

**State of Vermont**  
Workers' Compensation Administration Fund  
**QUARTERLY ASSESSMENT STATEMENT**

FOR QUARTER ENDING \_\_\_\_\_

Insurer: \_\_\_\_\_

NAIC Company Code: \_\_\_\_\_

Group: \_\_\_\_\_

NAIC Group Code: \_\_\_\_\_

Federal Tax ID Number (Insurer): \_\_\_\_\_

- |    |   |          |
|----|---|----------|
| 1. | Total estimated direct premiums written for the quarter being reported:   | \$ _____ |
| 2. | Assessment due (Line 1 X .0081):  | \$ _____ |
| 3. | Prior quarter (over) & under payments (explain on reverse, if necessary): | \$ _____ |
| 4. | Balance Remitted (Line 2 minus Line 3):<br>- or -                         | \$ _____ |
| 5. | Credit to be subtracted from next payment:                                | \$ _____ |

**Make checks payable to:**

Vermont Department of Labor  
Workers' Compensation Administration Fund  
5 Green Mountain Drive, PO Box 488  
Montpelier, VT 05601-0488

The foregoing is an accurate estimate of direct written premiums for the period indicated.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Title: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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