22. Must indicate 2 carrier declinations.
- Original signature of the officer / owner and the insurance producer

Certificates of Insurance

Producers are authorized to issue certificates of workers' compensation insurance when all of the following conditions exist:

- The certificate is issued only on the standard ACORD form
- The certificate is issued only for operations listed in 3.A. of the Information Page
- The policy terms are unchanged
- The certificate holder is not extended any greater rights than the insured

A copy of each certificate issued is required to be provided to the carrier.

Certificates may also be requested through MyTravelers.

Binding Coverage:

Email: MWCP@travelers.com Attn: Nebraska New Business

Fax: 877-634-3719 Attn: Nebraska New Business

IMPORTANT: WHEN FAXING OR E-MAILING COMPLETED & SIGNED APPLICATIONS, WE WILL CALL YOU TO PROCESS A CHECK-BY-PHONE FOR THE DOWN PAYMENT. PLEASE PROVIDE THE CONTACT NAME & PHONE NUMBER FOR THE PAY-BY-PHONE.

Mail: (A check for payment must accompany the submission.)

Regular Mail:

Travelers – Nebraska WCIP

P.O. Box 5600

Hartford, CT 06102-5600

Fax: 877-634-3719

Overnight Mail:

Travelers – Nebraska WCIP Document Manager RMD

300 Windsor St

Hartford, CT 06120

Fax: 877-634-3719

Deposit premium checks should be made payable to: Travelers Property Casualty Company of America

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Tools available for producers:

1) Nebraska Quick Quote

The Quick Quote is an easy and convenient online tool to assist you with calculating premiums for Nebraska Assigned Risk new business.

Access to the Nebraska Quick Quote is provided upon receipt of the Nebraska Quick Quote Application, which can be obtained by contacting the Nebraska Workers Compensation Plan at 1-800-842-9346 or by e-mail at MWCP@Travelers.com. Call the 1-800 number or send an email if you have questions regarding the Nebraska Quick Quote web-based tool.

Producers have the option to submit ACORD applications electronically as well as by email (MWCP@Travelers.com), fax or standard mail.

2) MyTravelers

RMD Customers have the ability to register and access *MyTravelers*® for Business.

MyTravelers® for Business is a web-based tool which brings together several self-service capabilities for customers to manage many aspects of their Travelers business. For example, customers can view policies, generate loss runs, request Certificates of Insurance, access ExpressPay, access the Premium Audit portal and take advantage of the Risk Control portal and tools. Customers can register by using this link: <https://www.travelers.com/register> .

Please note that Nebraska WCIP policies will be serviced from the Travelers Field Office in St. Louis, MO.

Travelers Property Casualty Company of America Customer Service: (800) 842-9346
FAX number: 877-634-3719