

# State of Vermont

Workers' Compensation Administration Fund

## QUARTERLY ASSESSMENT STATEMENT

Beginning July 1, 2007

**DUE: April 30, July 31, October 31 and January 31**

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

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

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

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

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1. Total estimated direct premiums written for the quarter being reported: \$ \_\_\_\_\_

2. Assessment due (Line 1 X .0042): \$ \_\_\_\_\_

3. Prior Quarter (over) & under payments (explain on reverse if necessary): \$ \_\_\_\_\_

4. Balance Remitted (Line 2 minus Line 3): \$ \_\_\_\_\_

**OR**

5. Credit to be subtracted from next payment: \$ \_\_\_\_\_

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Make checks payable to:

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

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

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

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

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

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

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

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

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

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