

Detail Instructions for Completing Form IN-10

Section 4.03 of the Articles of Administration for the Indiana Assigned Risk Reinsurance Pool (“Indiana Pool”) provides that each Member shall report to the Plan Administrator, in the form and manner prescribed by the Plan Administrator, the Net Premiums Written by such Member during each calendar year. This information is collected to provide the basis for determining each member’s prorata share of assessments or distributions of the Pool’s operating results for the policy year corresponding to the calendar year for which voluntary written premium is being reported.

The deadline for filing Form IN-10 is March 31st of the year following the calendar year for which premiums are being reported.

Who Must Report

Each member must file a separate Form IN-10. In addition, Form IN-10 must be filed even if no premium was written in Indiana during the calendar year being reported.

Completing Form IN-10

Required fields are denoted with an asterisk (*).

Workers Compensation Premium

1. WC Direct Written Premium: Enter the net direct workers compensation premium written in Indiana during the calendar year. This data should be consistent with the amount reported on Statutory Page 14, Line 16 (workers compensation), of the Annual Statement. ***A copy of Statutory Page 14 must be submitted with your filing.***
2. National Defense Plans: Enter the amount of workers compensation premium written during the calendar year under the Special National Defense Comprehensive Rating Plan or Special National Defense Premium Discount Plan.
3. National Pool Servicing Carrier A/R Premium: Enter the amount of assigned risk workers compensation premium written during the calendar year and ceded to the National Pool. (Applicable only for policies effective prior to January 1, 2005 written by direct assignment carriers and servicing carriers of the National Pool.)
4. IN Pool Servicing Carrier A/R Premium: Enter the amount of assigned risk workers compensation premium written during the calendar year and ceded to the Indiana Pool. (Applicable only for policies effective on or after January 1, 2005 written by servicing carriers of the Indiana Pool.)
5. Other: Enter any other workers compensation premium included in the WC Direct Written Premium reported in item 1 that needs to be excluded for the calendar year (such as deferred premium ceded to the Indiana Pool). Email a ***detailed*** explanation to the following address: **cis@compinsservices.com**.
6. Voluntary Premium: This amount is automatically calculated. (Item 1 less the sum of items 2-5.)

Statutory Page 14

To upload a copy of Statutory Page 14, select “Choose File” and browse to the documents location. Select the document and “Open.” The selected filename will appear in the online form.

Submitted By

Provide the contact information for the person completing the form.

Print

Print a copy of your submission for your records prior to clicking “Submit Form.”

Please review all information before clicking “Submit Form.”