



May 1, 2003

File Number:

NOTICE TO SELF-INSURED EMPLOYERS #109

SUBJECT: Excess Insurance Coverage Under the Longshore and Harbor Workers' Compensation Act and Extensions

Please furnish the information requested below concerning your company's current excess insurance arrangements under the Longshore and Harbor Workers' Compensation Act and/or its extensions and return this Notice to the Office of Workers' Compensation Programs, Division of Longshore and Harbor Workers' Compensation, at the above address by **September 1, 2003**.

- (1) Name of Self-Insured Employer: _____
- (2) Address: _____
- (3) Federal Employers Identification Number: _____
- (4) Name of Excess Insurance Carrier: _____
- (5) Policy Holder: _____
- (6) Policy Period: From _____ To _____
- (7) Net Retention for One Accident: _____
- (8) Amount of Maximum Limit: _____
- (9) Printed Name and Title of Person Furnishing Above Information:

- (10) Signature of Person Furnishing Information:

- (11) Telephone Number: Area Code () _____

If your excess insurance is in layers with more than one insurance company, please indicate on the reverse of the Notice, or by covering letter, the name of each company and the policy numbers and limits.

Michael Niss
Director, Division of Longshore
and Harbor Workers' Compensation

AUTHORIZED INSURANCE CARRIERS AND SELF-INSURED EMPLOYERS UNDER
THE LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT, AND
EXTENSIONS:

The U.S. Department of Labor, Office of Workers' Compensation Programs, Division of Longshore and Harbor Workers' Compensation (DLHWC) renews the authority of each authorized insurance carrier and each authorized self-insurer effective July 1 of each year.

Effective July 1, 2003, for these renewals, each insurance carrier and self-insurer is requested to acknowledge and agree to meet the following conditions for continuing authority:

1. comply with all statutory and regulatory obligations, including meeting timeliness for paying benefits and reporting information [section 14(a)-(i)];
2. utilize the informal dispute resolution mechanisms in good faith by bringing only issues that are ready for resolution (i.e., all documentation is available) and sending representatives who are both prepared to and have authority to resolve issues;
3. participate and cooperate with all efforts by professional and trade associations to self-police industry compliance;
4. monitor and be held responsible for the performance in numbers 1 and 2 above of their third party administrators or other claims handlers; and
5. respond to all penalty assessments in a timely manner.

This statement, signed by a corporate officer below, should be returned to this Office prior to July 1, 2003. Please complete all of the required information. Any questions may be referred to the insurance branch of this Office at 202-693-0038.



MICHAEL NISS
Director, Division of Longshore
and Harbor Workers' Compensation

Acknowledged: _____

Signature of Officer

Typed Name of Officer

Title of Officer:

Company Name: